



Initial Application  
incomplete  
emailed

Disc attached

**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

**RECEIVED**  
OCT 07 2022  
BY: Pd with 2 checks of \$150 each

**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.		
<small>Company Name</small>		
777 South 67th Avenue, Suite 150		
<small>Street Address</small>		
Phoenix, AZ 85043		
<small>City</small>	<small>State</small>	<small>Zip Code</small>

Telephone: 623-404-0768	Federal Tax ID # (FEIN): 42-1280573	E-Mail Address (Must Be Entered In Order To Receive Your Permit): mariellys.gutierrez@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

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: Mariellys B. Gutierrez Martinez	Title: Warehouse Manager	Tel. #: 623-404-0768
Business Mailing Address: 777 South 67th Avenue, Suite 150, Phoenix, AZ 85043		

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 Mallaro

Title: Chief Executive Officer

Date:

9/29/29

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

RECEIVED  
OCT 07 2022  
OPLC-FINANCE

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

Amount 150.00

Check 28324976664

**Date:**

10/4/2022

Amount 150.00

**To:**

New Hampshire Board of Pharmacy

Check 2778781950

**Re:**

VGM Group, Inc.

Limited Retail Distributor of Medical Gases/Rx Devices Direct to Patient Application

**Facility Address:** 777 South 67th Avenue, Suite 150, Phoenix, AZ 85043

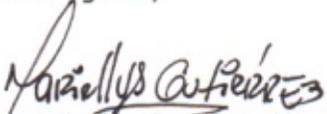
Dear Sir/Madam:

Please find enclosed a completed application as well as check/money order # 27787819500 +  
28324976664  
for your fee in the amount of ~~\$150.00~~ 300.00. As required, the following documents are also being submitted:

- 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 mariellys.gutierrez@vgm.com.

Kind regards,

  
Mariellys B. Gutierrez Martinez  
Warehouse Manager



# VGM Group, Inc.

Corporate Address: 1111 W. San Marnan 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
SAZ	777 South 67th Avenue Suite 150 Phoenix, AZ 85043 County: Maricopa	N/A	N/A - No CS	117352470	No	(623) 404-0768	(845) 544-2481

### FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority
Mariellys B. Gutierrez Martinez	777 South 67th Avenue 150 Phoenix, AZ 85043	Warehouse Manager	No

### OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
Van G. Miller & Associates, Inc. Employee Stock Ownership Trust	1111 W San Marnan 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  
Partners*



ARIZONA STATE BOARD OF PHARMACY  
 P.O. Box 18520 Phoenix, AZ 85005  
 602-771-ASBP (2727)  
 FAX: 602-771-2749  
<http://www.azpharmacy.gov>

Receipt Date: 09/20/2021  
 Receipt  
 Number: 2021112715  
 Receipt Amount \$: 1000.00

*Home  
 State  
 License  
 Wholesaler*

## Wholesaler - Full Service

PERMIT NO  
 W003455

EXPIRES  
 10/31/2023

Issued to :

VGM Group, Inc.  
 Van G. Miller & Associates, Inc. Employee Stock Ownership Trust  
 C/O STATE LICENSE SERVICING, 1751 STATE ROUTE 17A SUITE 3  
 FLORIDA, NY 10921

VGM Group, Inc.  
 777 SOUTH 67TH AVENUE SUITE 150  
 PHOENIX, AZ 85043

*Kam Gandhi*  
 EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY  
 P.O. Box 18520  
 Phoenix, AZ 85005  
 602-771-ASBP (2727)  
 FAX: 602-771-2749



### WALLET CARD

NAME : Van G. Miller & Associates, Inc. Employee Stock Ownership Trust  
 LICENSE NUMBER : W003455  
 EXPIRES : 10/31/2023

<http://www.azpharmacy.gov>

- Your license must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/permit current.

### Important Information

#### LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

#### PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.



ARIZONA STATE BOARD OF PHARMACY  
 P.O. Box 18520 Phoenix, AZ 85005  
 602-771-ASBP (2727)  
 FAX: 602-771-2749  
<http://www.azpharmacy.gov>

Receipt Date: 09/14/2020  
 Receipt Number: 202088505  
 Receipt Amount \$: 1000.00

*Home  
 State  
 license  
 3PL*

## Third Party Logistics - 3PL

Issued to:  
 Van G. Miller & Associates, Inc. Employee Stock Ownership Trust  
 C/O STATE LICENSE SERVICING, 1751 STATE ROUTE 17A SUITE 3  
 FLORIDA, NY 10921

PERMIT NO  
 L000272

EXPIRES  
 10/31/2022

VGM Group, Inc.  
 777 SOUTH 67TH AVENUE SUITE 150  
 PHOENIX, AZ 85043

*Kam Gandhi*  
 EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY  
 P.O. Box 18520  
 Phoenix, AZ 85005  
 602-771-ASBP (2727)  
 FAX: 602-771-2749



### WALLET CARD

NAME : Van G. Miller & Associates, Inc. Employee Stock Ownership Trust  
 LICENSE NUMBER : L000272  
 EXPIRES : 10/31/2022

<http://www.azpharmacy.gov>

- Your license must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/permit current.

### Important Information

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- You are required by law to notify the Board of any home address and/or employment change within 10 business days

#### PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

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- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.



# Arizona State Board of Pharmacy

Inspection  
Wholesaler

FULL SERVICE DRUG WHOLESALER SECURITY/EQUIPMENT INSPECTION on 09/15/2020 for VGM Group, Inc.

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

## DEMOGRAPHICS

AZ permit# :	AZ Permit Exp.Date :	Business Name :
W003455	10/31/2021	VGM Group, Inc.
Address :	777 South 67th Avenue	
Zip :	City :	State :
85043	Phoenix	AZ
Phone :	Email :	Inspection Date :
(319) 235-7100	VGM@slsny.com	09/15/2020
Designated Representative :	DEA # :	Inspection Reviewed With :
Mariellys B. Gutierrez Martinez	no cs drug product stocked / distributed	mgmt
Inspection type :	Opening	
Inspection Conducted By :	Steve Halber	

## ACTIVITIES

1	Controlled Substances	<input type="radio"/> YES <input checked="" type="radio"/> NO
2	Prescription Drugs	<input type="radio"/> YES <input checked="" type="radio"/> NO
3	Nonprescription Drugs	<input type="radio"/> YES <input checked="" type="radio"/> NO
4	Rx Devices	<input checked="" type="radio"/> YES <input type="radio"/> NO
5	Precursor/Regulated Chemicals	<input type="radio"/> YES <input checked="" type="radio"/> NO
6	Veterinary Drugs	<input type="radio"/> YES <input checked="" type="radio"/> NO

## FACILITY

1	Physical plant 78,000 sq ft	<input checked="" type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input type="radio"/> N/A R4-23-605(J)(1)
2	Environmental controls HVAC - office areas / EVAP - warehouse area	<input checked="" type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input type="radio"/> N/A R4-23-605(J)(1); R4-23-605(J)(5)



# Arizona State Board of Pharmacy

FULL SERVICE DRUG WHOLESALER SECURITY/EQUIPMENT INSPECTION on 09/15/2020 for VGM Group, Inc.

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3	<p>Security</p> <p>alarm system / monitored - Titan</p>	<p><input checked="" type="radio"/>S <input type="radio"/>C/P <input type="radio"/>U <input type="radio"/>N/A</p> <p>R4-23-605(J)(2)</p>
4	<p>Access to drug storage areas</p> <p>authorized employees only / badge access controlled</p>	<p><input checked="" type="radio"/>S <input type="radio"/>C/P <input type="radio"/>U <input type="radio"/>N/A</p> <p>R4-23-605(J)(3)</p>
5	<p>Quarantine area</p> <p>dedicated locations for holding pending disposition</p>	<p><input checked="" type="radio"/>S <input type="radio"/>C/P <input type="radio"/>U <input type="radio"/>N/A</p> <p>R4-23-605(J)(8)</p>

## QUALITY CONTROLS

1	<p>Product criteria</p> <p>received product inspected for damage / held pending decision to return or release</p>	<p><input checked="" type="radio"/>S <input type="radio"/>C/P <input type="radio"/>U <input type="radio"/>N/A</p> <p>R4-23-601(E); R4-23-605(G)(2)(3); R4-23-605(K)(1)(a)(b)</p>
2	<p>Storage requirements</p> <p>per manufacturer requirements</p>	<p><input checked="" type="radio"/>S <input type="radio"/>C/P <input type="radio"/>U <input type="radio"/>N/A</p> <p>R4-23-605(J)(5); R4-23-605(K)(1)(c)</p>
3	<p>Temperature/humidity recording</p> <p>not yet installed / **management to install and send image of temp/humidity sensor to compliance officer by close of business 9/22/2020 **</p>	<p><input type="radio"/>S <input checked="" type="radio"/>C/P <input type="radio"/>U <input type="radio"/>N/A</p> <p>R4-23-605(K)(1)(d)</p>
4	<p>Written procedures</p> <p>not yet developed / mgmt to develop SOP to support daily temperature / humidity monitoring and documentation / ** mgmt to send copy of policy to c compliance officer by close of business 9/22/2020 **</p>	<p><input type="radio"/>S <input checked="" type="radio"/>C/P <input type="radio"/>U <input type="radio"/>N/A</p> <p>R4-23-605(K)(1)(e)</p>

## RECORDKEEPING

1	<p>Acquisition records</p> <p>maintained on site electronic format</p>	<p><input checked="" type="radio"/>S <input type="radio"/>C/P <input type="radio"/>U <input type="radio"/>N/A</p> <p>R4-23-601(D); R4-23-605(G)(1)(a)</p>
2	<p>Distribution records</p> <p>maintained on site electronic format</p>	<p><input checked="" type="radio"/>S <input type="radio"/>C/P <input type="radio"/>U <input type="radio"/>N/A</p> <p>R4-23-601(D); R4-23-605(G)(1)(a)</p>



# Arizona State Board of Pharmacy

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3	Recalls  copy of policy not provided today / ** mgmt to send copy to compliance officer by close of business 9/22/2020 **	<input type="radio"/> S <input checked="" type="radio"/> C/P <input type="radio"/> U <input type="radio"/> N/A R4-23-601(D); R4-23-605(H)(1)
4	Returns/outdates  copy of policy not provided today / ** mgmt to send copy to compliance officer by close of business 9/22/2020 **	<input type="radio"/> S <input checked="" type="radio"/> C/P <input type="radio"/> U <input type="radio"/> N/A R4-23-601(D); R4-23-605(H); R4-23-605(I)(1)(3)
5	License/permit records  facility will transfer devices at same facility to DME supplier permit C000944 for shipping directly to patient	<input checked="" type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input type="radio"/> N/A R4-23-605(G)(2)(e); R4-23-605(G)(3)(a)
6	Excess purchase reports  not required / no cs drug distributed	<input type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input checked="" type="radio"/> N/A 21 CFR 1310.05
7	DSCSA records	<input checked="" type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input type="radio"/> N/A HR 3204-21 USC 301

## CONTROLLED SUBSTANCES

1	Security  facility does not stock or distribute controlled drug product	<input type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input checked="" type="radio"/> N/A 21 CFR 1301.71, 1301.72; 1301.74
2	Limited-access area	<input type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input checked="" type="radio"/> N/A 21 CFR 1301.72
3	Recordkeeping  ARS 36-2523; ARS 36-2524; R4-23-601(D); R4-23-1003; 21 CFR 1301.74; 1304.04; 21 CFR 1304.21; 21 CFR 1304.22	<input type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input checked="" type="radio"/> N/A
4	Inventory  ARS 36-2523; R4-23-1003(A)(6); 21 CFR 1304.04; 1304.11	<input type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input checked="" type="radio"/> N/A

## DISTRIBUTION

1	Permittees/practitioners  facility will distribute to patient via DME supplier permit C000944	<input checked="" type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input type="radio"/> N/A ARS 32-1983; R4-23-605(G)(2)(3)
2	Delivery  ARS 32-1904(A)(4)	<input checked="" type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input type="radio"/> N/A
3	Location  ARS 32-1983(C); ARS 32-1983(D)	<input checked="" type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input type="radio"/> N/A



# Arizona State Board of Pharmacy

FULL SERVICE DRUG WHOLESALER SECURITY/EQUIPMENT INSPECTION on 09/15/2020 for VGM Group, Inc.

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4	Account	<input checked="" type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input type="radio"/> N/A <small>ARS 32-1983(E)</small>
5	Cash and carry sales  not allowed	<input type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input checked="" type="radio"/> N/A <small>ARS 32-1983(C); R4-23-605(G)(4)</small>

## NOTES

Opening inspection of VGM Group full service wholesale permit W003455

Open items - send below to compliance officer by close of business 9/22/2020:

- \*\* image of temperature /humidity sensor \*\*
- \*\* SOP to support daily temperature / humidity monitoring and documentation \*\*
- \*\* SOP's for the handling of returns / recalls / out dated product

Open permit W003455 issued to permit holder email of record on 9/15/2020.



S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

DEMOGRAPHICS

Form fields for demographics including AZ permit#, AZ Permit Exp.Date, Business Name, Address, Zip, City, State, Phone, Email, Inspection Date, Designated Representative, DEA #, Inspection Reviewed With, Inspection type, and Inspection Conducted By.

ACTIVITIES

Form for activities with 6 rows: 1 Controlled Substances, 2 Prescription Drugs, 3 Nonprescription Drugs, 4 Rx Devices, 5 Precursor/Regulated Chemicals, 6 Veterinary Drugs. Each row has radio buttons for YES/NO.

FACILITY

Form for facility with 3 rows: 1 Physical plant, 2 Environmental controls (EVAP system - main warehouse / HVAC - clean room area), 3 Security (alarm system -monitored by Titan Security). Each row has radio buttons for S, C/P, U, N/A and a reference code.



S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

4	Access to drug storage areas  authorized personnel only	<input checked="" type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input type="radio"/> N/A R4-23-605(J)(3)
5	Quarantine area  signage posted	<input checked="" type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input type="radio"/> N/A R4-23-605(J)(8)

QUALITY CONTROLS

1	Product criteria	<input checked="" type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input type="radio"/> N/A R4-23-601(E); R4-23-605(G)(2)(3); R4-23-605(K)(1)(e)(b)
2	Storage requirements  temperature storage based upon product labeling	<input checked="" type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input type="radio"/> N/A R4-23-605(J)(5); R4-23-605(K)(1)(c)
3	Temperature/humidity recording  (2) areas monitored daily for temp/humidity - logs maintained - area (1) "clean room" - HVAC controlled / area (2) "main warehouse" - EVAP controlled	<input checked="" type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input type="radio"/> N/A R4-23-605(K)(1)(d)
4	Written procedures	<input checked="" type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input type="radio"/> N/A R4-23-605(K)(1)(e)

RECORDKEEPING

1	Acquisition records  primary record(s) maintained by product title holder who authorized approval for product distribution / lot # & product ID # maintained x 3PL to support later distribution	<input checked="" type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input type="radio"/> N/A R4-23-601(D); R4-23-605(G)(1)(a)
2	Distribution records  primary record(s) maintained by product title holder / also maintained x 3PL to support distribution	<input checked="" type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input type="radio"/> N/A R4-23-601(D); R4-23-605(G)(1)(a)
3	Recalls  sop maintained	<input checked="" type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input type="radio"/> N/A R4-23-601(D); R4-23-605(H)(1)
4	Returns/outdates  sop's maintained	<input checked="" type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input type="radio"/> N/A R4-23-601(D); R4-23-605(H); R4-23-605(I)(1)(3)



S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

5	License/permit records  maintained by product title holder	<input checked="" type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input type="radio"/> N/A R4-23-605(G)(2)(a); R4-23-605(G)(3)(a)
6	Excess purchase reports  not required	<input type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input checked="" type="radio"/> N/A 21 CFR 1310.05
7	DSCSA records  maintained by product title holder	<input checked="" type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input type="radio"/> N/A HR 3204-21 USC 301

CONTROLLED SUBSTANCES

1	Security  non-dea registrant - facility does not stock or distribute controls	<input type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input checked="" type="radio"/> N/A 21 CFR 1301.71; 1301.72; 1301.74
2	Limited-access area	<input type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input checked="" type="radio"/> N/A 21 CFR 1301.72
3	Recordkeeping	<input type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input checked="" type="radio"/> N/A ARS 36-2523; ARS 36-2524; R4-23-601(D); R4-23-1003; 21 CFR 1301.74; 1304.04; 21 CFR 1304.21; 21 CFR 1304.22
4	Inventory	<input type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input checked="" type="radio"/> N/A ARS 36-2523; R4-23-1003(A)(6); 21 CFR 1304.04; 1304.11

DISTRIBUTION

1	Permittees/practitioners  facility distributes product(s) to permitted facilities or licensed practitioners at the direction of the product title holder	<input checked="" type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input type="radio"/> N/A ARS 32-1983; R4-23-605(G)(2)(B)
2	Delivery  product shipped via common carrier (UPS)	<input checked="" type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input type="radio"/> N/A ARS 32-1904(A)(4)
3	Location	<input checked="" type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input type="radio"/> N/A ARS 32-1983(C); ARS 32-1983(D)
4	Account  application process to validate client managed by product title holder	<input checked="" type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input type="radio"/> N/A ARS 32-1983(E)



# Arizona State Board of Pharmacy

FULL SERVICE DRUG WHOLESALER SECURITY/EQUIPMENT INSPECTION on 11/23/2020 for VGM Group, Inc.

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

5	Cash and carry sales  not allowed	<input type="radio"/> S <input type="radio"/> C/P <input type="radio"/> U <input checked="" type="radio"/> N/A ARS 32-1983(C), R4-23-605(G)(4)
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## NOTES

Opening inspection for 3PL permit (L000272) issued to VGM Group, Inc located at 777 S. 6th Avenue Suite 150 Phoenix, AZ 85043

Facility also operates as a wholesaler - VGM Group, Inc (W003455)

Product(s) distributed at the direction of the product title holder to permitted facilities and licensed practitioners

Overall Inspection Rating - satisfactory

Open permit L000272 issued to permit holder on 11/24/2020

Arizona State Board of Pharmacy  
1616 W. Adams, Suite 120, Phoenix, AZ 85007  
www.azpharmacy.gov Voice (602) 771-2727 Fax (602) 771-2749  
NOTICE OF INSPECTION RIGHTS - PREMISES SUBJECT TO INSPECTION

DATE: 11/23/2020

COMPLIANCE OFFICER  
(INSPECTOR): STEVE HAIBEN

ACCOMPANIED BY: \_\_\_\_\_

Re: OPS

L000272  
VGM Group, Inc  
777 S. 67<sup>th</sup> Ave #150  
Phoenix, AZ 85043

1. This inspection is conducted under the authority of Arizona Revised Statutes (A.R.S.) § 32-1904(A).
2. The purpose of the inspection is to determine compliance with A.R.S. Title 32, Chapter 18, A.R.S. Title 36, Chapter 27 and Arizona Administrative Code (A.A.C.) Chapter 23, Title 4.
3. Fees for the inspection are: Not Applicable  Authorized by \_\_\_\_\_ as follows: \_\_\_\_\_
4. An authorized representative of this facility may accompany the inspector(s) during the inspection of the premises except during any confidential interview.
5. You have the right to receive copies of any original documents taken by the inspector(s) during the inspection in those cases where the agency has authority to take original documents.
6. Each person interviewed during the inspection shall be informed that statements made by the person may be included in the report.
7. Each person whose conversation is tape recorded during the inspection will be informed that the conversation is being recorded.
8. If you have any questions regarding this inspection, you may contact: S. HAIBEN 623-217-3332
9. You have the right to appeal a final decision of the Board if any administrative order is issued or other enforcement action is taken based on the results of this inspection. Administrative hearing rights are found in A.R.S. § 41-1092 et seq., and rights relating to appeal of a final agency decision are found in A.R. S. § 12-901 et seq..
10. If you have any questions JEN KEONKUNG regarding your right to appeal an enforcement action taken by the Board based on this inspection, you may contact: ~~Cheryl Frush~~, Deputy Director at (602) 771-2735 or the Office of Ombudsman-Citizens Aide at 3737 N. 7th St., Suite 209, Phoenix, AZ 85014 (602) 277-7292 (email: ombuds@azoca.gov).

Upon entry onto the premises for this inspection, the Board inspector(s) identified above presented photo identification indicating that they are Board employees and reviewed with me the above Notice of Inspection Rights. I have read the disclosures above and am notified of my inspection and due process rights as listed above. I understand that while I have the right to decline to sign this form, the Board representatives may nevertheless proceed with the inspection.

Signature of Authorized Representative X [Signature]

Title of Authorized Representative VP OF OPERATIONS

Date: 11/23/20

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. STOLTZ  
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, 2<sup>nd</sup> 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 1<sup>st</sup> 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