

Make Check Payable to:
Treasurer, State of New
Hampshire

STATE OF NEW HAMPSHIRE

BOARD OF PHARMACY

7 Eagle Square, Suite 300
Concord, NH 03301

(603) 271-2350 Fax: (603) 271-2856
www.oplc.nh.gov/pharmacy

Amount 250.00
Check 3000045744
3rd party ck.

RECEIVED

OCT 14 2022

OPIC-FINANCE

APPLICATION FOR PERMIT TO CONDUCT A PHARMACY IN NEW HAMPSHIRE

Type of Application:

New Pharmacy / Original Application - \$500.

Estimated Date of Opening: _____

Change of Pharmacy Name - \$250.

Effective Date of Change: _____

Change of Location - \$250.

Estimated Date of Move: _____

Change of Ownership - \$250.

Estimated Date of Change: _____

Change of Pharmacist-In-Charge - \$250.

Effective Date of PIC Change: 9/28/22

Name of Former PIC: Alison Libby

PHARMACY INFORMATION

Name of Pharmacy <u>Walgreens Pharmacy #09320</u> <u>Lic # 0670</u>		
Street Address of Pharmacy <u>258 Wallace Rd</u>		
City/Town <u>Bedford</u>	State <u>NH</u>	Zip Code <u>03110</u>
Telephone Number <u>603-472-5847</u>	Fax Number <u>603-472-5873</u>	E-Mail Address (Must be entered to receive permi <u>mgr.09320@store.walgreens.com</u>
DEA Number <u>BW9250957</u>	Expiration Date <u>5/31/2025</u>	

PHARMACIST-IN-CHARGE STATEMENT

I, Erica Chapman ^{Lic #} Phcy-01050, of 38 Hawthorne Dr. H106
Designated Pharmacist Home Address (Not P.O. Box)

Bedford NH 03110 do hereby agree to serve as
City/Town State Zip Code

pharmacist-in-charge at the above pharmacy. no discipline

TYPE OF PHARMACY

This application is for a permit to conduct a: (check one)

- Community Pharmacy ⇒ If community pharmacy, licensing: Entire Store Area Pharmacy Dept. Only
- Hospital Pharmacy (For Profit) Home Infusion Pharmacy
- Other (Specify) _____

TYPE OF OWNERSHIP

(Check One)

- Sole Proprietorship Partnership Corporation LLC

(Check One)

- For Profit Non-Profit

- If **non-profit organization**, and **IRS tax exempt**, attach a copy of the 501(c)(3) exemption approval issued by the U.S. Internal Revenue Service for each applicable entity.
- In the case of non-501(c)(3) organizations, attach a disclosure listing of **any practitioner ownership** which is not exempt as a "passive investment acquired at open market terms". (practitioner means any person lawfully entitled to prescribe medicine, or such person's spouse or dependent children).

If a **sole proprietorship**, list the name, official address, and occupation/business of owner:

N/A

If a **partnership**, list the name, official address, and occupation/business of each partner and the percentage of ownership held by each partner:

N/A

If any partner is a corporation, that partner shall **also** provide the information required of corporations below.

If a **corporation** (list, the following):

Corporation name and date and state of incorporation:

Walgreen Eastern Co., Inc., 2/3/1986 New York

If applicable, date of filing with the State of New Hampshire as a foreign corporation:
(attach copy of authorization issued by the NH Secretary of State)

5/26/1986

Address of principal place of business:

300 Wilmot Rd., Deerfield, IL 60015

CORPORATE INFORMATION (CONTINUED)

This pharmacy shall be open a total of 121 hours per week and available to provide professional services during the following time periods:

MON. 9:00 Am to 8:00 pm TUES. 9:00 Am to 8:00 pm WED. 9:00 Am to 8:00 pm
 THUR. 9:00 pm to 8:00 pm FRI. 9:00 Am to 8:00 pm
 SAT. 9 Am to 5pm SUN. 9 Am to 5pm

*Note: There must be pharmacist coverage (as noted in next section) for all hours the pharmacy is open.

PHARMACISTS TO BE EMPLOYED AT PHARMACY

(Including Owner/Manager, If A Licensed Pharmacist – Attach additional sheet if necessary)

PHARMACIST NAME	NH LICENSE #	HOURS/WEEK
Erica Chapman	PHCY-01050	32
Emma Fontaine	PHCY-01161	variable
Sonam Nguyen	R-3458	variable
Nick Loukedes	R-3157	variable

total = 121 hrs.

PHARMACY TECHNICIANS TO BE EMPLOYED AT PHARMACY – Attach additional sheet if necessary

TECHNICIAN NAME	NH TECHNICIAN REG. #
Brenda Szaro	CPHT-123963
Taylor Radke	30128683
Sheila Sylvester	30194358
Laurie DiPietro	CPHT-17530
Diane Desclos	PHT-06829
Tracy Chittenden	PHT-125023
Jessica O'Neil	CPHT-06756
Keith Clegg	PHT-122573
Karen Cantella	CPHT-05111

GENERAL PHARMACY INFORMATION/SPECIFICATIONS

What are the dimensions of that portion of the pharmacy devoted to the preparation of prescriptions?

840 SQ Ft.

Enter either total square footage or dimension (length x width)

Give a brief description of the pharmacy department. (Complete **only** if this is an original application for a new pharmacy **or** if changes have occurred to an existing pharmacy)

N/A

GENERAL PHARMACY INFORMATION/SPECIFICATIONS (Continued)

Name, address, & telephone number of **agent of record**, in New Hampshire, for service of process:

The Prentice Hall Corporation Systems, Inc.

10 Ferry St 8313, Concord, NH 03301

List each type, or class, of voting stock and the number of shares authorized and outstanding for each class:

N/A

- Provide as a supplement to this application, the name, address, corporate title, occupation and percentage of stock held for all corporate officers/directors, and of all holders of 5% or more of each class of voting stock.
- If a listed shareholder is itself a corporation, provide the same for each such corporation.
- If a listed shareholder is a partnership, provide the information required under the partnership section on page 2 for each such partnership.
- Provide as a supplement to this application, the disclosure of the corporate structure, including parent company or companies.

LEGAL PROCEEDINGS/ACTIONS

To your knowledge, have there been or are there now pending any indictments of any nature or any alleged violations of the law governing the practice of pharmacy, controlled substances, or other regulated drugs against the corporation, members of the corporation or partnership, or any of the individuals named in this application?

Yes No (If yes, attach explanation) See Attached

To your knowledge, have any of the above individuals/entities been convicted of a local, state, or federal drug or pharmacy law?

Yes No (If yes, attach explanation)

To your knowledge, have any of the above individuals/entities been convicted of a felony within the past 10 years?

Yes No (If yes, attach explanation)

PHARMACY HOURS OF OPERATION

List persons (names & titles) who have security access to the pharmacy [according to Ph 303.02(m) and Ph 702.05(b)].

ERICA CHAPMAN

PHARMACY OWNER / CORPORATE REPRESENTATIVE AFFIDAVIT

As chief administrative officer of Walgreen Eastern Co., Inc, I certify that
Corporation/Partnership

Erica Chapman
Name of Pharmacist

is designated by me as pharmacist-in-charge to operate this pharmacy in compliance with all federal, state, and local laws. I have read this application and all of the statements made on it are, to the best of my knowledge, true and correct. As the owner or corporate representative of this pharmacy, my signature below acknowledges my (the corporation's) responsibilities as the permit holder, including all of the corporate / permit holder duties and responsibilities noted in NH RSA 318:38 and Ph 704.11(d).

Susan Halliday
Signature of Company / Corporate Representative

Susan Halliday
Assistant Treasurer
Title

10/11/22
Date

PHARMACIST-IN-CHARGE AFFIDAVIT

PHARMACIST-IN-CHARGE AFFIDAVIT

I swear and affirm that the answers and statements made on this application are true and correct to the best of my knowledge and belief, that this pharmacy has the required facilities and equipment and meets the conditions specified by the Board of Pharmacy, a copy of whose laws and rules I have read. I agree to replace promptly any item on the required equipment list which becomes lost, broken, or otherwise becomes unfit for use. I also agree to display the pharmacy permit in a conspicuous place in this pharmacy. I understand that this permit is issued to the pharmacy in the name of the corporation or the owner of the pharmacy. Upon my termination as pharmacist-in-charge this permit is not transferable; and upon any change in partnership composition; or upon the acquisition of the existing corporation by any person; or change in controlling interest in the corporation; or should the pharmacy be moved or closed or if the premises are damaged by fire or otherwise, this permit shall be immediately surrendered to the Board of Pharmacy.

I further agree to operate this pharmacy in accordance with all federal, state, and local pharmacy/drug laws and regulations.

Erica Chapman
Signature

10/7/2022
Date

Walgreen Eastern Co., Inc. ("Walgreens") has operated retail drug stores since 1921. Walgreens owns and operates over 1,500 stores in the United States.

In the normal course of its business operations, Walgreens' pharmacies are periodically subject to inspection and, on occasion, administrative action by state agencies that regulate the practice of pharmacy. Typically, the pharmacy is given an opportunity to correct the deficiency within a specified period of time and, if it does so, the matter is closed without disciplinary or adverse licensure action. In the course of the last reporting period, one or more pharmacies owned directly or indirectly by Walgreen Eastern Co., Inc. have been disciplined and/or required as part of a corrective action plan, to pay an administrative fine to a state and/or federal agency. We can confirm, however, that none of the pharmacies subject to these actions had their retail pharmacy license in any way suspended, restricted, or denied as a result.

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that WALGREEN EASTERN CO., INC. is a New York Profit Corporation registered to transact business in New Hampshire on May 22, 1986. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 94607

Certificate Number: 0005674520



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 18th day of February A.D. 2022.

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

Oryza Pharmaceuticals, Inc
4117 NW 124th Ave
Coral Springs, FL 33065
FEIN: 81-1875185
941-518-6851

Orenda Pharmaceuticals, Inc (Parent Company of Oryza Pharmaceuticals, Inc)
4117 NW 124th Ave
Coral Springs, FL 33065
FEIN: 88-1136666
100% Ownership

Dacheng Tian, CEO

Residence Street Address: 16238 SW 20th Street Miramar, FL 33027
Telephone Number: 941-518-6851
Social Security Number (Last 4 Digits Only): 2106
Date of Birth: 8/22/1947

Bangqian Xu, COO

Residence Street Address: 7775 Yardley Dr #214 Tamarac, FL 33321
Residence Telephone Number: 941-518-6851
Social Security Number (Last 4 Digits Only): 2075
Date of Birth: 12/5/1954

Jing Li, Executive Vice President

Residence Street Address: 2773 Oakbook Dr Weston, FL 33332
Telephone Number: 941-518-6851
Social Security Number (Last 4 Digits Only): 4968
Date of Birth: 10/11/1961

**WALGREEN EASTERN CO., INC.
OFFICERS AND DIRECTORS**

TITLE	NAME	CORPORATE ADDRESS	PHONE NUMBER	Ownership
President & Director	Lisa Badgley	200 Wilmot Rd. Deerfield, IL 60015	(847) 914-2500	0%
Vice President	John Saylor	300 Wilmot Rd. Deerfield, IL 60015	(847) 914-2500	0%
Vice President	Alan Nielsen	108 Wilmot Rd. Deerfield, IL 60015	(847) 914-2500	0%
Vice President & Secretary	Joseph Amsbary, Jr.	108 Wilmot Rd. Deerfield, IL 60015	(847) 914-2500	0%
Treasurer & Director	Brian Brown	300 Wilmot Rd. Deerfield, IL 60015	(847) 315-2500	0%
Assistant Treasurer	Susan Halliday	300 Wilmot Rd. Deerfield, IL 60015	(847) 914-2500	0%

COMPANY WATERMARK APPEARS IN CENTER OF CHECK

Walgreens Family of Companies

Deerfield, IL 60015-4681

Walgreen Co/IL

50-93Z
213

JP03-3000045744

JPMORGAN CHASE BANK, N.A.
SYRACUSE, NY

TWO HUNDRED FIFTY AND 00/100 DOLLARS*****

DATE
10/12/22

AMOUNT
\$250.00

PAY TO THE ORDER OF
TREASURER STATE OF NH
NH BOARD OF PHARMACY
121 S FRUIT ST STE 401
CONCORD NH 03301-2412 USA

Susan Halliday
AUTHORIZED SIGNATURE

⑈ 3000045744⑈ ⑆ 021309379⑆ 705816798⑈

Change of Pharmacist-In-Charge - \$250.

Effective Date of PIC Change: 9/28/22 Name of Former PIC: Alison Libby

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DEA Number <u>BW9250957</u>	Expiration Date <u>5/31/2025</u>	

PHARMACIST-IN-CHARGE STATEMENT

I, Evica Chapman, Designated Pharmacist, of 38 Hawthorne Dr. H106, Home Address (Not P.O. Box)
Bedford, NH, 03110 do hereby agree to serve as

pharmacist-in-charge at the above pharmacy.

TYPE OF PHARMACY