ARIZONA MEDICAL BOARD

9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2700 . Fax (480) 551-2704 Website: www.azmd.gov

DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

** Please Type or Print **

PHYSICIAN NAME: DeShawn Lakisha Taylor, MD

MD LICENSE #: 41803

JUN 18 2014 AZ MEDICAL BOARD

Renewal Registration (\$150) (Renewal & fee must come together postmarked or faxed by 6/30)

- Confirm ALL locations below where you will be dispensing prescription drugs, devices and controlled substances. (For each location, place a check mark to verify address and schedule of drugs dispensed from each location are correct)
- Include a copy of your DEA license if you are requesting dispensing of controlled substances at any location.
- Blank form attached to add additional locations

PLEASE NOTE

A separate DEA license must be submitted for EACH location where controlled substances will be dispensed and must be kept current during the registration period

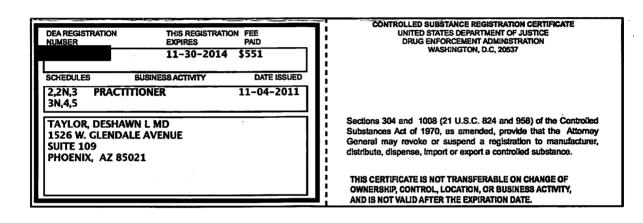
1526 W Glendale Ave. Ste 109

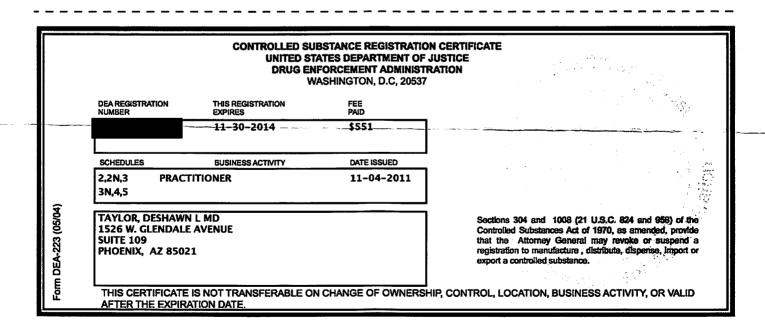
Phoenix, AZ 85021

Schedule II Drugs Schedule III Drugs Schedule IV Drugs Schedule V Drugs Prescription Only Drugs Prescription Devices

Dispensing location information correct Copy of DEA ttached Remove this location Physician's Signature:







ARIZONA MEDICAL BOARD

9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2700 . Fax (480) 551-2707 AUG

10me Pane: http://www.azmd.gov

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORMAL BOARD ** Please Type or Print **

PHYSICIAN NAME: DeShawn Taylor, MD							
LICENSE #: 41803		PECIALTY: Ob/Gyn					
CHECK ONE: Initial Registration (\$200)				Renewal Registration (\$150)			
 f Please list below ALL locations where you will be dispensing prescription drugs, devices and controlled substances. f For each location, place a check mark next to the descriptions of the prescription items which will be dispensed from that location. f Include a copy of your DEA license if you are requesting dispensing of controlled substances at any location. 							
		P	LEA	SE NOTE			
A separate DEA lice	nse m			ation where controlled subst ng the registration period	ance	s will be dispensed and must	
PRIMARY PRACTICE	LOC	ATION:		DEA # FOR THIS LOCAT	ION:		
1526 W. Glendale	Ave	Address nue, Ste 109		Phoenix, AZ 85021	state	Zip Code	
Phone Number 480-447-8857			Fax Number E Mail 480-718-8411				
Schedule II Drugs	/	Schedule III Drugs	V	Prescription-Only Drugs	V	Nubain	
Schedule IV Drugs	/	Schedule V Drugs	V	Prescription Devices	\checkmark		
ADDITIONAL PRACT	CE L	OCATION:		DEA # FOR THIS LOCAT	ION:		
	street	Address		City/s	State	Zip Code	
F	hone	Number		Fax Number E Mail		E Mail	
Schedule II Drugs		Schedule III Drugs		Prescription-Only Drugs		Nubain	
Schedule IV Drugs		Schedule V Drugs		Prescription Devices			
***** List any additional locations on the 2 nd page of this form and place a check mark here:							
Physician's Signature	e:	N Ref.	m	<u>//</u> Da	te: _	8/8/13	

Make checks or money orders payable to ARIZONA MEDICAL BOARD

Initial registration fee: \$200.00 per physician

For your convenience, we accept payments by Visa, MasterCard or American Express

If you wish to pay by payment card, please complete the attached PAYMENT CARD AUTHORIZATION FORM



Renewal registration fee: \$150.00 per physician

FAX COVER SHEET

ТО		
COMPANY		
FAX NUMBER	14805512707	
FROM	Desert Star Family Planning, LLC	
DATE	2013-08-08 16:25:56 GMT	
RE	Initial Dispensing Application - D. Taylor 41803	

COVER MESSAGE

Please confirm receipt at deshawnt@gmail.com. Thank you!

DeShawn Taylor, MD



Arizona Medical Board

9545 E. Doubletree Ranch Road ● Scottsdale, AZ 85258-5514 Telephone: 480-551-2700 ● Toll Free: 877-255-2212 ● Fax: 480-551-2705

Website: www.azmd.gov

August 12, 2013

RE: NOTICE OF DEFICIENCY DISPENSING RENEWAL

Dear Dr. Taylor,

Please be advised that the Arizona Medical Board has received your application for a dispensing registration for fiscal year 2013-2014. Unfortunately, your renewal application is not administratively complete and we cannot issue your registration until the following items have been included and/or appropriately completed:

Need current DEA card for the following location:

1526 W Glendale Ave, Ste 109 Phoenix, AZ 85021

Please remedy one or all of the above stated deficiencies and return all of the required information to the Board at an address listed above.

In accordance to 11 A.A.R 2944, you have 30 days from the date listed above to provide proper documentation. At that time if no documentation is provided and should you desire to pursue dispensing licensure in Arizona; a new licensure application must be filed with the Arizona Medical Board. In addition, all fees are forfeited.

If you have questions, please feel free to contact the Arizona Medical Board Licensing Department with the contact information above.

Sincerely

Arizona Medical Board



CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE

JNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON, D.C, 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacturer, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.



ARIZONA MEDICAL BOARD

9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2700 . Fax (480) 551-2707 Home Page: http://www.azmd.gov

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL

FORM ** Please Type or Print ** PHYSICIAN NAME: LICENSE #: SPECIALTY Renewal Registration (\$150) CHECK ONE: Initial Registration (\$200) Please list below ALL locations where you will be dispensing prescription drugs, devices and controlled substances. For each location, place a check mark next to the descriptions of the prescription items which will be dispensed from that location. Include a copy of your DEA license if you are requesting dispensing of controlled substances at any location. **PLEASE NOTE** A separate DEA license must be submitted for EACH location where controlled substances will be dispensed and must be kept current during the registration period PRIMARY PRACTICE LOCATION: DEA # FOR THIS LOCATION: City/State/Z Street Address 85006 STREET Phone Number Fax Number 2440 602-4102-5 Schedule III Drugs Prescription-Only Drugs Nubain Schedule II Drugs Schedule IV Drugs Schedule V Drugs **Prescription Devices** ADDITIONAL PRACTICE LOCATION: DEA # FOR THIS LOCATION: City/State/Zip Code Street Address Phone Number E Mail Fax Number Schedule II Drugs Schedule III Drugs Prescription-Only Drugs Nubain Schedule V Drugs **Prescription Devices** Schedule IV Drugs ***** List any additional locations on the 2nd page of this form and place a check mark here: Physician's Signature:

Initial registration fee: \$200,00 per physician Renewal registration fee: \$150,00 per physician

Make checks or money orders payable to ARIZONA MEDICAL BOARD

For your convenience, we accept payments by Visa, MasterCard or American Express

If you wish to pay by payment card, please complete the attached PAYMENT CARD AUTHORIZATION FORM



TAYLOR, DESHAWN L MD 18039 ONYX AVE WADDELL, AZ 85355-0000-000

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DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID			
	11-30-2014	\$731			
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE			
2,2N, 3,3N,4,5,	PRACTITIONER	11-04-2011			
TAYLOR, DESHAWN L MD FAMILY PLANNING ASSOCIATES MEDICAL GROUP 1331 N. 7TH STREET STE 225 PHOENIX, AZ 85006-0000					

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID		
	11-30-2014	\$731		
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE		
2,2N, 3,3N,4,5,	PRACTITIONER	11-04-2011		

TAYLOR, DESHAWN L MD
FAMILY PLANNING ASSOCIATES MEDICAL GROUP
1331 N. 7TH STREET
STE 225
PHOENIX, AZ 85006-0000

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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Form DEA-223 (4/07)



Recipient Information
To: Arizona Medical Board
Fax #: 4805512707

Sender Information

From: DeShawn Taylor, MD
Email address:
Sent on: Monday, November 12 2012 at 6:07 PM EST

Date: 11/12/12

To: Arizona Medical Board

From: DeShawn Taylor, MD

RE: Dispensing renewal for DeShawn Taylor, MD, AZ license # 41803

Thank you!

DeShawn Taylor, MD

This fax was sent using the FaxZero.com free fax service. FaxZero.com has a zero tolerance policy for abuse and junk faxes. If this fax is spam or abusive, please e-mail support@faxzero.com or send a fax to 800-980-6858. Specify fax #8064960. We will add your fax number to the block list.

Physician's Signature:



ARIZONA MEDICAL BOARD

9546 E. Doubletree Ranch Road . Scottsdale, Arizona 85268 Telephone: (480) 551-2700 . Fax (480) 551-2704

DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

111N 3 0 2011

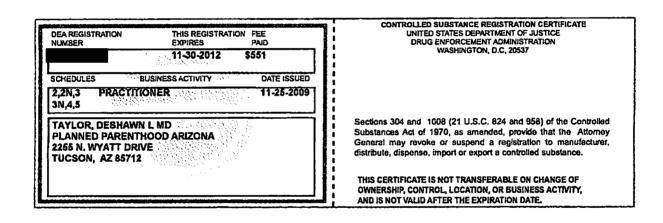
** Please Type or Print **
PHYSICIAN NAME: DeShawn Lakisha Taylor, MD MD LICENSE #: 41803 AZ MEDICAL BOARD SPECIALTY: OB/B/N
Renewal Registration (\$150) (Renewal & fee must come together postmarked or faxed by 6/30) Confirm ALL locations below where you will be dispensing prescription drugs, devices and controlled substances. (For each location, place a check mark to verify address and schedule of drugs dispensed from each location are correct) Include a copy of your DEA license if you are requesting dispensing of controlled substances at any location. Blank form attached to add additional locations
PLEASE NOTE A separate DEA license must be submitted for EACH location where controlled substances will be dispensed and must be kept current during the registration period
2255 N Wyatt Dr Tucson, AZ 85712
Schedule II Drugs Schedule III Drugs Schedule IV Drugs Schedule IV Drugs Schedule V Drugs
Dispensing location information correct Copy of DEA attached Remove this location
5771 W Eugie Glendale, AZ 85304
Schedule II Drugs Schedule III Drugs Schedule IV Drugs Schedule V Drugs
Dispensing location information correct Copy of DEA attached Remove this location
1250 E Apache #108 Tempe, AZ 85281
Schedule II Drugs Schedule III Drugs Schedule IV Drugs Schedule IV Drugs Schedule V Drugs Prescription Only Drugs Prescription Devices
A Simulation information parent. M. Convert DEA attached. C. Romovo this location

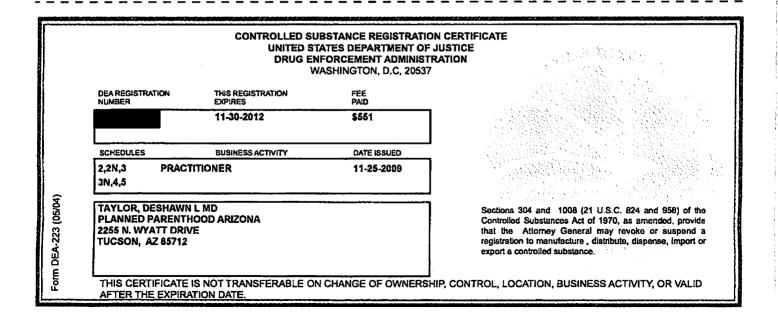


06/29/2011 17:16

Page 1 of 1

Printable DEA Certificate

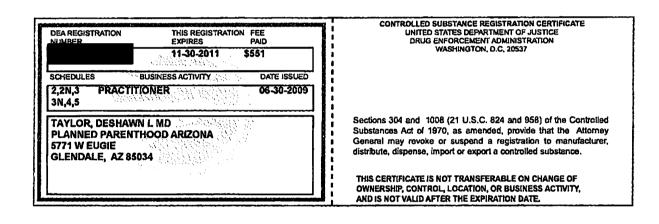


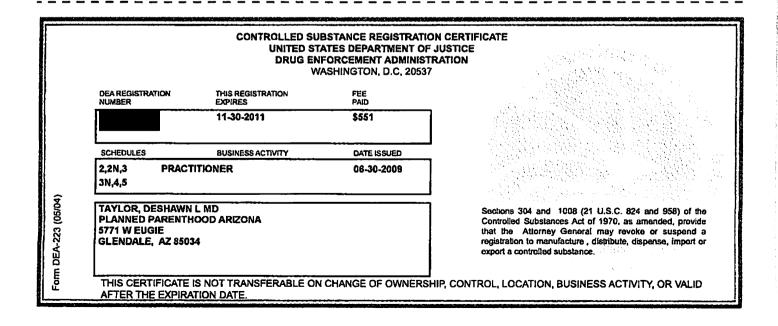


06/29/2011 17:16

Printable DEA Certificate

Page 1 of 1





Page 1 of 1

From: PPAZ PHX Admin Lobby

DEA REGISTRATION NUMBER THIS REGISTRATION EXPIRES PAID 11-30-2012 \$551 SCHEDULES DATE ISSUED BUSINESS ACTIVITY 2,2N,3 PRACTITIONER 11-06-2009 3N,4,5 TAYLOR, DESHAWN L MD PLANNED PARENTHOOD ARIZONA 1250 E. APACHE ROAD #108 **TEMPE, AZ 85281**

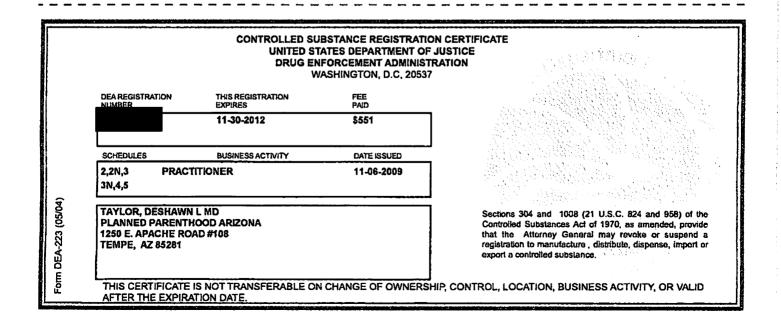
Printable DEA Certificate

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON, D.C. 20537

06/29/2011 17:16

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Altorney General may revoke or suspend a registration to manufacturer, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY. AND IS NOT VALID AFTER THE EXPIRATION DATE.





FAX TRANSMITTAL

Date: 6/29/11

Fax No.: 480 - 551 - 2704

TO: AZ MED BA

No. of pages: 6 (including cover)

DeShawn Taylor, M.D. 602.263.4236 Carol Bafaloukos

602.263.2231

☐ Cynthia K. Locke ☐ Jennifer Murdaugh 602.263.2237 602.200.2195 Fax

602-604-0159

Comments:

PLEASE CONFIRM RECEIPT AT NUMBER
ABOVE DE HOYlore PROZONG.
THANK YOU VERY MUEH!

ARIZONA MEDICAL BOARD

9545 E, Doubletree Ranch Road , Scottsdale, Arizona 86269 Telephone: (480) 661-2781 , Fax (480) 661-2704 Home Page http://www.atmd.gov

DISPENSING PHYSICIAN ANNUAL RENEVAL FORM

AZ MEDICA.

** Thease Type or Print **

MD LICENSE #: 41803	SPECIALTY;	OB/GYN	
Renewal Registration (\$150) (Renew	rai & fee must come together po	stmark od or faxed by 6/30)	
Confirm ALL locations below where you will be (For each location, place a check mark to ver locked a copy of your DEA license if you are	fily address and achedule of drugs d	ispensed from each location are correct)	
Blank form attached to add additional location			
	prince de seus principa de la companya de la compan	CONTROL SELECTION OF THE SELECTION OF TH	
1250 E Apache #108 Tempe, AZ 85281			
Schedule II Drugs Schedule III Drugs Schedule IV Drugs			
Schedule V Drugs Prescription Only Drugs Prescription Devices			
Dispensing location information corre	ect / Copy of DEA attach	ed Remove this location	
4417 N 7th Ave Phoenix, AZ 85013			
Schedule II Drugs Schedule III Drugs Schedule IV Drugs			
Schedule V Drugs Prescription Only Drugs Prescription Devices			
☐ Dispensing location information come	ect Copy of DEA attach	ed Remove this location	
al f	Jahlmo		9

MD LICENSE # 41803

PHYSICIAN NAME: DeShawn Lakisha Taylor, MD

ADDITIONAL PRACTICE LOCATION:			DEA # FOR THIS LOCATION:				
Street Address 5771 EUGIE			ELENDALE, AZ, 85354				
Phone Number			Fax Number				
Schedule II Drugs	/	Schodulo III Drugs	~	Prescription-Only Drugs		Nubain	
Schedule (V Drugs	7	Schedule V Druge	\	Prescription Devices:			
ADDITIONAL PRACTICE	LOCA	TION:		DEA # FOR THIS _OCATIO	ON:		_
2255 N.	Street	Address DRIVE		TUCSON, AZ	ity/State	erzip Code ラフィス	
		Number		Fax Number			
Schedule II Drugs	1	Schodulo III Drugs	V	Prescription-Only Drugs		Nubain	
Schedule IV Drugs	V	Schedule V Drugs	V	Prescription Devices			
ADDITIONAL PRACTICE	LOCA	TION:		DEA # FOR THIS _OCATION:			
	Street	Address		c	ity/State	e/Zip Code	
	Phone	Number		Fax Number		E Mail	
Schedule II Druge		Schedule III Drugs		Prescription-Only Drugs		Nubaln	
Schedule IV Drugs		Schodule V Drugs		Prescription Devices			
ADDITIONAL PRACTICE	LOCA	ATION:		DEA # FOR THIS LOCATI	ON:		_
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	Phon	e Number		Fax Number		E Meil	
Schedule II Druge		Schedule III Drugs		Prescription-Only E rugs		Nubaln	
Schodule IV Drugs		Schedule V Drugs		Prescription Devices			
ADDITIONAL PRACTICE	LOCA	ATION:		DEA # FOR THIS LOCATI	ON:		
	Street	t Address			City/Stat	e/Zip Code	
	Phon	e Number		Fax Number		E Maii	
Schedule II Drugs		Schodule III Druga		Prescription-Only Crugs		Nubain	
Schedule IV Drugs		Schedule V Drugs		Prescription Devices			

Ξ.

THIS REGISTRATION EXPIRES DEARFGISTRATION FEE PAID NUMBER 11-30-2012 **FEE PAID** BUSINESS ACTIVITY SCHEDULES ISSUE DATE 2.2N. PRACTITIONER \ 11-06-2009 3.3N.4.5 TAYLOR, DESHAWN L MD PLANNED PARENTHOOD ARIZONA 1250 E. APACHE ROAD #108 TEMPE, AZ 85281-0000

CONTROLLED SUBSTANCE/REGULATED CHEMICAL REGIS I MALION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRL G ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537

Sections \$1/4 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Atturney General may revoke or suspend a registration to menufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

REPORT
CHANGES
PROMPTLY

17

8.3

RECUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

- 1, welt our web site at deadiversion.undoj.gov or 2, call our customer Service Center at 1-(800) 882-9539 or
- 3. submit your change(s) in writing to:

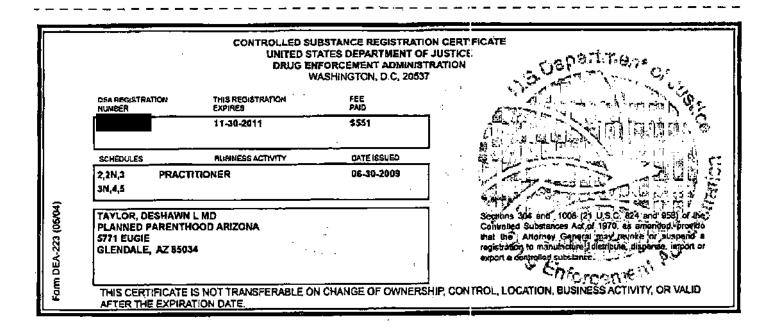
Drug Enforcement Administration P.O. Box 28083 Washington, DC 20083

See Title 21 Code of Federal Regulations, Section 1301.51 for complete in tructions.

You have been registered to handle the following chemical/drug codes:

Printable DEA Certificate Page 1 of 1

DEARESISTRATION THIS RESISTRATION FEE NUMBER PAID 11.30-2011 \$551	Controlled Substance registration certificate United States Department of Justice Drug Finoresement administration Washington, D.C., 20537
SCHEDULES A THURINGSS ACTIVITY & DATE 199 LED 2.2N,3 PRACTITIONER	
TAYLOR, DESHAWN L MD PLANNED PARENTHOOD ARIZONA 5771 EUGIE GLENDALE, AZ 85034	Sections 301 and 1906 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as arrended provide that the Attorney General may revoke or suspond a registration to manufacturer, distribute, dispense, import or export a controlled substance.
501.41- 80-80 T	THIS CERTI TICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
*) - P	11-30-2012	FEE PAID
SCHEUULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3.3N.4.5.	PRACTITIONER	11-25-2009
TAYLOR, DES PLANNED PAI 2255 N. WYAT TUCSON, AZ	RENTHOOD ARIZO T DRIVE	NA

CONTROL .ED SUBSTANCE/REGULATED CHEMICAL REGISTRATION CERTIFICATE UNITE) STATES DEPARTMENT OF JUSTICE DRUIS ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537

Sections 30+ and 1008 (21 USC 324 and 958) of the Controlled (substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or expert a controlled substance.

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7 Farm DEA-223/511 (4/07)

REQ JESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

 visit our web site at doad/vorsion.asdoj.gov - or
 call our custorier Service Center at 1-(800) 882-8639 - or
 submit your change(s) in writing to
 Orag Enforcement Administration
 P.O. Box 28083 Washington, DC 20083

See Title 21 Code of Federal Regulations, Section 1301 51

You have been registered to handle the following chemical/drug codes:

T-157 P001/002 F-356

ARIZONA MEDICAL BOARD

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

ARIZONA MEDICAL BOAND 9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2761 . Fax (480) 551-2704 Home Page: http://www.azmd.gov

<u> </u>	** Plea	ise T	ype or Print **	TO ARD		
PHYSICIAN NAME:	DESHAUN TAY	100	C, M.D.			
LICENSE#: 4	1803	SP	ECIALTY: DB/6	YN		
CHECK ONE:	Initial Registration (\$200)		Renewal Registr			
 For each location, pla 	locations where you will be dispended a check mark next to the descript DEA license if you are requesting	ptions	of the prescription items which	h will be dispensed from that location.		
A separate DEA licer	ise must be submitted for EACH	/ loca	SE NOTE tion where controlled subst g the registration period	ances will be dispensed and must		
PRIMARY PRACTICE			DEA # FOR THIS LOCAT			
4417 N. 7	Street Address H HVE		PHOENIX, AZ	State/Zip Code		
1002-889	Phone Number - 6574	,	602 - 889-65	571		
Schedule II Drugs	★ Schedule III Drugs	メ	Prescription-Only Drugs	メ Nubain		
Schedule IV Drugs	★ Schedule V Drugs	×	Prescription Devices			
ADDITIONAL PRACTI			DEA # FOR THIS LOCAT	10N: 1/30/		
	Street Address		TEMPE , AZ	State/Zip Code 85 Z8/		
480-5	Phone Number 778		Fax Number 480 - 421 - 87	712		
Schedule II Drugs	X Schedule III Drugs	×	Prescription-Only Drugs	× Nubain		
Schedule IV Drugs	★ Schedule V Drugs	\geq	Prescription Devices	×		
List any additional locations on the reverse side of this form and place a check mark here:						
·				4 Turk		
		/,		2/12/19		
Physician's Signature	: DI DIX	[A	<u> </u>	ate:		
Initial registration fee: \$200.00 per physician Renewal registration fee: \$150.00 per physician						

Make checks or money orders payable to ARIZONA MEDICAL BOARD

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