



Initial App
Incomplete
2 docs - emailed

Disc attached

RECEIVED

OCT 07 2022

State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
7 Eagle Square, Concord, NH 03301-2412
Phone: 603-271-2152

OPLC-FINANCE

Amount 150.00
no check 28329976642

Amount 150.00
no check 27787819498

**LIMITED RETAIL DISTRIBUTOR
OF MEDICAL GASES AND/OR MEDICAL DEVICES**

FOR SALE DIRECT TO PATIENT / CONSUMER PURSUANT TO A PRESCRIPTION

APPLICATION FOR PERMIT TO CONDUCT BUSINESS IN THE STATE OF NEW HAMPSHIRE

Application Fee \$300.00

Location Of Facility from Which Distribution Takes Place:		
VGM Group, Inc.		
Company Name		
301 Railroad Ave., Suite 200		
Street Address		
Shiremanstown, PA 17011		
City	State	Zip Code

Telephone: 319-236-6888	Federal Tax ID # (FEIN): 42-1280573	E-Mail Address (Must Be Entered In Order To Receive Your Permit): juan.reyes@vgm.com
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Parent Company (If None, Write "None"): Van G. Miller & Associates, Inc. Employee Stock Ownership Trust	State of Incorporation (If Corp.): IA
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Nature of Retail Business (Check ALL That Apply): <input type="checkbox"/> Medical Gas Distributor <input checked="" type="checkbox"/> Medical Device Distributor <input type="checkbox"/> Other _____	Doing Business as: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> LLC
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What Types of Prescription Devices Do You Intend to Ship to New Hampshire Residents?
 Oxygen / Medical Gases
 Diabetic Testing Supplies
 Other (Describe) CPAP Machines

Provide the name, address, & title of the person to whom the permit and/or renewal application should be directed:

Name: Juan Jose Reyes	Title: Designated Representative	Tel. #: 319-236-6888
Business Mailing Address: 301 Railroad Ave., Suite 200, Shiremanstown, PA 17011		

Name of Owner(s): Indicate Individual, Partners, Etc. (If Corporation, Show Title of Officers). Attach Additional Sheet If Necessary.

Name Michael Anthony Mallaro	Address 1111 W. San Marnan Drive, Waterloo, IA 50701	Title Chief Executive Officer
Name James Edward Walsh	Address 1111 W. San Marnan Drive, Waterloo, IA 50701	Title Chairman of the Board & Secretary
Name Barbara Ann Anderson	Address 1111 W. San Marnan Drive, Waterloo, IA 50701	Title Chief Financial Officer

In the past 3 years, has registration or licensure granted to the above referenced company by any state or federal agency been suspended, revoked, or otherwise disciplined? Yes - attach a detailed explanation No

Is the above referenced company (physical location) licensed by the board of pharmacy or other licensing agency in the state of location?

Yes - attach a copy of the state license/permit & the most recent inspection.

No - attach an explanation / verification that licensure is not required in home state.

Declaration And Signature of Company Representative:

I have attached the following required documents:

A copy of the state license from the state licensing agency where the facility is located, *if located outside New Hampshire*. If none, you must attach an explanation.

A copy of the facility's most recent inspection report completed by the state licensing board/agency where the facility is located. *If located outside New Hampshire*. If none, you must attach an explanation.

N/A A scaled drawing of the facility to include square footage.

N/A Certificate of Incorporation from NH Secretary of State.

I affirm that I am the person authorized to sign this application for licensure and declare under penalties of perjury that this application (including any accompanying documents) has been examined by me and to the best of my knowledge and belief is a true, correct and complete application, and if the registration herein applied for is granted, I hereby agree to and do submit to the jurisdiction of the New Hampshire Board of Pharmacy and to the laws and rules of this State.

Signature

Michael Anthony Maffaro

Title

Chief Executive Officer

Date

9/29/2022

INCOMPLETE APPLICATIONS OR APPLICATIONS WITHOUT REQUIRED ATTACHMENTS WILL NOT BE ACCEPTED.

Changes in Supporting Information: the application shall notify the Board immediately as defined in Ph 1002.12



VGM Group, Inc.

Corporate Address: 1111 W. San Marman Drive, Waterloo, IA 50701 USA
FEIN: 42-1280573
<https://www.vgmgroup.com>

Drug Labeler Code: N/A
Incorporation State: IA
Incorporation Date: 09/04/1986

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
SPA	301 Railroad Ave Suite 200 Shiremanstown, PA 17011 County: Cumberland	N/A	N/A - No CS	118217206	No	(319) 236-6888	

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority
Juan Jose Reyes	541 Bridge St New Cumberland, PA 17070	Designated Representative	No

All States

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
Van G. Miller & Associates, Inc. Employee Stock Ownership Trust	1111 W San Marman Drive Waterloo, IA 50701		100	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
Michael Anthony Mallaro	1007 Carriage Lane Cedar Falls, IA 50613	Chief Executive Officer	No
James Edward Walsh	919 Oak Park Blvd Cedar Falls, IA 50613	Chairman of The Board and Secretary	No
Barbara Ann Anderson	110 21ST ST SW Waverly, IA 50677	Chief Financial Officer	

REGISTERED AGENT IN ALL APPLICABLE STATES

Name
Incorp Services, Inc.
CSC

Company Particulars



Certificate of Registration

Certificate No. 6000010329

(A certificate starting with a number 4, 5 or 6 does not permit the possession or sale of controlled substances or prescription drugs.)

Category:

Devices

VGM GROUP, INC.
301 RAILROAD AVENUE
SUITE 200
SHIREMANSTOWN, PA 17011

Drug & Device Registration

555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: July 26, 2021

Expiration Date: The Last Day of August, 2023

Susan Coble

Susan Coble
Deputy Secretary for Quality Assurance



K. Klinpeter

Keara Klinpeter
Acting Secretary of Health

Home State
license

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

Inspection

HI 14-257 (rev. 01/19)

Commonwealth of Pennsylvania
Department of Health (DOH)
(717) 787-4779 FAX (717) 787-3188

Drug, Device, & Cosmetic Program
555 Walnut St, 7th Floor, Suite 701
Harrisburg, PA. 17101

DRUG, DEVICE, & COSMETIC COMPLIANCE INSPECTION REPORT


FIRM NAME VGM Group, Inc.	DATE 10/19/2021	PA DOH REGISTRATION 6000010329	EXP. DATE 8/31/2022
ADDRESS 301 Railroad Ave Suite 200	CHANGE <input type="checkbox"/>	PA DOH LICENSE N/A	EXP. DATE
CITY Shiretown PA 17101	ZIP CODE 17101	COUNTY Cumberland	FDA REGISTRATION N/A
OWNER/PARENT (if different than above)	LEAD PERSON INTERVIEWED John Jose Keys	DEA REGISTRATION N/A	EXP. DATE
PHONE 717-696-1846	TITLE Warehouse MGR	PA I LICENSE N/A	EXP. DATE
HOURS OF OPERATION 8-4 M-F	ID OF PERSON INTERVIEWED AZ DL D06812591	PA DQS LICENSE N/A	EXP. DATE
TOTAL EMPLOYEES/FACILITY SIZE 30	INSPECTOR NAME S. Ritchie	OTHER REGISTRATION	EXP. DATE
Initial Inspection Investigation/Compliance Follow-up Disaster	Type of Action/Pursuant to: Routine	Controlled Substance, Drug, Device, & Cosmetic Act, Act 64 of 1972 Wholesale Prescription Drug Distributors License Act, Act 145 of 1992 Noncontrolled Substance Registration & Reporting Act Other	

TYPE of FIRM	PRODUCTS	SUBTYPE	MISC.
<input type="checkbox"/> Manufacturer-Drugs	Prescription Drugs (RX)	<input checked="" type="checkbox"/> DME	
<input type="checkbox"/> Manufacturer-Devices	Controlled Substances	Diagnostics	
<input type="checkbox"/> Manufacturer-Cosmetics	List I Chemicals	Optical	
<input type="checkbox"/> Transfiller-Medical Gases	OTC Drugs/Medicinals	Dental	
<input type="checkbox"/> Relabeler/Repackager	Cosmetics/Cosmeceuticals	Orthotics	
<input type="checkbox"/> Distributor-Drugs	Veterinary-Prescription	Prosthetics	
<input type="checkbox"/> Distributor-Medical Gases	Veterinary- OTC	Implants	
<input checked="" type="checkbox"/> Distributor-Devices	Medical Gases	Assisted Hearing Devices	
<input type="checkbox"/> Distributor-Cosmetics	<input checked="" type="checkbox"/> RX Devices	Reprocessor/Reuser	
<input type="checkbox"/> Retailer-Medical Gases	<input checked="" type="checkbox"/> OTC Devices	Delivery Systems	
<input type="checkbox"/> Retailer-Drugs, Medicinals,	Biologics/Blood Products	Radiation Emitting Device	
<input type="checkbox"/> Practitioner/Institution	Radiation Emitting Drug	Samples	
<input type="checkbox"/> Medicated Feed Plant/Agri.	Medicated Feed	Clinical Trial/Investigation	
<input type="checkbox"/> Research/Training	API (Active Pharm Ingrid.)	Foreign Import/Export	
<input checked="" type="checkbox"/> Other: Retailer Devices	Other:	Other:	Mostly shipping components of medical devices (cannulas, tubing, etc)

FACILITY, PHYSICAL CONTROLS, & STAFF	STOCK, RECORDS, & POLICIES	QUALITY CONTROL	KEY NOTES
"X" denotes firm meets standard in this area. "N" denotes deficiency in this area. " / " denotes not applicable			
<input checked="" type="checkbox"/> Physical Condition	<input checked="" type="checkbox"/> Inventory control/Errors	<input checked="" type="checkbox"/> Adulterated/Expired	
<input checked="" type="checkbox"/> Adequate Equipment	<input checked="" type="checkbox"/> Suspect Product Policy	<input checked="" type="checkbox"/> Misbranded	
<input checked="" type="checkbox"/> Physical Security	<input checked="" type="checkbox"/> Recall Policy	<input checked="" type="checkbox"/> Contraband	
<input checked="" type="checkbox"/> Staff Security/Limited Access	<input checked="" type="checkbox"/> Return Goods Policy	Manufacturing/Repack Only	
<input checked="" type="checkbox"/> Temperature system/Logs	<input checked="" type="checkbox"/> Emergency Policy/Reporting	Adherence to GMP	
<input checked="" type="checkbox"/> Ventilation/Humidity	<input checked="" type="checkbox"/> Track and Trace System	Validation: Equipment	
<input checked="" type="checkbox"/> Running Water/Restroom	<input checked="" type="checkbox"/> Receiving Records/Pedigree	Raw Materials	
<input checked="" type="checkbox"/> Cleanliness/Pest-Free	<input checked="" type="checkbox"/> Distributing Records	Intermediaries	
<input checked="" type="checkbox"/> Quarantine/Hold Area	<input checked="" type="checkbox"/> Authorized trading/transfer	Finished Prod.	
<input checked="" type="checkbox"/> Appropriate Storage	<input checked="" type="checkbox"/> Disposal/Destruction Records	<input checked="" type="checkbox"/> Sterile/X Contamination	
<input checked="" type="checkbox"/> Registration/Licenses	<input checked="" type="checkbox"/> Controlled Substance Rec	Product Label/Identifiers	
<input checked="" type="checkbox"/> Perm. Site (deed/lease > 6m)	<input checked="" type="checkbox"/> Labels/Prescription Order	<input checked="" type="checkbox"/> Batch Record/Lot No.	
<input checked="" type="checkbox"/> Qualified Staff & Supervision	Other:	Other:	
Name/ID/qualifications of manager: 3 yrs experience, trainer for AZ, AZ DL D06812591			

Physical standards met. Personnel standards met
 Record keeping standards met for non-prescription devices, current product.
 Recommend Review procedure prior to handling Rx devices
 Policies / Procedures standards met except Emergency needs notification to PA Dept of Health - (PA code)

PASS **FAIL** or **PASS-pending** (pending corrections made noted above & date corrections must be made)


Signature of Inspector


Signature of Firm Representative

10/19/2021
Date

Discipline TN
2020

99/1-1200

BEFORE THE TENNESSEE BOARD OF PHARMACY

IN THE MATTER OF:)
)
VGM GROUP, INC (LICENSE # 5783))
3046 DICKERSON PIKE)
NASHVILLE, TENNESSEE 37207)

Case Number 201905211

c. penalty
RECEIVED BY:
SEP 18 2020
PHARMACY BOARD

CONSENT ORDER

Comes now the Division of Health Related Boards of the Tennessee Department of Health ("State"), by and through the Office of General Counsel, and VGM Group, Inc, located in Nashville, Tennessee ("VGM" or "Respondent"), and respectfully moves the Tennessee Board of Pharmacy ("Board") for approval of this Consent Order regarding Respondent's license to practice as a third-party logistic provider ("3PL") in the State of Tennessee.

I. Authority and Jurisdiction

The Board regulates and supervises pharmacies, pharmacists, pharmacy technicians, and pharmaceutical manufacturers, wholesalers, 3PLs, and distributors licensed to practice pursuant to the Tennessee Pharmacy Practice Act ("Practice Act"), Tennessee Code Annotated Section ("TENN. CODE ANN. §") 63-10-101, *et seq.*, including the discipline of licensees, as well as those who are required to be licensed, who violate the Practice Act and the Rules promulgated by the Board, Official Compilation of Rules and Regulations of the State of Tennessee ("TENN. COMP. R. & REGS."), 1140-01-.01, *et seq.* The Board enforces the Practice Act to promote and protect the health, safety and welfare of the public; accordingly, it is the policy of the Board to require strict compliance with the law and to apply the law to preserve the quality of pharmacy care provided in Tennessee.

II. Allegations of Fact

1. Respondent has been at all times pertinent hereto licensed by the Board as a 3PL in the State of Tennessee, having been granted license number 5783 on October 29, 2019, which currently expires on October 31, 2021.
2. At all times pertinent hereto, Respondent was located in Nashville, Tennessee.
3. In September of 2018, VGM began operations as a 3PL at 3046 Dickerson Pike, Nashville, Tennessee 37207. VGM applied for a 3PL license (with the Board) in September of 2019. VGM operated in this State without a proper 3PL license for a period of 12 months.

III. Stipulated Grounds for Discipline

4. The Board has the authority to revoke, suspend, or impose other lawful disciplinary action, including a civil penalty for any violation of the Practice Act and/or the Board's rules pursuant to TENN. CODE ANN. §63-10-305, and TENN. COMP. R. & REG. 1140-08-.01 [CIVIL PENALTIES].
5. The Stipulations of Fact are sufficient to establish that Respondent has violated the following statutes or rules which are part of the Act, TENN. CODE ANN. § 63-10-101, *et seq.* and TENN. COMP. R. & REGS., 1140-01-.01, *et seq.*, for which disciplinary action by the Board is authorized.
6. The facts stipulated in paragraph three constitute grounds for which the Board may discipline Respondent's license to practice as a 3PL pursuant to TENN. CODE ANN. § 63-10-305(8), the relevant portion of which reads as follows:

Failed to comply with a... duly promulgated rule of the board.

7. The facts stipulated in paragraph three constitute grounds for which the Board may discipline Respondent's license to practice as a 3PL pursuant to TENN. COMP. R. & REGS., 1140-16-.02(1), the relevant portions of which provides as follows:

Before any 3PL provides or coordinates warehousing or other logistics services within this state for a prescription drug and/or prescription device on behalf of a manufacturer, wholesale distributor, or dispenser the 3PL shall be licensed by the Board in accordance with this Chapter whether physically located within this state or outside this state. Where operations are conducted at more than one location, each such location shall be licensed by the Board. A warehouse

provided by a 3PL shall be inspected by the Board's inspector(s) or inspectors of the state where the warehouse is physically located prior to providing services.

IV. Stipulated Disposition

8. **NOW THEREFORE**, Respondent, for the purpose of avoiding further administrative action with respect to this cause, agrees to the following:
 - (a) Respondent agrees to pay a civil penalty in the amount of **one thousand two hundred dollars (\$1,200)**. This civil penalty represents \$100 for each month VGM operated as a 3PL in this State without a valid license. This civil penalty is due immediately upon the execution of this Consent Order. Payment shall be made by **certified check, cashier's check, or money order**, payable to the **State of Tennessee, Department of Health**. Any and all payments shall be forwarded to the **Disciplinary Coordinator, The Division of Health Related Boards, Tennessee Department of Health, 665 Mainstream Drive, Nashville, Tennessee 37243**. A notation shall be placed on said money order or such check that it is payable for the Assessment of Costs of VGM, case number 201905211.
9. Respondent understands the ratification of this Consent Order is a formal disciplinary action and may be reported to the National Practitioner Data Bank (N.P.D.B.) and/or similar agency. Respondent further understands that failure to comply with the terms of this Consent Order shall constitute grounds for disciplinary action.

V. Notice

10. The Respondent, by its signature to this Consent Order, waives the right to a contested case hearing and any and all rights to judicial review in this matter. Respondent agrees that presentation to and consideration of this Consent Order by the Board for ratification and all matters divulged during that process shall not constitute unfair disclosure such that the Board or any of its members shall be prejudiced to the extent that requires their disqualification from hearing this matter should this Consent Order not be ratified. Likewise, all matters, admissions


and statements disclosed or exchanged during the attempted ratification process shall not be used against the Respondent in any subsequent proceeding unless independently entered into evidence or introduced as admissions.

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to challenge or contest the validity of this Consent Order. Respondent understands that by signing this Consent Order, Respondent is allowing the Board to issue this Consent Order without further process. In the event that the Board rejects this Consent Order for any reason, it will be of no force or effect for either party.
12. Should this Consent Order not be accepted by the Board, it is agreed that the presentation and consideration of this Consent Order shall not unfairly or illegally prejudice the Board or any of its members from further participation in or resolution of these proceedings, including a formal disciplinary hearing.
13. Furthermore, Respondent acknowledges that it understands the rights found in the Practice Act and the Uniform Administrative Procedures Act, Tenn. Code Ann. §§ 4-5-101 thru 4-5-404, including the right to a hearing on the Petition, the right to appear personally and by legal counsel, the right to confront and to cross-examine witnesses who would testify against Respondent, the right to testify and to present evidence on Respondent's own behalf, as well as the right to appeal for judicial review.
14. Respondent freely, voluntarily, knowingly, and intelligently waives each and every right set forth in paragraph thirteen, above.
15. Respondent understands and freely, voluntarily, knowingly, and intelligently admits the allegations, charges, and stipulations in this Consent Order.
16. Respondent agrees that facsimile/PDF copies of this Consent Order, including facsimile/PDF signatures thereto, shall have the same force and effect as originals.
17. Respondent agrees that it has not received any threats or promises of any kind by the State or any

agent or representative thereof, except such as is detailed herein.

18. A **violation** of this Consent Order shall constitute a **separate violation** of the Pharmacy Practice Act, TENN. CODE ANN. § 63-10-305(8), and is grounds for further disciplinary action by the Board.

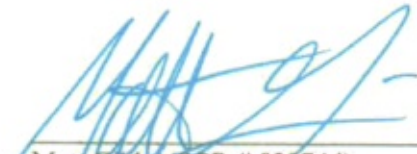
APPROVED FOR ENTRY:



JEREMY D. SPOLTZ
Representative of VGM
Pharmacy License Number 5783
Respondent

9-16-20

DATE



Matt Gibbs (BPR # 032744)
Senior Associate General Counsel
Tennessee Department of Health
Office of General Counsel
665 Mainstream Drive, 2nd Floor
Nashville, Tennessee 37243
(615) 741-1611


12-2-20

DATE

Approval by the Board

Upon the agreement of the parties and the record as a whole, this **CONSENT ORDER** was approved as a **FINAL ORDER** by a majority of a quorum of the Tennessee Board of Pharmacy at a public meeting of the Board and signed this 1st day of December, 2020.

ACCORDINGLY, IT IS ORDERED that the agreements of the parties will, and hereby do, become the Final Order of the Board.



Chairperson/Acting Chairperson
Tennessee Board of Pharmacy

The VGM Group, Inc.
1111 W. San Marnan Drive
Waterloo, Iowa 50701
www.vgm.com

Date: 10/4/2022
To: New Hampshire Board of Pharmacy
Re: VGM Group, Inc.
Limited Retail Distributor of Medical Gases/Rx Devices Direct to Patient Application
Facility Address: 301 Railroad Ave., Suite 200, Shiremanstown, PA 17011

Dear Sir/Madam:

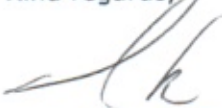
Please find enclosed a completed application as well as check/money order # 27787819498 +
28329976642
for your fee in the amount of ~~\$150.00~~. As required, the following documents are also being submitted:

300.00

- Company Particulars without Personal Info
- Home State License/Exemption Letter, Copy
- Inspection Report
- Discipline - TN 2020

If you have any questions or need any additional documentation, please contact me at juan.reyes@vgm.com.

Kind regards,



Juan Jose Reyes
Designated Representative