



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES

STEVE ARWOOD
DIRECTOR

July 31, 2013

RE: Request – Lucy Ann Nunnally, M.D.
o. 43-01-096747, Expires 1/31/2004

Your email dated July 13, 2013 addressed to the Department and received July 15, 2013 has been forwarded to me. In accordance with the Michigan Freedom of Information Act (FOIA), 1976 PA 442, as amended, please be advised that your request is granted in part and denied in part.

Enclosed please find a copy of the Department's licensure file regarding Lucy Ann Nunnally, M.D.. Be advised that personal information, such as home telephone number, date of birth, academic or examination grades, have been redacted on the grounds that release would constitute a clearly unwarranted invasion of the personal privacy of the licensee. An exemption from release of this information is hereby claimed under section 13(1)(a) of the FOIA. I have also redacted the licensee's social security number; an exemption from release is hereby claimed under section 13(1)(w) of the FOIA.

Further, please be advised that a search of the disciplinary records maintained by this Bureau reveals that there are no allegations, formal complaints or disciplinary actions on file regarding the above-referenced licensee.

Pursuant to section 10 of the FOIA, you may submit a written appeal of these claimed exemptions to Steve Arwood, Director, Department of Licensing & Regulatory Affairs (LARA), Attention: Mike Zimmer, Chief Deputy Director, Ottawa Building, 4th Floor, P.O. Box 30004, Lansing, Michigan 48909. This written appeal must specifically state the word "appeal" and identify the reason(s) for reversal of the denial. Alternatively, you may seek judicial review, including reasonable attorney fees, costs, disbursements, and damages if deemed appropriate, in circuit court within 180 days after a public body's final determination to deny the request.

Sincerely,

Tom Gawrych, FOIA Coordinator
Administrative Support Division
Bureau of Health Care Services

Enclosure

**APPLICATION FOR MEDICAL DOCTOR LICENSURE
 BY ENDORSEMENT**

Authority: Public Act 368 of 1978, as amended.
 If this form is not completed, a license will not be issued.

A controlled substance license is required for every person who prescribes, manufactures, distributes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended. Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration, 431 Howard Street, Detroit, MI 48226 (Telephone 1-800-882-9539)

Tran Info: 430109 15779465-3 Chk#: 1586 Amt: \$150.00 ID: XXXXXXXXXX	03/15/10
License Number	
096747	
Date of Licensure	
6/8/10	

Type or Print Only

I AM APPLYING FOR THE FOLLOWING:

- License by Endorsement Fee: \$150.00 71-4301-09
 (Must currently be licensed in another state)

Your check or money order drawn on a U.S. financial institution and made payable to the STATE OF MICHIGAN must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name LUCY	Middle Name ANN	Last Name NUNNALLY
U.S. Social Security Number XXXXXXXXXX	Date of Birth XXXX/XX/XX	Daytime Phone Number (330) 573-2003
Street Address 1954 RIDGEWOOD RD		
City AKRON	State OH	ZIP Code 44313
All Previous Names and/or Birth Name Used (if applicable)		
Have you ever held a health professional license in Michigan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Michigan Permanent I.D. Number and Expiration Date

Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum of 2 years?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period? <i>SEE ATTACHED</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you ever had a federal or state health professional or controlled substance license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8. Have you ever been denied the privilege of taking an examination by any state medical board?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Name

9. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privilege involuntarily modified? Yes No
10. Do you hold or have you ever held a permanent medical license in any state, U.S. Territory or Canadian province? If yes, list the State(s), U.S. Territory or Province in which you hold or have held a medicine license, the license or registration number, the date issued, and how the license was obtained. DO NOT LIST TEMPORARY LICENSES. You must have each licensing agency verify licensure directly to this board office. (Attach additional sheets, if necessary) Yes No

State, U.S. Territory, Province	License Number	Date of Issue	How obtained (Endorsement or examination)
NC	0025517	1979	EXAM
IL	036060801	1989	EXAM
OH	35061531	1991	ENDORSEMENT

Provide a complete chronological record of your educational preparation. Attach additional sheets if necessary.

Name and Address of Institution	Dates of Attendance		Degree
	From	To	
U. NORTH CAROLINA CHAPEL HILL, NC	8/75	6/79	MD
U. CHICAGO HOSP. CHICAGO, IL	7/79	6/83	OB-GYN RESIDENCY

Provide a description of your professional medical experience. Attach additional sheets if necessary.

Name and Address of Employer	Dates of Practice		Duties
	From	To	
SEE ATTACHED C.V.			

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant: *[Handwritten Signature]* MD Date: 3/9/10

Michigan Department of Community Health
Board of Pharmacy
 P.O. Box 30670
 Lansing, MI 48909
 (517) 335-0918
 www.michigan.gov/healthlicense

DCH.LPH-090 (12/05)

CONTROLLED SUBSTANCE LICENSE APPLICATION

Authority: Public Act 368 of 1978, as amended
 If this form is not completed, a license will not be issued.

A controlled substance license is required for every person who manufactures, distributes, prescribes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended.

A separate controlled substance license is required for each business location from which you manufacture, distribute, or dispense controlled substances. If you only prescribe controlled substances at more than one location, you only need one controlled substance license.

Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration 431 Howard Street, Detroit, Michigan 48226 (telephone: 800-882-9539). The Michigan Board of Pharmacy is unable to answer questions about the federal licensing process.

Tran Info: 430157 15779465-1	03/15/10
Chk#: 1586 Amt: \$20.00	
ID: [REDACTED]	
Tran Info: 430137 15779465-2	03/15/10
Chk#: 1586 Amt: \$65.00	
ID: [REDACTED]	
License Number 045985	
Date of Licensure 6/8/10	

Type or Print Only

INSTRUCTIONS		
1. CONTROLLED SUBSTANCE FEE: Initial (first time) professional license or relicensure of your professional license - \$85.00. If you already hold a professional license and your professional license expires in: 0-12 months the fee is \$85.00 (13757) 13-24 months the fee is \$160.00 (23757) 25-36 months the fee is \$235.00 (33757)		
2. M.D./D.O. Applicants: This application may not be used for physician methadone programs. Please request an application for the Physician Methadone Program.		
3. Allow up to six weeks for your paper license to arrive.		
Your check or money order drawn on a U.S. financial institution and made payable to the STATE OF MICHIGAN must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.		
First Name LUCY	Middle Name ANN	Last Name NUNNALLY
Street 1954 RIDGEWOOD RD		Telephone Number 330-573-2003
City AKRON	State OH	ZIP Code 44313
TYPE OF PROFESSIONAL LICENSE (Please Check One):		STATUS:
<input type="checkbox"/> 29 - 01 D.D.S. 71-5315	Regular <input type="checkbox"/> or <input type="checkbox"/> Educational Limited	1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> 59 - 01 D.P.M. 71-5315	<input type="checkbox"/> or <input type="checkbox"/>	If Yes, please explain on separate sheet.
<input type="checkbox"/> 69 - 01 D.V.M. 71-5315	<input type="checkbox"/> or <input type="checkbox"/>	2. Is your current professional license limited as a result of Board disciplinary action? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> 43 - 01 M.D. 71-5315	<input checked="" type="checkbox"/> or <input type="checkbox"/>	Michigan Permanent I.D. Number (as shown on your pocket card) PENDING
<input type="checkbox"/> 51 - 01 D.O. 71-5315	<input type="checkbox"/> or <input type="checkbox"/>	Expiration Date of License
<input type="checkbox"/> 49 - 01 O.D. 71-5330	<input type="checkbox"/>	Social Security Number
<input type="checkbox"/> 53 - 01 Pharmacy Store 71-5301	<input type="checkbox"/>	
<input type="checkbox"/> 53 - 02 R.Ph. 71-5302	<input type="checkbox"/>	
<input type="checkbox"/> 53 - 06 Manuf./Wholesaler 71-5306	<input type="checkbox"/>	

I am applying for a controlled substance license in Michigan and certify that the statements and information above are true.

Signature L. A. Nunnally MD	Date 3/9/10
---------------------------------------	-----------------------

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the American's with Disabilities Act, you may make your needs known to this agency.

Norris, Brittany

From: aliasresponse@michigan.gov
Sent: Tuesday, March 23, 2010 6:47 AM
To: bhpdata
Subject: Administrative Hit/No Hit Notification

STATE OF MICHIGAN
DEPARTMENT OF STATE POLICE
CRIMINAL RECORDS DIVISION
PO BOX 30634, LANSING MI 48913

DATE: 03/23/2010

TCN: FS1C000950K01

Requester: MI DEPT OF COMMUNITY HEALTH
Reason Printed: LHP - Licensed Health Care Professional (MCL 333.16174) Subject Printed:
NUNNALLY, LUCY ANN
DOB [REDACTED]

The following e-mail response(s) is computer generated and is based on the criminal history information on file as of the date noted above.

Since entry of new arrests, court dispositions for prior arrests or other database changes occur daily, a future record search for this person could be different.

STATE RESPONSE:

A Michigan record has not been found that meets the dissemination criteria.

FBI RESPONSE:

An FBI record has not been found that meets the dissemination criteria.



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

CLEARANCE MEMORANDUM

TO: Sherri Johnson, Manager
Allegation Division

FROM: Joseph Campbell, Licensing Director
Licensing Division

SUBJECT: Lucy A. Nunnally, M.D.
SS#: [REDACTED]
Applicant for Licensure – Medical Doctor

DATE: June 8, 2010

Malpractice information provided for the captioned applicant does not indicate that the applicant is in violation of Section 16231 (3) of the Public Health Code but there has been a malpractice settlement over \$200,000 in one five year period. We will proceed with the processing of the application.

C: Applications Unit

Curriculum Vitae

L. Ann Nunnally, M.D., FACOG

1954 Ridgewood Road

Akron, Ohio 44313

lann1112@yahoo.com

CERTIFICATION AND LICENSURE

Diplomate, American Board of Obstetrics and Gynecology, December 1985.

License: · Ohio, June 1991 - current
North Carolina, August 1981 - current
Illinois, July 1980 - 1992

EDUCATION

U. of North Carolina Medical School at Chapel Hill, M.D., May 1979.

Michigan State University, B.S. with Honors, March 1975.

POSTGRADUATE TRAINING

The University of Chicago Hospitals and Clinics Chicago Lying in Hospital,
Department of Obstetrics and Gynecology, July 1979 - June 1983.

PROFESSIONAL EXPERIENCE

Akron Women's Medical Center, Medical Director

September 2006 – current

Ohio Women's Center, Gynecologist and Abortion Provider,

June 2004 - May 2006

Cincinnati Women's Services, Gynecologist and Abortion Provider,

May 2003 - September 2005

Akron Center for Choice, Gynecologist and Abortion Provider,

June - December 2002

Women's Medical Center of Akron, Gynecologist and Abortion Provider,

August 1996 - 2002.

Turning Pointe, Medical Administration,

May 1995 - June 1996.

Medical Director, Planned Parenthood of Stark County

September 1991 - September 1995.

Women's Health Institute,

Ob/Gyn Staff Member, August 1987 - June 1991.

Michael Reese Health Plan (A staff model HMO),

Ob/Gyn Staff Member, July 1983 - August 1987.

Jan
3/9/10
P. 1/2

L. ANN NUNNALLY MD
MI LICENSE APPLICATION

FACULTY APPOINTMENTS

Northeastern Ohio University College of Medicine,
Assistant Professor of Clinical Ob/Gyn, 1992-1995.
Michael Reese Medical Center,
Attending in Ob/Gyn, July 1983 - June 1991,
Full time teaching staff, August 1987 - February 1989.
The University of Chicago Hospitals and Clinics,
Clinical Instructor in Ob/Gyn, July 1986 - July 1990.

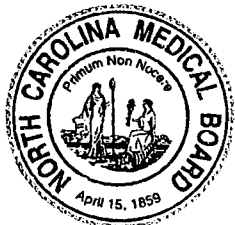
OFFICES AND AWARDS

Secretary of the Department of Ob/Gyn at Michael Reese Medical Center,
January 1990 - June 1991.
Quality Assurance Director for the Department of Ob/Gyn at Michael Reese
Medical Center, March 1988 - March 1990.
District VI Chairman of American College of Ob/Gyn Junior Fellows,
September 1983 - 1984.
Illinois Delegate to the AMA Hospital Medical Staff Section, 1983 - 1985.
Resident Representative to the American Medical Association Council on
Medical Education, June 1980 - June 1983.
Administrative Chief Resident, The University of Chicago, 1983.
Upjohn Achievement Award, The University of North Carolina, May 1979.

PROFESSIONAL SOCIETY MEMBERSHIPS

American College of Ob/Gyn, Fellow, 1986 - present.
Association of Reproductive Health Professionals, past.
American Society for Colposcopy and Cervical Pathology, past.
Ohio State Medical Association, -past.
American Medical Women's Association, past.
American Medical Association, past.
American College of Ob/Gyn, Junior Fellow, 1979 - 1985.
Illinois State Medical Society, Chicago Medical Society, 1979 - 1991.
North Carolina Medical Society, 1976 - 1979.

L. Ann Nunnally MD
3/9/10
p. 2/2



**NORTH CAROLINA
MEDICAL BOARD**

Donald E. Jablonski, DO
President

Janice E. Huff, MD
President-Elect

William A. Walker, MD
Secretary/Treasurer

Michigan Board of Medicine
P. O. Box 30670
Lansing, MI 48909



LICENSE VERIFICATION FORM

DATE: March 12, 2010

TO WHOM IT MAY CONCERN:

This is to verify that the practitioner noted below was issued a North Carolina License. A review of the files indicate the following information:

Name: Lucy Ann Nunnally
Address: 839 East Market St
Akron, OH 44311

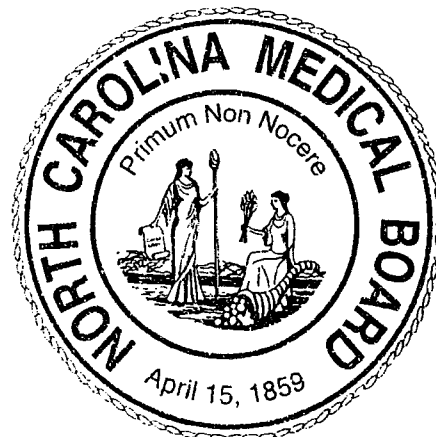
Annual Renewal Date: November 12, 2010
Public Action: No

License Number	License Type	Issue Date	Current Status	Expire Date
25517	MD	08/22/1981	Active	

Sincerely,

R. David Henderson

R. David Henderson
Executive Director



R. David Henderson
Executive Director

1203 Front Street
Raleigh, North Carolina 27609-7533

Mailing:
P.O. Box 20007
Raleigh, North Carolina 27619-0007

Telephone: (919) 326-1100
Fax: (919) 326-1131
Email: info@ncmedboard.org
Web: www.ncmedboard.org

State Medical Board of Ohio

cp

30 E. Broad Street, 3rd Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: <http://med.ohio.gov/>

VERIFICATION OF LICENSURE

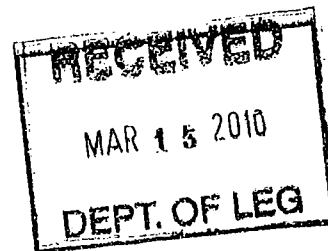
This is to verify that the records of the State Medical Board of Ohio contain the following information for the indicated licensee as of 3/11/2010:

Identification Information

Name and Address: Dr. L. ANN NUNNALLY
1954 Ridgewood Rd.
AKRON, OH 44333

Date of Birth: [REDACTED]
Place of Birth: NORFOLK, VA

School of Graduation: University of North Carolina at Chapel Hill School of
Date of Graduation: 05/13/79



License Information

Type of License: Doctor of Medicine
License Number: 35. 061531
How Issued: End Flex
Original Licensure Date: 04/30/1991
Expiration Date: 04/01/2012
Status: ACTIVE
Formal Disciplinary Action: No

A handwritten signature in black ink that reads "R. A. Whitehouse".

Richard A. Whitehouse
Executive Director



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

PAT QUINN
Governor

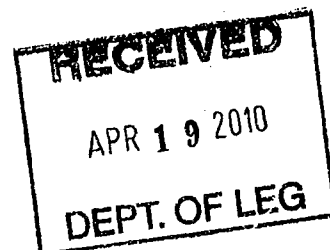
BRENT E. ADAMS
Secretary

DONALD W. SEASOCK
Acting Director
Division of Professional Regulation

CERTIFICATION OF LICENSURE

April 15, 2010

BUREAU OF HEALTH PROFESSIONS
PO BOX 30670
LANSING, MI 48909



Licensee: LUCY ANN NUNNALLY MD
License Number: 036.060801
Profession: LICENSED PHYSICIAN AND SURGEON
Date of Issuance: 08/26/1980
Expiration Date: 07/31/1993
License Status: NOT RENEWED
License Method: ENDORSEMENT - FLEX
Disciplinary History: Has not been disciplined

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.

Donald W. Seasock
Acting Director

Division of Professional Regulation



Refer to the Department's Web Site at www.idfpr.com to verify professional licenses via License Look-Up.

Please contact the Division of Professional Regulation, Licensure Maintenance Unit, at 217-782-0458 if you have any questions.

RECEIVED

Michigan Department of Community Health

Board of Pharmacy

P.O. Box 30670

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

DCHALPH-070 (03/10)

DEPT OF CIS

DRUG CONTROL LICENSE APPLICATION

Authority: Public Act 203 of 1978, as amended
If this form is not completed, a license will not be issued

Trace Info: 430138 16056496-1 08/23/10
Case#: 1077 Amt: 345.00
ID: 4301096747

A drug control license must be obtained by all licensed medical doctors, doctors of osteopathic medicine, podiatric medicine and dentists WHO ROUTINELY DISPENSE DRUGS from their principal place of practice. A drug control license is not necessary if the dispensing involves only the issuance of complimentary starter dose drugs. A separate drug control license is required for each business location from which you routinely dispense drugs. YOUR ADDITIONAL DRUG CONTROL LICENSE WILL EXPIRE ON THE SAME DATE AS YOUR PROFESSIONAL LICENSE. All practitioners who dispense controlled substances in Schedules 2-5 must report this prescription data to the Michigan Automated Prescription System (MAPS) as stated in Board of Pharmacy Rules 339.3162b.(d).

Date of Licensure
License Number 47287

Type or Print Only

INSTRUCTIONS

- 1. ADDRESS CHANGES: If your name and/or address changes please notify the Board in writing. To change a name or address, you can download the Data Change/Duplicate License Request Form from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes
- 2. Your Drug Control license will expire with your current professional license. If your professional license expires in: 0-12 months the fee is \$45.00 13-24 months the fee is \$65.00 25-36 months the fee is \$85.00
- 3. Allow up to six weeks for your paper license to arrive.

Your check or money order drawn on a U.S financial institution and made payable to the STATE OF MICHIGAN must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department

TYPE OF PROFESSIONAL LICENSE (Please Check One):
 43 - 01 M.D. 71-4301-38
 51 - 01 D.O. 71-5101-38
 29 - 01 D.D.S. 71-2901-38
 59 - 01 D.P.M. 71-5901-38

STATUS:
1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?
 Yes No
If Yes, please explain on separate sheet.
2. Is your current professional license limited as a result of Board disciplinary action?
 Yes No

First Name LUCY Middle Name ANN Last Name NIKANALLY
Michigan Permanent I.D. Number 4301096747 Expiration Date of License 1/31/2011
E-mail Address Social Security Number [REDACTED]
Street Address for Drug Control License Location 24450 Evergreen Ste. 220 Telephone Number 248-554-0540
City Southfield State MI ZIP Code 48075

I hereby make application for a drug control license in Michigan and submit that the statements and information above are true
Signature [Signature] Date 6/18/10

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the American's with Disabilities Act, you may make your needs known to this agency.

RECEIVED

JUN 23 2010
DEPT. OF CIS

Michigan Department of Community Health
Board of Pharmacy
P.O. Box 30670
Lansing, MI 48909
(517) 335-0918
www.michigan.gov/healthlicense

DCH/PLPH-070 (03/10)

DRUG CONTROL LICENSE APPLICATION

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued

A drug control license must be obtained by all licensed medical doctors, doctors of osteopathic medicine, podiatric medicine and dentists WHO ROUTINELY DISPENSE DRUGS from their principal place of practice. A drug control license is not necessary if the dispensing involves only the issuance of complimentary starter dose drugs. A separate drug control license is required for each business location from which you routinely dispense drugs. YOUR ADDITIONAL DRUG CONTROL LICENSE WILL EXPIRE ON THE SAME DATE AS YOUR PROFESSIONAL LICENSE. All practitioners who dispense controlled substances in Schedules 2-5 must report this prescription data to the Michigan Automated Prescription System (MAPS) as stated in Board of Pharmacy Rules 338.3162b.(d).

Type or Print Only

Trans Info: 430138 16056493-1 06/23/10
DEPT: 1043 Amt: \$45.00
ID: 4301096747

Date of Licensure

License Number

047286

INSTRUCTIONS

1. ADDRESS CHANGES: If your name and/or address changes please notify the Board in writing. To change a name or address, you can download the Data Change/Duplicate License Request Form from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes
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0-12 months the fee is \$45.00 13-24 months the fee is \$65.00 25-36 months the fee is \$85.00
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Your check or money order drawn on a U.S financial institution and made payable to the STATE OF MICHIGAN must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

TYPE OF PROFESSIONAL LICENSE

(Please Check One)

- 43 - 01 M.D. 71-4301-38
- 51 - 01 D.O. 71-5101-38
- 23 - 01 D.D.S. 71-2901-38
- 59 - 01 D.P.M. 71-5901-38

STATUS:

1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?
 Yes No
If Yes, please explain on separate sheet.
2. Is your current professional license limited as a result of Board disciplinary action?
 Yes No

First Name LUCY Middle Name ANN Last Name WAPALLY

Michigan Permanent I.D. Number 4301096747 Expiration Date of License 1/31/2011

E-mail Address _____ Social Security Number _____

Street Address for Drug Control License Location 3810 17 Mile Rd Sp. #1 Telephone Number 5810 2108 1700

City Sterling Heights State MI ZIP Code 48310

I hereby make application for a drug control license in Michigan and submit that the statements and information above are true.
[Signature] Signature 6/18/10 Date

RECEIVED

JUN 23 2010

DEPT. OF CIS

Michigan Department of Community Health
Board of Pharmacy

P.O. Box 30670
Lansing, MI 48909
(517) 335-0918
www.michigan.gov/healthlicense

DCH/PLH-070 (03/10)

DRUG CONTROL LICENSE APPLICATION

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued

Trans Info: 430138 16056497-1 06/23/10
 Check: 1045 Amt: \$45.00
 ID: 4301096747

Date of Licensure: 7-27
 License Number: 047285

A drug control license must be obtained by all licensed medical doctors, doctors of osteopathic medicine, podiatric medicine and dentists WHO ROUTINELY DISPENSE DRUGS from their principal place of practice. A drug control license is not necessary if the dispensing involves only the issuance of complimentary starter dose drugs. A separate drug control license is required for each business location from which you routinely dispense drugs. YOUR ADDITIONAL DRUG CONTROL LICENSE WILL EXPIRE ON THE SAME DATE AS YOUR PROFESSIONAL LICENSE. All practitioners who dispense controlled substances in Schedules 2-5 must report this prescription data to the Michigan Automated Prescription System (MAPS) as stated in Board of Pharmacy Rules 338.3162b,(d).

Type or Print Only

INSTRUCTIONS

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 0-12 months the fee is \$45.00 13-24 months the fee is \$65.00 25-36 months the fee is \$85.00
3. Allow up to six weeks for your paper license to arrive.

Your check or money order drawn on a U.S financial institution and made payable to the STATE OF MICHIGAN must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

TYPE OF PROFESSIONAL LICENSE (Please Check One)		STATUS:	
<input checked="" type="checkbox"/> 43 - 01 M.D. 71-4301-38	<input type="checkbox"/> 51 - 01 D.O. 71-5101-38	1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain on separate sheet.	
<input type="checkbox"/> 29 - 01 D.D.S. 71-2901-38	<input type="checkbox"/> 59 - 01 D.P.M. 71-5901-38	2. Is your current professional license limited as a result of Board disciplinary action? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
First Name: LUCY	Middle Name: ANN	Last Name: Munnally	
Michigan Permanent I.D. Number: 4301096747	Expiration Date of License: 1/31/2011		
E-mail Address:	Social Security Number: [REDACTED]		
Street Address for Drug Control License Location: 35000 Ford Rd Ste 3		Telephone Number: 734 721 4700	
City: Westland	State: MI	ZIP Code: 48185	
I hereby make application for a drug control license in Michigan and submit that the statements and information above are true			
Signature: L. O. Munnally MD		Date: 6/18/10	

RECEIVED

Michigan Department of Community Health

JUN 23 2010

Board of Pharmacy

P.O. Box 30670

DEPT. OF CIS

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

DCH/PH-090 (02/10)

CONTROLLED SUBSTANCE LICENSE APPLICATION

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

A controlled substance license is required for every person who manufactures, distributes, prescribes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended.

A separate controlled substance license is required for each business location from which you manufacture, distribute, or dispense controlled substances. If you only prescribe controlled substances at more than one location, you only need one controlled substance license. All pharmacies, practitioners, and veterinarians who dispense controlled substances in Schedules 2-5 must report this prescription data to the Michigan Automated Prescription System (MAPS) as stated in Board of Pharmacy Rules 338.3162b.(d). Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration 431 Howard Street, Detroit, Michigan 48226 (telephone: 800-882-9539). The Michigan Board of Pharmacy is unable to answer questions about the federal licensing process.

Tran Info: 430157 16056499-1 06/23/10
Chk#: 1044 Amt: \$20.00
ID: [redacted]
Tran Info: 430137 16056499-2 06/23/10
Chk#: 1044 Amt: \$65.00
ID: [redacted]

License Number: 5315047425
Date of Licensure: 3-4-10

Type or Print Only

INSTRUCTIONS
1. CONTROLLED SUBSTANCE FEE: Initial (first time) professional license or relicensure of your professional license - \$85.00.
If you already hold a professional license and your professional license expires in:
0-12 months the fee is \$85.00 (13757) 13-24 months the fee is \$160.00 (23757) 25-36 months the fee is \$235.00 (33757)
2. M.D./D.O. Applicants: This application may not be used for prescribing physicians for drug treatment programs.
Please request an application for the Prescribing Physician for a Drug Treatment Program.
3. Allow up to six weeks for your paper license to arrive.
Your check or money order drawn on a U.S financial institution and made payable to the STATE OF MICHIGAN must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name: LUCY Middle Name: ANN Last Name: Nunnally
Michigan Permanent I.D. License Number: 4321046747 Expiration Date of License: 1-31-2011 U.S. Social Security Number: [redacted]
Name of Pharmacy or Manufacturer/Wholesaler (if applicable): E-mail address:
Street Address: 35000 Ford Rd. Ste 3 Telephone Number: 734-721-4700
City: Westland State: MI ZIP Code: 48185

TYPE OF PROFESSIONAL LICENSE
(Please Check One):
Regular Educ. Lmt. Volunteer
[] 29 - 01 D.D.S. 71-5315 [] or []
[] 59 - 01 D.P.M. 71-5315 [] or [] or []
[] 69 - 01 D.V.M. 71-5315 [] or []
[X] 43 - 01 M.D. 71-5315 [X] or [] or []
[] 51 - 01 D.O. 71-5315 [] or [] or []
[] 49 - 01 O.D. 71-5330 []
[] 53 - 01 Pharmacy Store 71-5301 []
[] 53 - 02 R.Ph. 71-5302 []
[] 53 - 06 Manuf./Wholesaler 71-5306 []

STATUS:
1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?
[] Yes [X] No
If Yes, please explain on separate sheet.
2. Is your current professional license limited as a result of Board disciplinary action?
[] Yes [X] No
3. Do you already hold an active controlled substance license?
[] Yes [X] No
4. Is this application for an additional location?
[] Yes [X] No

I am applying for a controlled substance license in Michigan and certify that the statements and information above are true.
Signature: [Signature] Date: 6/18/10

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the American's with Disabilities Act, you may make your needs known to this agency.

RECEIVED

Michigan Department of Community Health

Board of Pharmacy

P.O. Box 30670

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

DCH/PH-090 (02/10)

Tran Info: 430157 16056491-1 06/23/10
Chk#: 1042 Amt: \$20.00
ID: 4301096747

Tran Info: 430137 16056491-2 06/23/10
Chk#: 1042 Amt: \$65.00
ID: 4301096747

License Number: 5315047434
Date of Licensure: 8-4-10

CONTROLLED SUBSTANCE LICENSE APPLICATION

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

A controlled substance license is required for every person who manufactures, distributes, prescribes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended.

A separate controlled substance license is required for each business location from which you manufacture, distribute, or dispense controlled substances. If you only prescribe controlled substances at more than one location, you only need one controlled substance license. All pharmacies, practitioners, and veterinarians who dispense controlled substances in Schedules 2-5 must report this prescription data to the Michigan Automated Prescription System (MAPS) as stated in Board of Pharmacy Rules 338.3162b.(d). Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration 431 Howard Street, Detroit, Michigan 48226 (telephone: 800-882-9539). The Michigan Board of Pharmacy is unable to answer questions about the federal licensing process.

Type or Print Only

INSTRUCTIONS

- CONTROLLED SUBSTANCE FEE: Initial (first time) professional license or relicensure of your professional license - \$85.00. If you already hold a professional license and your professional license expires in: 0-12 months the fee is \$85.00 (13757) 13-24 months the fee is \$160.00 (23757) 25-36 months the fee is \$235.00 (33757)
- M.D./D.O. Applicants: This application may not be used for prescribing physicians for drug treatment programs. Please request an application for the Prescribing Physician for a Drug Treatment Program.
- Allow up to six weeks for your paper license to arrive.

Your check or money order drawn on a U.S. financial institution and made payable to the STATE OF MICHIGAN must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name LUCY	Middle Name ANN	Last Name Nunnally
Michigan Permanent License Number 4301096747	Expiration Date of License 1-31-2011	U.S. Social Security Number [REDACTED]
Name of Pharmacy or Manufacturer/Wholesaler (if applicable)		E-mail address
Street Address 5810 17 Mile Rd. Ste. 1		Telephone Number 586 268 1700
City Sterling Heights	State MI	ZIP Code 48310

TYPE OF PROFESSIONAL LICENSE

(Please Check One):

	Regular	Educ. Lmt.	Volunteer
<input type="checkbox"/> 29 - 01 D.D.S. 71-5315	<input type="checkbox"/>	or <input type="checkbox"/>	
<input type="checkbox"/> 59 - 01 D.P.M. 71-5315	<input type="checkbox"/>	or <input type="checkbox"/>	or <input type="checkbox"/>
<input type="checkbox"/> 69 - 01 D.V.M. 71-5315	<input type="checkbox"/>	or <input type="checkbox"/>	
<input checked="" type="checkbox"/> 43 - 01 M.D. 71-5315	<input checked="" type="checkbox"/>	or <input type="checkbox"/>	or <input type="checkbox"/>
<input type="checkbox"/> 51 - 01 D.O. 71-5315	<input type="checkbox"/>	or <input type="checkbox"/>	or <input type="checkbox"/>
<input type="checkbox"/> 49 - 01 O.D. 71-5330	<input type="checkbox"/>		
<input type="checkbox"/> 53 - 01 Pharmacy Store 71-5301	<input type="checkbox"/>		
<input type="checkbox"/> 53 - 02 R.Ph. 71-5302	<input type="checkbox"/>		
<input type="checkbox"/> 53 - 06 Manuf./Wholesaler 71-5306	<input type="checkbox"/>		

STATUS:

- Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?
 Yes No
If Yes, please explain on separate sheet.
- Is your current professional license limited as a result of Board disciplinary action?
 Yes No
- Do you already hold an active controlled substance license?
 Yes No
- Is this application for an additional location?
 Yes No

I am applying for a controlled substance license in Michigan and certify that the statements and information above are true.

Signature L. A. Nunnally MD	Date 6/18/10
--------------------------------	-----------------

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the American's with Disabilities Act, you may make your needs known to this agency.

Michigan Department of Licensing and Regulation

Board of Pharmacy
 P.O. Box 30670
 Lansing, MI 48909
 (517) 335-0918
 www.michigan.gov/healthlicense

LARA/LPH-090 (04/11)

CONTROLLED SUBSTANCE LICENSE APPLICATION

Authority: Public Act 368 of 1978, as amended
 If this form is not completed, a license will not be issued

A controlled substance license is required for every person who manufactures, distributes, prescribes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended

A separate controlled substance license is required for each business location from which you manufacture, distribute, or dispense controlled substances. If you only prescribe controlled substances at more than one location, you only need one controlled substance license. All pharmacies, practitioners, and veterinarians who dispense controlled substances in Schedules 2-5 must report this prescription data to the Michigan Automated Prescription System (MAPS) www.michigan.gov/mimapsinfo

Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, DEA, 431 Howard Street, Detroit, Michigan 48226 (800-882-9539). The Michigan Board of Pharmacy is unable to answer questions about the federal licensing process.

Tran Info: 430137 17123382-1 09/21/11
 Chk#: 1975 Amt: \$175.00
 ID: [REDACTED] ✓

Tran Info: 430157 17123382-2 09/21/11
 Chk#: 1975 Amt: \$60.00
 ID: [REDACTED]

Board Use Only

License Number: **5315052660**

Date of Licensure: **9-27-11**

Type or Print Only

INSTRUCTIONS

- CONTROLLED SUBSTANCE FEE:** Initial (first time) professional license or relicensure of your professional license - \$85.00.
 If you already hold a professional license and your professional license expires in:
 0-12 months the fee is \$85.00 (13757) 13-24 months the fee is \$160.00 (23757) 25-36 months the fee is \$235.00 (33757)
- M.D./D.O. Applicants:** This application may not be used for prescribing physicians for drug treatment programs. Please request an application for the Prescribing Physician for a Drug Treatment Program.
- Allow up to six weeks for your paper license to arrive.

Your check or money order drawn on a U.S. financial institution and made payable to the STATE OF MICHIGAN must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name LUCY	Middle Name ANN	Last Name NUNNALLY
Michigan Permanent I.D./License Number 4301090747	Expiration Date of License 01/31/2014	U.S. Social Security Number [REDACTED] ✓
Name of Pharmacy or Manufacturer/Wholesaler (if applicable)		E-mail address LANN1112@YAHOO.COM
Street Address 3141 S. CABARET TRAIL SUITE # 100		Telephone Number 800-660-6234
City SAGINAW	State MI	ZIP Code 48603

TYPE OF PROFESSIONAL LICENSE

(Please Check One):

	Regular	Educ. Lmt.	Volunteer
<input type="checkbox"/> 29 - 01 D.D.S. 71-5315	<input type="checkbox"/>	or <input type="checkbox"/>	
<input type="checkbox"/> 59 - 01 D.P.M. 71-5315	<input type="checkbox"/>	or <input type="checkbox"/>	or <input type="checkbox"/>
<input type="checkbox"/> 69 - 01 D.V.M. 71-5315	<input type="checkbox"/>	or <input type="checkbox"/>	
<input checked="" type="checkbox"/> 43 - 01 M.D. 71-5315	<input checked="" type="checkbox"/>	or <input type="checkbox"/>	or <input type="checkbox"/>
<input type="checkbox"/> 51 - 01 D.O. 71-5315	<input type="checkbox"/>	or <input type="checkbox"/>	or <input type="checkbox"/>
<input type="checkbox"/> 49 - 01 O.D. 71-5330	<input type="checkbox"/>		
<input type="checkbox"/> 53 - 01 Pharmacy Store 71-5301	<input type="checkbox"/>		
<input type="checkbox"/> 53 - 02 R.Ph. 71-5302	<input type="checkbox"/>		
<input type="checkbox"/> 53 - 06 Manuf./Wholesaler 71-5306	<input type="checkbox"/>		

STATUS:

- Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?
 Yes No
 If Yes, please explain on separate sheet.
- Is your current professional license limited as a result of Board disciplinary action?
 Yes No
- Do you already hold an active controlled substance license? **IN OHIO**
 Yes No
- Is this application for an additional location?
 Yes No

I am applying for a controlled substance license in Michigan and certify that the statements and information above are true.

Signature: **L. A. Nunnally MD** ✓ Date: **9/19/11**

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the American's with Disabilities Act, you may make your needs known to this agency.

F235-

Michigan Department of Licensing and Regulatory Affairs
Board of Pharmacy
 P.O. Box 30670
 Lansing, MI 48909
 (517) 335-0918
 www.michigan.gov/healthlicense

LARA/LPH-070 (04/11)

Tran Info: 430138 17123382-3 09/23/11
 Chk#: 1975 Amt: \$05.00
 ID: [REDACTED] ✓

DRUG CONTROL LICENSE APPLICATION

Authority: Public Act 368 of 1978, as amended
 If this form is not completed, a license will not be issued

A drug control license must be obtained by all licensed medical doctors, doctors of osteopathic medicine, podiatric medicine and dentists WHO ROUTINELY DISPENSE DRUGS from their principal place of practice. A drug control license is not necessary if the dispensing involves only the issuance of complimentary starter dose drugs. YOUR DRUG CONTROL LICENSE WILL EXPIRE ON THE SAME DATE AS YOUR PROFESSIONAL LICENSE.

Type or Print Only

Board Use Only

Date of Licensure: 9-27-11

License Number: 5315052659

INSTRUCTIONS

- DO NOT SUBMIT THIS APPLICATION AND FEE UNTIL YOU HAVE OBTAINED YOUR LICENSE NUMBER FROM YOUR PROFESSIONAL BOARD. If your license address has changed since you applied for professional licensure, contact your board immediately for an address change form. This drug control license will be issued to the address on file with the Board.
- Your Drug Control license will expire with your current professional license. If your professional license expires in:
 - 0-12 months the fee is \$45.00
 - 13-24 months the fee is \$65.00
 - 25-36 months the fee is \$85.00
- Allow up to six weeks for your paper license to arrive.

Your check or money order drawn on a U.S. financial institution and made payable to the STATE OF MICHIGAN must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

TYPE OF PROFESSIONAL LICENSE

(Please Check One):

- 43 - 01 M.D. 71-4301-38
- 51 - 01 D.O. 71-5101-38
- 29 - 01 D.D.S. 71-2901-38
- 59 - 01 D.P.M. 71-5901-38

STATUS:

- Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?
 - Yes
 - No
 If Yes, please explain on separate sheet.
- Is your current professional license limited as a result of Board disciplinary action?
 - Yes
 - No

Michigan Permanent I.D. Number: 4301096747 Expiration Date of License: 01/31/2014 Social Security Number: [REDACTED]

First Name: LUCY Middle Name: ANN Last Name: WUNNALLY

I hereby make application for a drug control license in Michigan and submit that the statements and information above are true.

Signature: L.P. Wunnally MD Date: 9/19/11

Please print your complete Michigan address and telephone number where you can be reached concerning this application.

Street: 3141 CABARET TRAIL SUITE # 100 Telephone Number: 800-660-6234

City: SAGINAW State: MI ZIP Code: 48603

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the American's with Disabilities Act, you may make your needs known to this agency.

\$85-

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	10-31-2012	\$551

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	10-19-2009

NUNNALLY, LUCY A MD
692 EAST MARKET ST
AKRON, OH 44304-0000

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.

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

Form DEA-223 (4/07)

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	10-31-2012	\$551

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5.	PRACTITIONER	10-19-2009

NUNNALLY, LUCY A MD
24450 EVERGREEN
SUITE #220
SOUTHFIELD, MI 48075-0000

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.

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

Form DEA-223 (4/07)

Michigan Department of Licensing and Regulatory Affairs
Board of Pharmacy
 P.O. Box 30670
 Lansing, MI 48909
 (517) 335-0918
 www.michigan.gov/healthlicense

LARA/LPH-070 (04/11)

Tran Info: 430138 17125660-3 09/22/11
 Chk#: 1076 Amt: \$85.00
 ID: [REDACTED] ✓

DRUG CONTROL LICENSE APPLICATION

Authority: Public Act 368 of 1978, as amended
 If this form is not completed, a license will not be issued

A drug control license must be obtained by all licensed medical doctors, doctors of osteopathic medicine, podiatric medicine and dentists WHO ROUTINELY DISPENSE DRUGS from their principal place of practice. A drug control license is not necessary if the dispensing involves only the issuance of complimentary starter dose drugs. YOUR DRUG CONTROL LICENSE WILL EXPIRE ON THE SAME DATE AS YOUR PROFESSIONAL LICENSE.

Type or Print Only

Date of Licensure
 5315052665
 License Number
 9-28-11

INSTRUCTIONS

- DO NOT SUBMIT THIS APPLICATION AND FEE UNTIL YOU HAVE OBTAINED YOUR LICENSE NUMBER FROM YOUR PROFESSIONAL BOARD. If your license address has changed since you applied for professional licensure, contact your board immediately for an address change form. This drug control license will be issued to the address on file with the Board.
- Your Drug Control license will expire with your current professional license. If your professional license expires in:
 0-12 months the fee is \$45.00 13-24 months the fee is \$65.00 25-36 months the fee is \$85.00 ✓
- Allow up to six weeks for your paper license to arrive.

Your check or money order drawn on a U.S. financial institution and made payable to the STATE OF MICHIGAN must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

TYPE OF PROFESSIONAL LICENSE

(Please Check One)

- 43 - 01 M.D. 71-4301-38
 51 - 01 D.O. 71-5101-38
 29 - 01 D.D.S. 71-2901-38
 59 - 01 D.P.M. 71-5901-38

STATUS:

- Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?
 Yes No ✓
 If Yes, please explain on separate sheet.
- Is your current professional license limited as a result of Board disciplinary action?
 Yes No ✓

Michigan Permanent ID Number: 4301096747 Expiration Date of License: 01/31/2014 ✓ Social Security Number: [REDACTED]

First Name: LUCY Middle Name: ANN Last Name: NUNNALLY

I hereby make application for a drug control license in Michigan and submit that the statements and information above are true.
 Signature: [Signature] MD Date: 9/19/11

Street: G3422 FLUSHING RD Telephone Number: 810-230-1300

City: FLINT State: MI ZIP Code: 48504

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the American's with Disabilities Act, you may make your needs known to this agency.

\$85-

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	10-31-2012	\$551

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	10-19-2009

NUNNALLY, LUCY A MD 692 EAST MARKET ST AKRON, OH 44304-0000

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.

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

Form DEA-223 (4/07)

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

REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	10-31-2012	\$551

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	10-19-2009

NUNNALLY, LUCY A MD 24450 EVERGREEN SUITE #220 SOUTHFIELD, MI 48075-0000

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.

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

Form DEA-223 (4/07)

Michigan Department of Licensing and Regulation
Board of Pharmacy
 P.O. Box 30670
 Lansing, MI 48909
 (517) 335-0918
 www.michigan.gov/healthlicense

LARA/LPH-090 (04/11)

CONTROLLED SUBSTANCE LICENSE APPLICATION

Authority: Public Act 368 of 1978, as amended
 If this form is not completed, a license will not be issued

Tran Info: 430137 17125660-1 09/22/11
 Chk#: 1976 Amt: \$175.00
 ID: [REDACTED]

Tran Info: 430157 17125660-2 09/22/11
 Chk#: 1976 Amt: \$60.00
 ID: [REDACTED]

License Number
 5315052666
 Date of License
 9-28-11

A controlled substance license is required for every person who manufactures, distributes, prescribes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended

A separate controlled substance license is required for each business location from which you manufacture, distribute, or dispense controlled substances. If you only prescribe controlled substances at more than one location, you only need one controlled substance license. All pharmacies, practitioners, and veterinarians who dispense controlled substances in Schedules 2-5 must report this prescription data to the Michigan Automated Prescription System (MAPS) www.michigan.gov/mimapsinfo

Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, DEA, 431 Howard Street, Detroit, Michigan 48226 (800-882-9539). The Michigan Board of Pharmacy is unable to answer questions about the federal licensing process

Type or Print Only

INSTRUCTIONS

- CONTROLLED SUBSTANCE FEE:** Initial (first time) professional license or relicensure of your professional license - \$85.00.
 If you already hold a professional license and your professional license expires in:
 0-12 months the fee is \$85.00 (13757); 13-24 months the fee is \$160.00 (23757); 25-36 months the fee is \$235.00 (33757)
- M.D./D.O. Applicants:** This application may not be used for prescribing physicians for drug treatment programs.
 Please request an application for the Prescribing Physician for a Drug Treatment Program.
- Allow up to six weeks for your paper license to arrive.

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department

First Name LUCY	Middle Name ANN	Last Name NUNNALLY
Michigan Permanent ID License Number 4301096747	Expiration Date of License 01/31/2014 ✓	U.S. Social Security Number [REDACTED] ✓
Name of Pharmacy or Manufacturer/Wholesaler (if applicable)		E-mail address LANN1112C@AOL.COM
Street Address 63422 FLUSHING RD		Telephone Number 810-230-1300
City FLINT	State MI	ZIP Code 48504

TYPE OF PROFESSIONAL LICENSE

(Please Check One)

	Regular	Educ Lmt	Volunteer
<input type="checkbox"/> 29 - 01 D.D.S. 71-5315	<input type="checkbox"/> or <input type="checkbox"/>		
<input type="checkbox"/> 59 - 01 D.P.M. 71-5315	<input type="checkbox"/> or <input type="checkbox"/>	or <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 69 - 01 D.V.M. 71-5315	<input type="checkbox"/> or <input type="checkbox"/>		
<input checked="" type="checkbox"/> 43 - 01 M.D. 71-5315	<input checked="" type="checkbox"/> or <input type="checkbox"/>	or <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 51 - 01 D.O. 71-5315	<input type="checkbox"/> or <input type="checkbox"/>	or <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 49 - 01 O.D. 71-5330	<input type="checkbox"/>		
<input type="checkbox"/> 53 - 01 Pharmacy Store 71-5301	<input type="checkbox"/>		
<input type="checkbox"/> 53 - 02 R.Ph. 71-5302	<input type="checkbox"/>		
<input type="checkbox"/> 53 - 06 Manuf./Wholesaler 71-5306	<input type="checkbox"/>		

STATUS:

- Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?
 Yes No
 If Yes, please explain on separate sheet.
- Is your current professional license limited as a result of Board disciplinary action?
 Yes No ✓
- Do you already hold an active controlled substance license? **IN OHIO**
 Yes No
- Is this application for an additional location?
 Yes No

I am applying for a controlled substance license in Michigan and certify that the statements and information above are true.

Signature L. R. Nally MD ✓	Date 9/19/11
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The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the American's with Disabilities Act, you may make your needs known to this agency.

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