OHIO	STATE	BOARD	OF	PHARMACY	
77 S. Hig	Street, 17	th Floer; Colu	mbus,	Ohie 43268-0320;	614/468-4143

Road ENCLOSED INSTRUCTIONS <u>corefully</u> before completing this application. Make check/money order payable to "Treasurer, State of Ohio".

- PLEASE PRINT OR TYPE -

- THIS FORM MUST BE COMPLETED AND RETURNED WITH:
- Form PHA-0601 for Terminal Distributors of Dangerous Drugs OR
- Farm PHA-0602 for Wholesale Distributors of Dangerous Drugs OR
- Forms PHA-0602 and PHA-0700 for Wholesalers/Manufacturers of Controlled Substances

P	J= el		
	FOR STATE BO	ARD OF PHARM	MACY USE ONLY
Class	Category - L	U Foo 112.50	License Ne. 1621400
Received			~
Control No.	00553	Amount Rec'd	Audit Na.

APPLICATION FOR REGISTRATION AS A DISTRIBUTOR OF DANGEROUS DRUGS (FORM PHA-0600)

T	ST FOR: -> MUST BE COMPL		Com	PS 8/11/06	
	Proposed Opening Date	Change Of:			tange, give current Distributor Licen
_	or Date of Change:	Address 🛛 Own		Category	
	August 1, 2004	Other-please state here	r.		
LOCATION BEIN					
me under which the applic	ant will be doing business	to a la la a		Coun	
Manned Par	anthood of Greater (reverand - solor			ahoga
	DO NOT USE P.O. BOX NUMBER			State	Zip Code
33790 Bair	bridge Rd Suit	2102	solon	Ott	44139
LIST ANT OTHER	R NAMES THE ENTITY WI	LL BE CONDUCTING BUS	INESS UNDER:	(Attach separate s	heet if necessary)
	CONTACT REGARDING A	BOVE LOCATION, BETW	EEN 8 AM AND	5 PM WEEKDAYS:	
Tax Della	ALL ALL ALLA	110	Title	and and have a	Area Code/Phone Number
dess	MSN, CNP	UP	itealth sei	vices/operati	up 216-961-8804
	n AUE #400		Lev of		Zip Code
NAME OF BUSINE	SS SERVICING ENTITY LI	STED IN 2 ABOVE: (If a	pplicable for co	ntingency stock)	44113
ne as listed on its Termina	Distributor license				erminal Distributor License No.
	NDS DOING BUSINESS AS				
Sole Proprieters		Corporation	🗖 Limited Lie	bility Company	Government Agency
NAME OF OWNER	(S); OR, IF INCORPORATI	ED, NAME AND TITLE O	F OFFICERS: (A	ttach separate she	et, if necessary)
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OHIO STATE BOARD OF PHARMACY

77 S. High Street, 17th Floor; Columbus, Ohio 43266-0320; 614/466-4143

See ENCLOSED INSTRUCTIONS for aid in properly completing this application. -- THIS FORM MUST BE COMPLETED AND RETURNED WITH FORM PHA-0600 --

APPLICATION FOR REGISTRATION AS A TERMINAL DISTRIBUTOR (FORM PHA-0601)

-- PLEASE PRINT OR TYPE --

1. CATEGORY OF LICENSE: (Check Only ONE)	
Application is hereby made for a license as a TERMINAL DISTRIBUTOR of Dangerous Dr	ugs, as provided in Sections 4729.54 and 4729.55 of the Ohio Revised Code,
	Limited Category II Category III Limited Category III
2. TYPE OF ESTABLISHMENT BEING LICENSED:	
Retail Pharmacy Convalescent-Rest-Nursing Home	Correctional Institution
	Veterinary Facility Dog Trainer
	HMO Pharmacy
	Private Practitioner Employee Script Fill Only
	DME Pharmacy
Practitioner Corporation Clinic	Teaching Institution 🛛 Waste Disposal Only
Hospital First Aid Room/Dispensary/Occupational Health	Physical Therapy Facility
Mail Order Pharmacy	Sports Training Facility Food Processor Nitrous Oxide
Non-Territorial Pharmacy	Reseller of Medicinal Oxygen
Pharmacy Servicing Other Institution/Contingency Stock Location	Reseller of Medicinal Oxygen/Contingency Stock Location
Dither: (describe type of business conducted) Danned Paventh	200
3. LIST OTHER DRUG DISTRIBUTOR LICENSES, ISSUED BY TH	IE OHIO STATE BOARD OF PHARMACY,
WHICH YOU POSSESS: [Give Identification Number(s)]	
02-0258750/02-0627850/02-04003	300 62-0255050 /02-1281150
4. RECORD OF ADJUDICATIONS AND FINES IMPOSED:	
Has the applicant or owner(s), or any agent or employee of the applicant/owner(s), or any	officer of the corporation, ever been the subject of disciplinary action by
any state or federal agency?	, , , , , , , , , , , , , ,
NO 🗖 YES (If yes, give reason and detailed explanation on separate sheet)	
5. RECORD OF CHARGES, CONVICTIONS, AND FINES IMPOSE	D:
Does the applicant or owner(s), or any agent or employee of the applicant/owner(s), or an	
or a misdemeanor other than a minor traffic violation (even if expunged or sealed)?	y orneer of the corporation, have charges pending of have a conviction of a reiony
👿 NO 🛛 YES (If yes, explain in detail on separate sheet; listing names and addres	uses of the court or government agency and dates such charges were filed)
NOTE: Pursuant to Section 2953.33(B) of the Ohio Revised Code, you must answer in th been sealed or expunged. Pursuant to Section 2953.35 of the Ohio Revised Code,	e affirmative if you have a record of a charge or conviction that has subsequently
records will be kept confidential.	the board of Fharmacy's records regarding the applicant's sealed or expunged
6. STATEMENT OF INDIVIDUAL RESPONSIBLE FOR SUPERVIS	ION AND CONTROL OF DANGEBOUS DRUGS
I HEREBY AGREE to and do submit to the jurisdiction of the Ohio State Board of Phan 2925., 3715., 3719., and 4729. of the Ohio Revised Code, and Chapter 4729 of the Ohio	nacy and to the laws of Ohio for the purposes of the enforcement of Chapters
over the possession and custody of the dangerous drugs that may be acquired by, or on be	whith of the applicant pursuant to Section 4729 EE/D) 0.0.0
I FULLY UNDERSTAND that, as a licensed Terminal Distributor, drugs may be purchas	ed only within the category of license requested from Wholesale Distributors of
Dangerous Drugs registered in the State of Ohio with the Ohio State Board of Pharmacy.	also understand that if and when this husiness is discontinued that a "Written
Notice of Discontinuing Business" form must be secured from the Ohio State Board of Pha	rmacy, completed by me, and returned to their offices with the license being
discontinued as required in Rule 4729-9-07 of the Opp Administrative Code.	
SIGNATURE of Responsible Person:	PRINT NAME:
π	06 LAGZIO SOLOR
QUALIFICATIONS:	NO ENTRE SOURCE
19	
D.V.M. License No.: D.D.S. License No.:	D.P.M. License No.:
Ph.D./Chemist · Laboratories Only Title:	
Other: Title:	Prof. Lineary M.

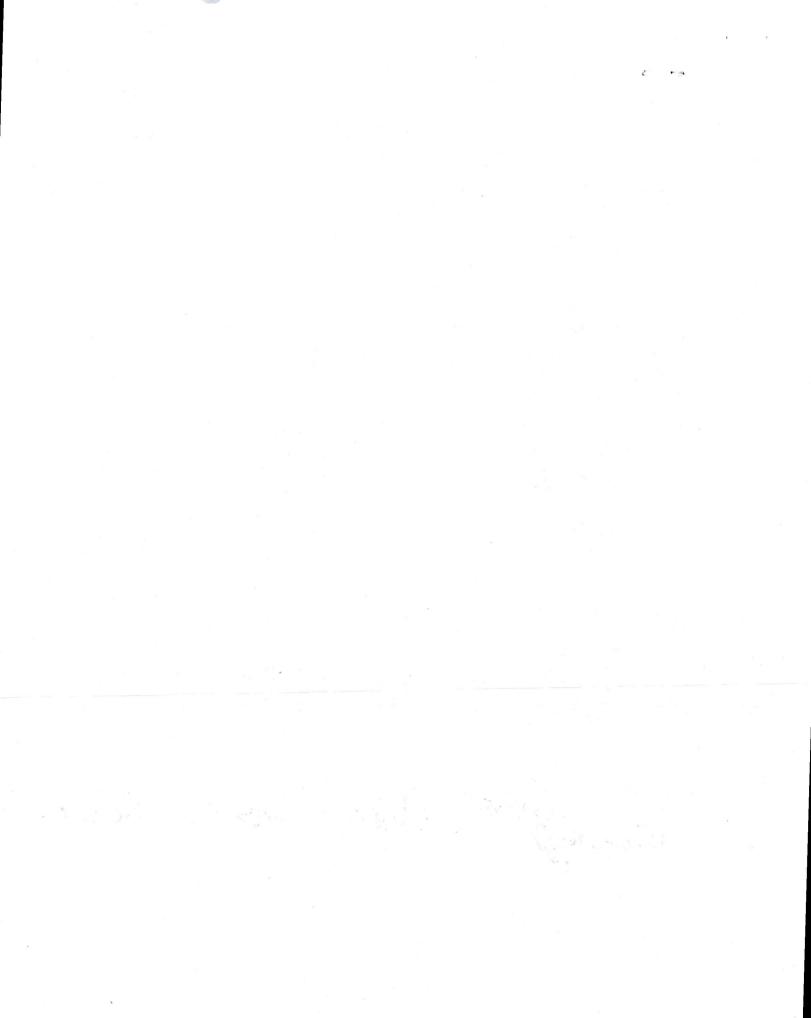
Prof. License No.:

(if applicable)

4.

PHA-0601 (Rev. 04/99) Completion of this form is required by Section 4729.54, O.R.C. Maximum Penalty: Denial of License

Title:





STATE OF OHIO DEPARTMENT OF TAXATION SALES AND USE TAX UNIT EXEMPTION CERTIFICATE

The purchaser hereby claims exception or exemption on the purchase of tangible personal property and selected services made under this certificate from:

(vendor's name)

and certifies that this claim is based upon the purchaser's proposed use of the items or services, the activity of the purchaser, or both, as shown hereon:

Comprehensive, Reproductive and Complementary Health Care

Services

501 (C) (3) of the IRS

PURCHASER MUST STATE A VALID REASON FOR CLAIMING EXCEPTION OR EXEMPTION.

Planned	Parent	hood	of	Greater	c C1	eveland				
Purchaser's N	'ame									
33790 Bainbridge Rd										
Street Address	5									
Solon,		OH		443	139					
City		State	2	Zip						
Signature and	Title	Chei	f E:	xecutive	e Of	ficer				
<u>May 31</u> Date Signed	, 2006									

<u>34–0714686</u> Vendor's License Number, if any

Vendors of motor vehicles, titled watercraft and titled outboard motors may use this certificate to purchase these items under the "resale" exception. Otherwise, purchasers must comply with rule 5703-9-10 of the Administrative Code.

This certificate cannot be used by construction contractors to purchase material for incorporation into real property under an exempt construction contract. Construction contractors must comply with rule 5703-9-14 of the Administrative Code.

× , 1 -



Planned Parenthood

of Greater Cleveland

3500 LORAIN AVENUE SUITE 400 CLEVELAND, OH 44113-3704 TELEPHONE: (216) 961-8804 FAX (216) 334-2211

> LYNN V. WOOD President

MARTHA S. HARDING Vice President

LUTHER STEVENS, JR. Treasurer

CHRISTIE YONKERS CHICOTEL Assistant Treasurer

> SHAREEFAH T. SABUR Secretary

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> TARA M. BRODERICK Chief Executive Officer

LASZLO SOGOR, M.D., PhD Medical Director ISAAC SCHULZ Legal Counsel THE REVEREND MARTHA SHIVERICK Chaplain



MISSION

Planned Parenthood of Greater Cleveland's (PPGC) mission is to strengthen our community by preventing unintended pregnancy and empowering individuals with knowledge, opportunity, and freedom to make private decisions about reproductive health.

PROGRAMS

For over 75 years, Planned Parenthood of Greater Cleveland (PPGC) has encouraged women to take control of their health. Today, PPGC serves over 30,000 clients a year through a three-pronged approach of health care, education, and advocacy.

HEALTH SERVICES

PPGC provides a broad range of top-quality health services in a safe and supportive environment. PPGC promotes the prevention of disease and unintended pregnancy through reproductive health care services such as complete gynecological exams, birth control, emergency contraception, pregnancy testing, first-trimester abortion, HIV testing and education, STD testing and treatment, menopausal services, blood pressure and cholesterol screening, and colposcopy and cryotherapy for early cancer screening and treatment of pre-malignant conditions.

Confidential health care services are delivered by licensed physicians, certified nurse practitioners, certified nurse midwives, and a staff trained in reproductive health care. PPGC maintains five health centers, located in Old Brooklyn, East Cleveland, Bedford, Rocky River, and in Cleveland's Buckeye-Shaker neighborhood.

PPGC also offers services at community sites throughout Greater Cleveland to serve those who fall through the cracks of the health care system. The Roving HOPE program brings reproductive health care services to women and men at area domestic violence shelters, welfare-to-work programs, YWCAs, and community organizations.

PPGC centers are committed to providing services at the lowest possible cost and to ensuring that financial concerns are not a barrier to necessary health care. PPGC offer services on a sliding scale. Planned Parenthood health centers accept private insurance, provide care to Medicaid recipients, and participate in local managed health care programs.

Planned Parenthood health centers offer a wide range of services that include:

- family planning counseling
- birth control
- pregnancy testing and education option session
- gynecological care, Pap tests, breast exams
- emergency contraception
- HIV testing and counseling
- medically accurate sexuality education

- screening and treatment for sexually transmitted infections
- voluntary sterilization for women and men
- safer sex education
- midlife services
- abortion services
- adoption referrals
- referrals for specialized care

HELPING WOMEN

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OHIO STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 -Equal Opportunity Employer and Service Provider-

PHONE: 614/466-4143 FAX: 614/752-4836 E-MAIL: exec@bop.state.oh.us

TTY/TDD: Use Ohio Relay Service: 1-800/750-0750 URL: http://www.state.oh.us/pharmacy/

L? http://www.state.on.us/pnarma

8/14/2006

PLANNED PARENTHOOD OF LASZLO SOGOR GREATER CLEVELAND - SOLON 33790 BAINBRIDGE RAOD, SUITE 102 SOLON, OH 44139

Dear Responsible Person:

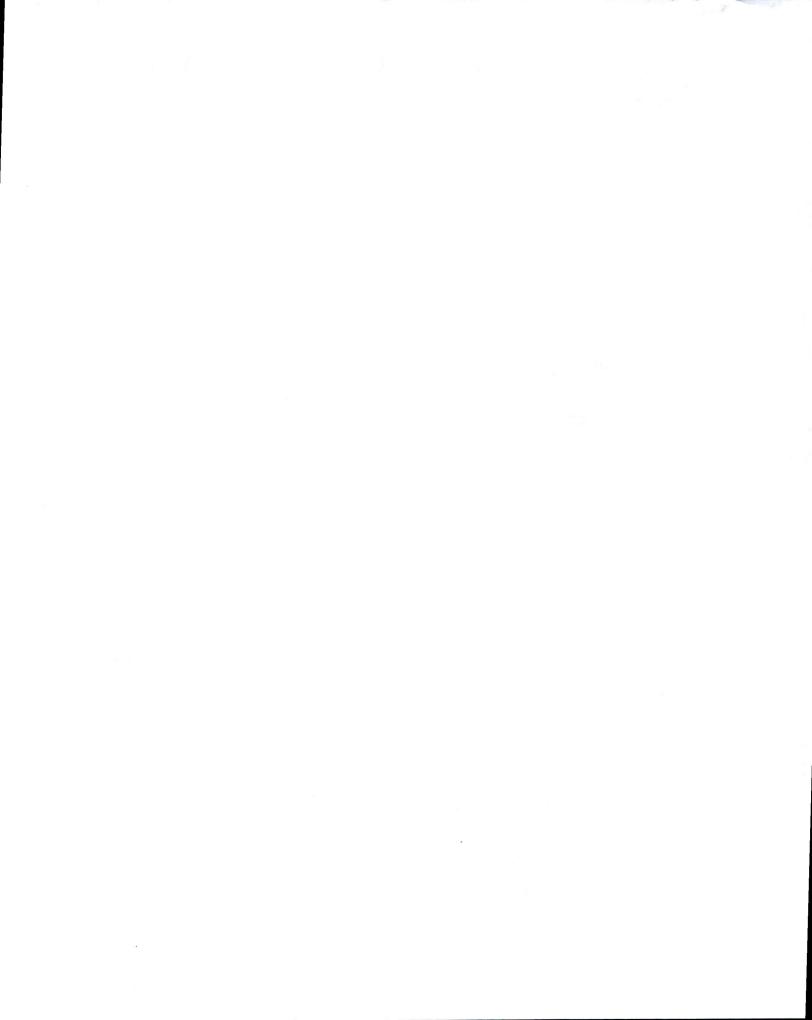
The application recently submitted to the Ohio State Board of Pharmacy for licensure was processed this date. The processed license has been forwarded to your area specialist/agent.

When you receive this letter, you are to contact **Joann Predina** at **216-642-1155** to receive your license.

Your specialist/agent is best reached in the morning or evening hours. If you are having difficulty contacting your area specialist/agent, please contact our office at 614/466-4143 and ask for Laurie Sturtz.

Sincerely,

Sharon A. Prentice Dangerous Drugs Coordinator



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TYPE: TERM DISTR CLINIC DDD#: 02-1621400 NAME: PLANNED PARENTHOOD OF R.P.: LASZLO SOGOR MD ADDR: GREATER CLEVELAND - SOLON 37370 BAINREITIGE RD., SUITE 102 SOLON, OH 44139 CAT: TWO CAT: TW	OHIO BOARD OF PHARMACY; 77	SOUTH HIC	H STREET	, ROOM 1702; CO	LUMBUS,	OHIO 4	3215-6126	- TEL 6	14-466-4	4143; F/	AX 614-75	2-4836
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IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF CORRECTIVE ACTION TAKEN NOTED ON THE REVERSE SIDE, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE

DATE SIGNED

SIGNATURE OF INSPECTOR

PHA-0610 (Rev. 02/02)

33. REFILLS-UA

37. COUNSELING

34. EMERGENCYKIT 35. CONTINGENCYKIT 36. NON-REGDISPENSING

WHITE - OFFICE COPY YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY PINK - INDIVIDUAL COPY 216-642-1155

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THIS FORM MUST BE COMPLETED AND RETURNED WITH:	Co	ntral No.		Amount Rec'd	Audit No.	
 Form PHA-0601 for Terminal Distributors of Dangerous Drugs DR Form PHA-0602 for Wholesale Distributors of Dangerous Drugs DR Forms PHA-0602 and PHA-0700 for Wholesalers/Manufacturers of Controlled Subs 	stances	070	07385	112.50	T14120	
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APPLICATIO	IN FOR REGIST	RATION AS A	DISTRIBUT	OR OF DA	NGEROUS D	RUGS (FI	JRM PHA-0600)
	JEST FOR: - MUST				Cor	nps	6/12/2007
1. LICENSE KEQ	Proposed Opening Date	Change	Df:			If Change, give	e current Distributor License No.:
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CHANGE	7/1/07		ther-please state here:			00-1	621400
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3500	LORAIN A	E. Sur	TE 400	C	LEVELAN	D, OH	44113
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60. APPLICANT I	TENDS DOING BU	SINESS AS: (Che	ck ONE):				
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66. NAME OF OW	NER(S); OR, IF INCO	ORPORATED, NA	ME AND TITLE O	F OFFICERS:	(Attach separ	ate sheer, i	f necessary)
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(ORC Ch 1701)	(ORC Ch 1702)	(ORC Ch 1705)	(ORC Ch 1737)	(DRC Ch 1	(ORC	Ch 174D)	(ORC Ch 1785)
State Where Incorporate	d		ÇI	harter Number			
8a. TRADE, CORE	ORATE, OR PARTN	ERSHIP NAME AN	ND ADDRESS: (if	different th	ian name and i	ocation bei	ng licensed)
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86. PREVIOUS TR	ADE, CORPORATE,	OR PARTNERSHI	P NAMES & ADD	RESSES, IF A	NY: (Artach see	parate shee	t if necessary)
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9. STATEMENT	OF APPLICANT:						
	nalties of Section 2921,13 c	the Ohio Revised Code.	that this application has	been examined by	me and, to the best of	my knowledge i	and baliel, is a true, correct, and
complete application. SIGNATURE of Applica	at			00	19219C#		Date
There	miller					0	53107
PRINT NAME				I ICIB		and the second second second	ode/Phone Number Ext.
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No license or registration may be issued unless a completed application form (including fee & any required documents) has been received. [Sections 4729.52 and 4729.54, ORC] PHA-0600 (Rev. 07/96)



OHIO STATE BOARD OF PHARMACY

77 S. High Street, 17th Floor; Columbus, Dhia 43266-0320; 614/466-4143

See ENCLOSED INSTRUCTIONS for aid in properly completing this application. -- THIS FORM MUST BE COMPLETED AND RETURNED WITH FORM PHA-0600 --

A DE LIERLIEF, ICHARLIA DEL ONE

APPLICATION FOR REGISTRATION AS A TERMINAL DISTRIBUTOR (FORM PHA-0601)

-- PLEASE PRINT OR TYPE --

1. CATEGORY OF LICEN	SE: (Check Uniy UNE)							
Application is hereby made for a lic	ense as a TERMINAL DISTRIBUTOR of Dangerou	s Drugs, as provided in Sections	4729.54 and 4729.55 of the Ohio Revised Code,					
as follows: 🖸 Category I	Limited Category I Category II	Limited Category II	Category III Limited Category III					
2. TYPE OF ESTABLISHM	IENT BEING LICENSED:							
Retail Pharmacy Dog Warden/Animal Euthenasia Specialty Pharmacy Emergency Medical Services Corporate Headquarters Practitioner Corporation Hospital Mail Order Pharmacy Non-Territorial Pharmacy Pharmacy Servicing Other Instituti Other: (describe type of business)	Convalescent-Rest-Nursing Home Dog Pound/Animal Shelter Hame Health Care Agency Hospice-Inpatient Kospice-Outpatient Clinic First Aid Room/Dispensary/Occupational Health Laboratory/Research Mobile Pharmacy ion/Contingency Stock Location	Correctional Institution Veterinary Facility HMO Pharmacy Private Practitioner DME Pharmacy Teaching Institution Physical Therapy Facility Sports Training Facility Reseller of Medicinal Oxygen						
3. LIST OTHER DRUG DISTRIBUTOR LICENSES, ISSUED BY THE OHIO STATE BOARD OF PHARMACY, WHICH YOU POSSESS: [Give Identification Number(s)]								
4. RECORD OF ADJUDIC	ATIONS AND FINES IMPOSED:							
Has the applicant or owner(s), or any agent or employee of the applicant/owner(s), or any officer of the corporation, ever been the subject of disciplinary action by any state or federal agency?								
	S. CONVICTIONS, AND FINES IMPO							

Dees the applicant or owner(s), or any agent or employee of the applicant/owner(s), or any officer of the corporation, have charges pending or have a conviction of a felony or a misdemeanor other than a minor traffic violation (even if expunged or sealed)?

ND DYES (If yes, explain in detail on separate sheet; listing names and addresses of the court or government agency and dates such charges were filed)

NOTE: Pursuant to Section 2953.33(B) of the Ohio Revised Code, you must answer in the affirmative if you have a record of a charge or conviction that has subsequently been sealed or expunged. Pursuant to Section 2953.35 of the Ohio Revised Code, the Board of Pharmacy's records regarding the applicant's sealed or expunged records will be kept confidential.

6. STATEMENT OF INDIVIDUAL RESPONSIBLE FOR SUPERVISION AND CONTROL OF DANGEROUS DRUGS:

HEREBY AGREE to and do submit to the jurisdiction of the Dhio State Board of Pharmacy and to the laws of Ohio for the purposes of the enforcement of Chapters 2925., 3715., 3719., and 4729. of the Dhio Revised Code, and Chapter 4729 of the Dhio Administrative Code; and, I assume the responsibility for supervision and control over the possession and custody of the dangerous drugs that may be acquired by, or on behalf of, the applicant pursuant to Section 4729.55(B), O.R.C.

I FULLY UNDERSTAND that, as a licensed Terminal Distributor, drugs may be purchased only within the category of license requested from Wholesale Distributors of Dangerous Drugs registered in the State of Ohio with the Ohio State Board of Pharmacy. I also understand that if and when this business is discontinued that a "Written Notice of Discontinuing Business" form must be secured from the Ohio State Board of Pharmacy, completed by me, and returned to their offices with the license being discontinued as required in Rule 4729-9-07 of the Ohio Administrative Gode.

SIGNATURE of Responsible Person:	JonD	DATE of Signature S 31 (01	PRINT NAME: L. SOGOR
QUALIFICATIONS:	6 D.O. Li	cense No.:	R.Ph. License No.:
D.V.M. License No.:	D.D.S.	License No.:	D.P.M. License No.:
Ph.D./Chemist - Laboratories Only Yitle:			Social Sec. No.:
0 0 ther: 1	Title:		Prof. License No.:(if applicable)

PHA-0601 (Rev. 04/99) Completion of this form is required by Section 4729.54, O.R.C. Maximum Penalty: Denial of License

07 JUN 11 AM 9:24

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OHIO STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 -Equal Opportunity Employer and Service Provider-

 PHONE:
 614/466-4143
 FAX:
 614/752-4836
 E-MAIL:
 exec@bop.state.oh.us

 TTY/TDD:
 Use Ohio Relay Service:
 1-800/750-0750
 URL:
 http://www.state.oh.us/pharmacy/

6/12/2007

PLANNED PARENTHOOD OF NORTHEAST OH LASZLO SOGOR, MD 33790 BAINBRIDGE ROAD, STE 101 SOLON, OH 44139

Dear Responsible Person:

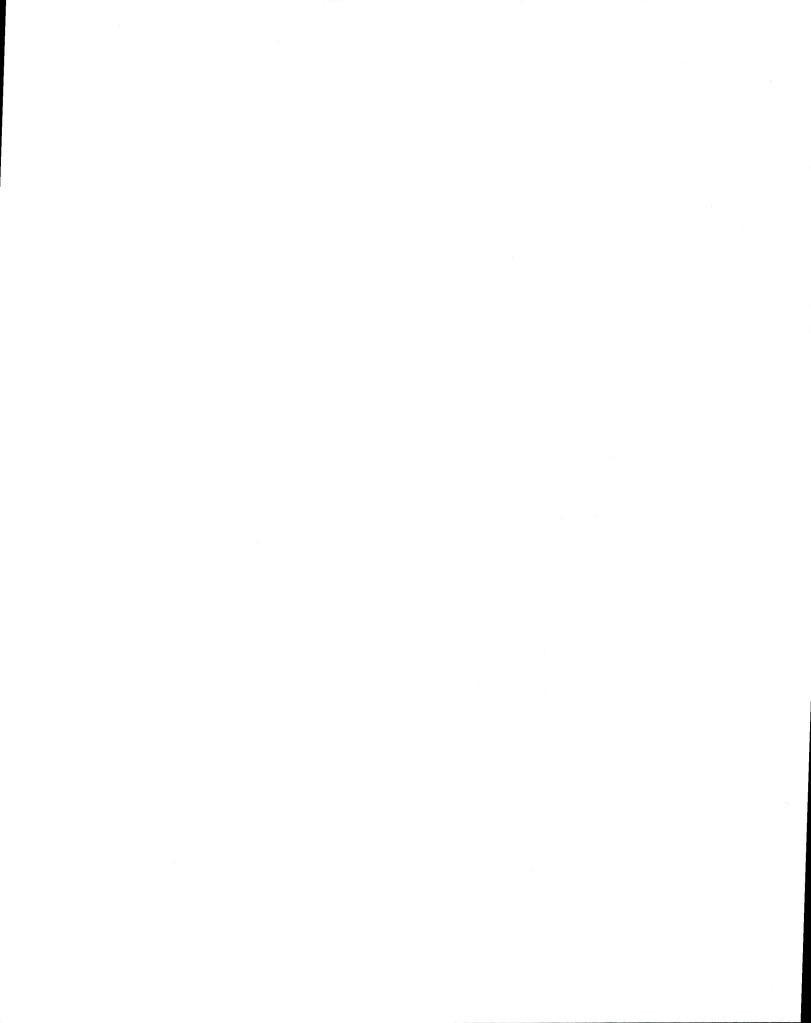
The application recently submitted to the Ohio State Board of Pharmacy for licensure was processed this date. The processed license has been forwarded to your area specialist/agent.

When you receive this letter, you are to contact **Joann Predina** at **216-642-1155** to receive your license.

Your specialist/agent is best reached in the morning or evening hours. If you are having difficulty contacting your area specialist/agent, please contact our office at 614/466-4143 and ask for Laurie Sturtz.

Sincerely,

Sharon A. Prentice Dangerous Drugs Coordinator



DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOL	ITH HIGH STREET	ROOM 1702: CO	LUMBUS, OHIO 43215-6126 - TEI	614-46	56-4143; FA	X 614-752	-4836	
OHIO BOARD OF PHARMACT, 17 30	JIII III JIII JIII JIII JIII JIII JIII	1	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.	
TYPE: DDD#:07-1621400 NAME: Manned Parent ADDR: 33790 Brinks Sulon, Ohio	m		216-961-8804		P.M.		P.M.	
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Selan Aliza	CILLAG		OPENS-5 11-F					
chich, one	44177		RESPONSIBLE PERSON		TITLE/I.D. NO.	INIT	T. USED	
CAT:	C	LASS: 09	Baser Soger no					
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PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL		ANITO PH USED	ARMAG	BOARD	
ale nulle 10					JU	9.0.00		
Stri Miller 1P	- Malth.	Services			JUI	<u> </u>	07	
	- L	cense mailed to I	epsonsible Person this day.					
1. LICENSING	I	he Responsible p	erson is to sign the license and ma	intain ii	at the			
2. I.D.CARDS	a	ddress on the licer	nse.					
3. RECORDSYSTEM			· · · · · · · · · · · · · · · · · · ·	acrintic	on item			
4. BARRICADE	A	Il drugs, IV solut	ions, & irrigations labeled as a pro a locked cabinet/room that is only		ible by			
5. MIN.STANDARDS 6. SECURITY	n 1	nust be secured in	e professionals. Keep keys in per	sonal pe	ossession o	f		
7. LIBRARY	11	uthorized personr	e professionais. Reep Reys in per	sonar p		-		
8. CLEANLINESS	a	uthorized personi	lei onry.					
9. REFRIGERATION 10. ACCOUNTABILITY	D	ecords of nurcha	ses and drug disposition shall rem	ain on s	ite for thre	e		
11. IMPROPERDISPENSING	F N	ears (Includes re	eceipts for samples)					
12. INSUFFICIENTSUPERVISION	y	cars. (menune	r (
13. INVENTORYRECORDS 14. DRUGDESTRUCTION	E	Before a drug can	be administered, a written order s	pecifyi	ng drug,			
15. ILLEGALSALES	S	trength, quantity,	frequency of and duration of treat	ment m	ust be			
16. ILLEGALPURCHASES	O	btained from a ph	hysician for each specific patient.					
17. SAMPLES 18. NON-REGCOMPOUNDING								
19. RxBLANKS	F	Refer to OAC 472	9-5-01 (L) for definitions of "prot	ocol" if	required.			
20. IMPROPERRX'S 21. OUTDATEDDRUGS	Ţ	Lealth agra profes	sional must document administrat	ion of d	rug and			
22. DRUGLABELS	F	teanin care profes	al or sign dated entry for each pati	ent. Ele	ectronic			
23. RXINFORMATION	t	ealth records mus	st meet OSBP approvable status fo	or presci	ribing and			
24. OTC/SYRINGES 25. GENERICMFG.		dministering doci			0			
26. R×FILES		uninistering up of						
27. RxCOPIES	S	Samples belong to	the practitioner who signed for th	em. Ea	ich			
28. RXINT/DATE 29. DEAINVENTORY	oonsible for the accountability of h	is stock						
29. DEAINVENTORY 30. PHONEDSCHIIRX								
31. REFILLS-6MO/5X	I	Drugs labeled for	one patient cannot be administere	d to and	other patien	ıt.		
32. REFILLS-INT/DATE								
33. REFILLS-UA 34. EMERGENCYKIT			t may compound drugs (mixing De	exameth	asone with	1		
35. CONTINGENCYKIT		water as a stock so	olution is compounding)					
36. NON-REGDISPENSING	2			- + +1- !- 1	anatica			
37. COUNSELING]	O CONTROLLI	ED SUBSTANCES are permitted	at this I	ocation.			
PINK SHEET ISSUED FOR NU	IMBER(S):	A routine inspecti	on will follow at a later date.					
			MG INDICATED AND BETURN TH		CORY WIT		c	

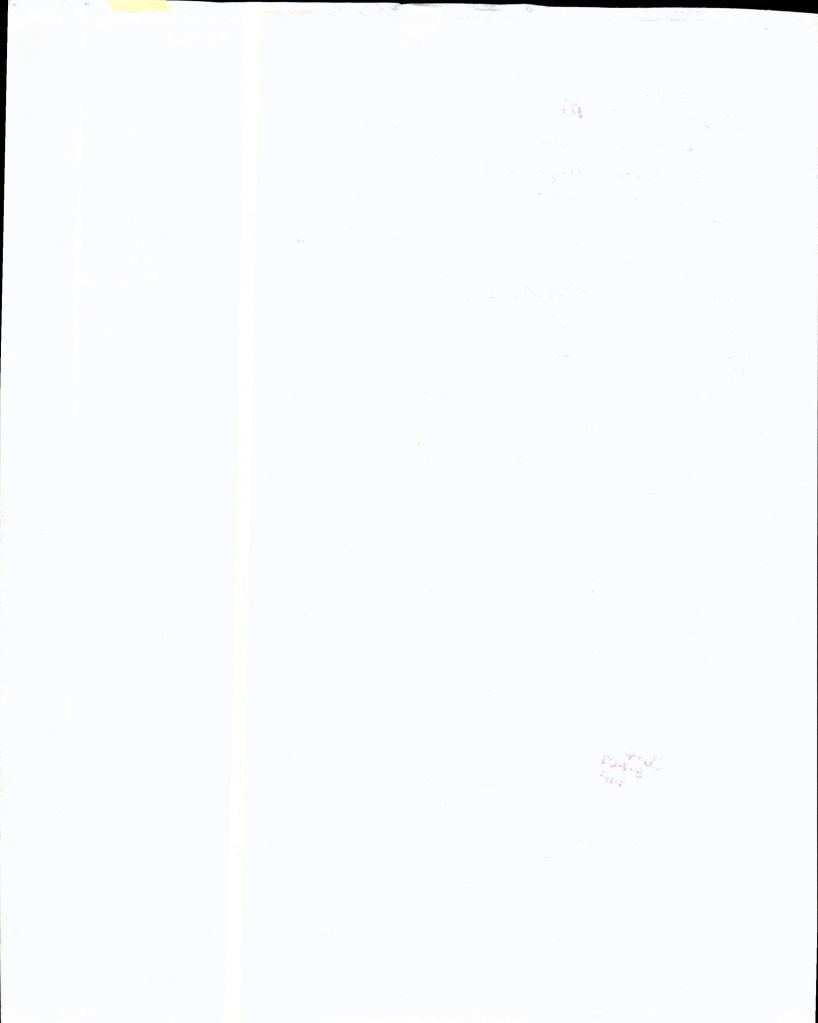
IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DET. OF CORRECTIVE ACTION TAKEN NOTED ON THE IRE VERSE ISIDE, CODITIENTED OF FORMED OF FORM 2016 AND FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE

7-11-07 Marin DATE SIGNED

SIGNATURE OF INSPECTOR

WHITE - OFFICE COPY YELLOW - INSPECTOR COPY GREEN - DISTRIBUTOR COPY PINK - INDIVIDUAL COPY



STATE BOARD OF PHARMACY: 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126Tel:614/466-4143Fax: 614/752-4836Eml: licensing@bop.state.oh.usWeb: www.state.oh.us/pharmacy

TERMINAL DISTRIBUTOR CHANGE OF RESPONSIBLE PERSON NOTICE

FORM # 0603

Complete the form then, by hand, enter your SSN, sign, and date.
 Make a copy for your file.
 Mail or fax the original to the Board office.

TYPE OR PRINT LEGIBLY

Any change of responsible person must be reported within 30 days, and an inventory of all controlled substances shall be taken at the time of change with the new responsible person.

- THIS SIGNED FORM MUST BE RECEIVED IN THE BOARD OFFICE BEFORE NOTIFICATION IS OFFICIAL -

Terminal Distributor Name:	License Identification Number;
PLANNED PARENTIAN A FUNCTION	License Identification Number;
PLANNED PARENTHOOD OF NORTHEAST OHIO	02-1621400
the off reality, state, zip code.	
38790 BAINBRIDGERD, STE. 101, SOLON,	0410 44139
Area Code / Felephone Number: F-mail Address: //	Do NOT return this form by e-mail)
440-349-5998 440-394-1564 s.hirt	cppneo.org

Section 4729,55(B) of the Revised Code requires that "a pharmacist, licensed health professional authorized to prescribe drugs, animal shelter licensed with the state board of pharmacy under section 4729,531 of the Revised Code, or a laboratory as defined in section 3719,01 of the Revised Code will maintain supervision and control over the possession and custody of dangerous drugs that may be acquired by or on behalf of the applicant".

Full Name of New Rosp	onsible Person		
SARALI			Effective Date:
SHICKH P	K. SMITH		1/1/11
	DIRECTOR	Date Of Birth: (mm/dd/yyyy	Social Security Number (SSN);
Professional Licensure:		Pro	Difessional License No. (if applicable): 35, D92297
□YES ⊠NO □YES ⊠NO □YES □NO	Do you, as the person accepting pending or have you ever had a c a minor traffic violation (even if exp Have you, as the person accepting subject of disciplinary action by an If YES to either above, has the exp (If NO to this question, explain in d ment agency and dates such charges necessary to file again.)	responsibility by signing onviction of a felony or a ounged or sealed)? g responsibility by signing y state or federal agency planation of charges alrea	this form, have charges misdemeanor other than this form, ever been the dy been filed with the Board?
	and do Submit to the jurisdict Dhio for the purpose of the en	tion of the State Boa forcement of Section	rd of Pharmacy and to the s 4729.51 to 4729.61 of the 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
STON	ATURE of New Responsible Person		DATE SIGNED

PHA-0603 (Rev. 08/03)



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OHIO STATE BOAR	D OF PHARMACY	P	
77 S. HIGH STRE	ET, ROOM 1702, COLUMBUS	S, OHIO 43215-6126 FOR ST	ATE BOARD OF PHARMACY USE ONLY
614/466-4143		Class Categor	
	TRUCTIONS <u>carefully</u> before cample oney order payable to "Treasurer, i	State of Obie "Q 2	Letter 1150
		Received	RECEIVED OHIO BOARD OF PHARMAC
	PLEASE PRINT OR TYPE -		OHIO BUAND OF
. Form PHA-0601 for Te	OMPLETED AND RETURNED WITH erminal Distributors of Dangerous Drug	gs OR Control No.	Amount Rec'd Audit No.
Form PHA-0602 for With Earning PHA-0602 and I	holesale Distributors of Dangerous Dru PHA-0700 for Wholesalers/Manufactu	ugs OR	7.040710 02.511 250
)
			GEROUS DRUGS (FORM PHA-0600)
1. LICENSE REQ	UEST FOR: MUST BE COM Proposed Opening Date	IPLETED ← Change Of:	Comps Sml
D NEW	or Date of Change:	Address Owner Name	If Change, give current Distributor License No.:
	9/1/11	Other-please state here:	02-1621400 -02
	EING LICENSED: applicant will be doing business		County
PLANNED	PARENTHUOD	OF NORTHEAST OHO	CUYAHOGA
Number and street addr	ROCKSIDE RD	City,	State Zip Code
3. LIST ANY OT	HER NAMES THE ENTITY	WILL BE CONDUCTING BUSINESS UNDER:	HEIGHTS, OHID 44146
NA		THE DE COMPORTING BOSINESS ONDER.	(Actuach Separate Sheet If necessary)
	TO CONTACT REGARDIN	G ABOVE LOCATION, BETWEEN 8 AM AND	S PM WEEKDAYS
Name	N CLAWSON	Title	Area Code/Phone Number
Address		VP-HEALTH	
	ROCKSIDE RD	3 FLOOR BEDFORD HE	IGHTS DILD LILLI
5. NAME OF BU. Name as listed on its Te	SINESS SERVICING ENTITY Aminal Distributor license	Y LISTED IN 2 ABOVE: (if applicable for a	contingency stock)
NA			Terminal Distributer License No.
Sole Prop	NTENDS DOING BUSINESS		
		hip II Corporation I Limited RATED, NAME AND TITLE OF OFFICERS: (Liability Company Government Agency
Name TARA	BRODERICK		Date of Birth Contract of Cont
Name		PRESIDENT & CEO	
JIM W,	ALTON	VP of FINANCE ADMIN	Date of Birth or Soc. Sec. No.
6c. NAME OF GO	VERNMENT AGENCY: (if	applicable)	13 104 104
. Nł	t		
7. TYPE OF COR	PORATION, IF INCORPOR	ATED: -> COPY OF CORPORATION PAPERS MUST A	CCOMPANY THIS APPLICATION 🗲
(ORC Ch 1701)	Non-Profit Limited (ORC Ch 1702) (ORC Ch 1	Liability L Medical Care Health Ca	re 🗖 Dental Care 🗖 Professional Assoc.
State Where Incorporate		Charter Humber	8) (ORC Ch 1740) (ORC Ch 1785)
Sa. TRADE, CORF	ORATE. OR PARTNERSHI	P NAME AND ADDRESS: (If different than	
Name		in allerent than	Area Code/Phone Number Ext.
Address			
			City, State, Zip Code
86. PREVIOUS TR	ADE, CORPORATE, OR PA	RTNERSHIP NAMES & ADDRESSES, IF ANY	: (Attach separate sheet if necessary)
INA			incert in necessary)
9. STATEMENT (OF APPLICANT:		
complete application.		o newsed Code, that this application has been examined by me	and, to the best of my knowledge and belief, is a true, correct, and
SIGNATURE of Applica	et .		
51	LAD THAT		Date
PRINT NAME	ton Hut		Date
SILS	HAN HIRT		Date Aree Code/Phone Number Ext. 1141 LANTY MGMT 330-535-2674

fee & any required documents) has been received. [Sections 4729.52 and 4729.54, ORC] PHA-0600 (Rev. 07/96)



See ENCLOSED INSTRUCTIONS for aid in properly completing this application. •• THIS FORM MUST BE COMPLETED AND RETURNED WITH FORM PHA-0600 ••

1. CATEGORY OF LICENSE: (Check Only ONE)

APPLICATION FOR REGISTRATION AS A TERMINAL DISTRIBUTOR (FORM PHA-0601)

··· PLEASE PRINT OR TYPE ···

Application is hereby made for a license as a TERMINAL DISTRIBUTOR of Dangerous Drugs, as provided in Sections 4729.54 and 4729.55 of the Ohio Revised Code,									
as follows: Category I	Limited Category I	Category II	Limited Category II	Category III	Limited Category III				
2. TYPE OF ESTABLISHM	IENT BEING LICENSE	ED:							
Retail Pharmacy	Convalescent-Rest-Nursing	Home	Correctional Institution	Pharmacy	That Services Other Institutions Only				
Dog Warden/Animal Euthanasia	Dog Pound/Animal Shelter		Veterinary Facility	Dog Traine					
Specialty Pharmacy	Home Health Care Agency		HMO Pharmacy		py Pharmacy/HHC				
Emergency Medical Services	Hospice-Inpatient		Private Practitioner	Employee S					
Corporate Headquarters	Hospice-Outpatient		DME Pharmacy	Nuclear Ph					
Practitioner Corporation	Clinic		Teaching Institution	🗖 Waste Disp	osal Only				
Hospital	First Aid Room/Dispensary	Occupational Health	Physical Therapy Facility	Manufactu	rer-Process Use				
Mail Order Pharmacy	Laboratory/Research		Sports Training Facility		ssor-Nitrous Oxide				
Non-Territorial Pharmacy	Mobile Pharmacy		Reseller of Medicinal Oxygen						
Pharmacy Servicing Other Institution	on/Contingency Stock Location		Reseller of Medicinal Oxygen		ation				
Other: (describe type of business of	conducted)			-					
3. LIST OTHER DRUG DI	STRIBUTOR LICENSE	ES, ISSUED BY	THE OHIO STATE BO	OARD OF PHAR	MACY,				
WHICH YOU POSSESS.	Uve identification	Number(s)]							

4. RECORD OF ADJUDICATIONS AND FINES IMPOSED:

Has the applicant or owner(s), or any agent or employee of the applicant/owner(s), or any officer of the corporation, ever been the subject of disciplinary action by any state or federal agency?

NO DYES (If yes, give reason and detailed explanation on separate sheet)

RECORD OF CHARGES, CONVICTIONS, AND FINES IMPOSED:

Does the applicant or owner(s), or any agent or employee of the applicant/owner(s), or any officer of the corporation, have charges pending or have a conviction of a felony or a misdemeanor other than a minor traffic violation (even if expunged or sealed)?

NO 🛛 YES (If yes, explain in detail on separate sheet; listing names and addresses of the court or government agency and dates such charges were filed)

NOTE: Pursuant to Section 2953.33(B) of the Ohio Revised Code, you must answer in the affirmative if you have a record of a charge or conviction that has subsequently been sealed or expunged. Pursuant to Section 2953.35 of the Ohio Revised Code, the Board of Pharmacy's records regarding the applicant's sealed or expunged records will be kept confidential.

6. STATEMENT OF INDIVIDUAL RESPONSIBLE FOR SUPERVISION AND CONTROL OF DANGEROUS DRUGS:

I HEREBY AGREE to and do submit to the jurisdiction of the Ohio State Board of Pharmacy and to the laws of Ohio for the purposes of the enforcement of Chapters 2925., 3715., 3719., and 4729. of the Ohio Revised Code, and Chapter 4729 of the Ohio Administrative Code; and, I assume the responsibility for supervision and control over the possession and custody of the dangerous drugs that may be acquired by, or on behalf of, the applicant pursuant to Section 4729.55(B), O.R.C.

I FULLY UNDERSTAND that, as a licensed Terminal Distributor, drugs may be purchased only within the category of license requested from Wholesale Distributors of Dangerous Drugs registered in the State of Ohio with the Ohio State Board of Pharmacy. I also understand that if and when this business is discontinued that a "Written Notice of Discontinuing Business" form must be secured from the Ohio State Board of Pharmacy, completed by me, and returned to their offices with the license being discontinued as required in Rule 4729-9-07 of the Ohio Administrative Code.

DUALIFICATIONS:	DATE of Signature 7/26/1/	PRINT NAME: SURUL K SMIH, MD
D.V.M. License No.:	D.O. License No.: D.D.S. License No.:	
Ph.D./Chemist · Laboratories Only Title: Other:		Social Sec. No.:

PHA-0601 (Rev. 04/99) Completion of this form is required by Section 4729.54, O.R.C. Maximum Penalty: Denial of License

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				OWDER			TIME OUT	A.M.
of Nor	theast Oh	io				P. M .		P.M.
R.P.: Sarah K Smith, MD				FED.	#		EXP. DATE	
ADDR: 25350 Rockside Road					1236	75757	~	
Bedford Heights, Ohio 44146			HOURS OPEN 8-5 MF	Li	Nov	- 7 20		
CL/	ASS : 09 cl	inic	FAX NUMBER	Б	EMAIL	20	IT Y	
	INIT	TITI F/			*****	INIT		
	USED	I.D. NO.	PERSONNE	ËL		USED	I.D. NO	
to foll You n sons of The a Nothi OAC - of acc -05, 4 Refer websi tus for admin All ne troller note of requil Effect the di Rx bla Any t repor is inv 2921	low at a la nust purch who may s ct of furni ng will allo 4729-5-17 d including countabilit 729-9-11 to OAC 4 te for elec for use in C histering. wly licens d substan open/clos red at leas red at leas twe contro rug supply anks must heft of a c ted immed olved, file	iter date. hase dangerous sell, deliver, dist shing drugs (i.e ow delegation of c. Drugs that are g the date, patie y are to be kept and 4729-9-22; 729-5-01 (N) for ctronic prescript bhio. Positive ID ed Category Thr ces. Show 'zero e of business, an st every two year ols must be estal y and syringes m t be secured. Or langerous drug diately upon dise a DEA Form 106	drugs from a licensed ribute and possess dar dispensing) to a patie f this authority. Furnis e administered per pre- ent, drug name, and the at the licensed locatio 4729-17-03 and 4729 Positive ID requiremen ion transmission system is required to docume ree facilities shall take ' inventory if necessary nd maintain on file. A 's. blished to deter and den ust be in the possession AC 4729-9-05, 4729-9- or falsification of a pre- covery to the Ohio Boa 5 theft/loss report with	distribungerous nt must hed dru scriber of amour n for a -17-04; ts for di ms mee nt the a an oper 7. Take DEA con etect the on of au 11 and scriptio rd of Ph OSBP.	tor. See drugs () t be perf igs must order min nt or dos minimur ORC 47 rug reco ting the acts pres hing DEA inventor htrolled eft of pre 4729-9- n record armacy. OAC 47	ORC 473 prescript ormed b be label ust be do se admin n of 3 ye 29.29(B) rds. Refe required cribing, o inventor y in ink, substanc escription d person 09. is a felo 29-9-15	29.51 for p ion drugs). y the presc ed pursuan cumented stered. Re ars. OAC and 3719. er to the O approvabl dispensing y of all con date, sign, e inventory date, sign, e inventory drugs. Ke nel at all tim ny and mu trolled sub and ORC	per- nt to in a ecords 4729-9 81. SBP e sta- , and n- de- y is eys to mes. st be
	of Nor id io 441 CLA Licens to 641 You n sons The a Nothi OAC 4 record of acc of acc of acc of acc of acc of acc of acc of acc admir All ne trolled note di Rx bla Any th report is invo 2921	of Northeast Oh id iio 44146 CLASS: 09 cl INIT. USED License mailed to follow at a la You must purch sons who may s The act of furni Nothing will alle OAC 4729-5-17 record includin of accountabilit -05, 4729-9-11 Refer to OAC 4 website for elect tus for use in C administering. All newly licens trolled substan note open/clos required at leas Effective contro the drug supply Rx blanks must Any theft of a c reported immeri is involved, file 2921.22(A).	of Northeast Ohio d io 44146 CLASS: 09 clinic License mailed to Responsible I to follow at a later date. You must purchase dangerous sons who may sell, deliver, dist The act of furnishing drugs (i.e Nothing will allow delegation o OAC 4729-5-17. Drugs that are record including the date, patie of accountability are to be kept -05, 4729-9-11 and 4729-9-22; Refer to OAC 4729-5-01(N) for website for electronic prescript tus for use in Ohio. Positive ID administering. All newly licensed Category The trolled substances. Show 'zero note open/close of business, ai required at least every two year Effective controls must be estal the drug supply and syringes m Rx blanks must be secured. O/ Any theft of a dangerous drug reported immediately upon dis- is involved, file a DEA Form 106 2921.22(A). If you have que	DUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-61 AREA CODE / TELEPHONE N of Northeast Ohio id iio 44146 CLASS: 09 clinic INIT. USED I.D. NO. PERSONNE License mailed to Responsible Person this day. Sign & to follow at a later date. You must purchase dangerous drugs from a licensed sons who may sell, deliver, distribute and possess dar The act of furnishing drugs (i.e. dispensing) to a patie NOAC 4729-5-17. Drugs that are administered per pre record including the date, patient, drug name, and the of accountability are to be kept at the licensed locatio -05, 4729-9-11 and 4729-9-22; 4729-17-03 and 4729 Refer to OAC 4729-5-01(N) for Positive ID requiremen website for electronic prescription transmission syste tus for use in Ohio. Positive ID is required to docume administering. All newly licensed Category Three facilities shall take trolled substances. Show 'zero' inventory if necessary note open/close of business, and maintain on file. A required at least every two years. Effective controls must be established to deter and de the drug supply and syringes must be in the possessis Rx blanks must be secured. OAC 4729-9-05, 4	DUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TI AREA CODE / TELEPHONE NUMBER of Northeast Ohio Id id dio 44146 DECLASS: 09 clinic INIT. USED INIT. USED ID. NO. FAX NUMBER FAX NUMBER Class: 09 clinic INIT. TITLE/ USED I.D. NO. Fax NUMBER ICLASS: 09 clinic FAX NUMBER Fax NUMBER INIT. TITLE/ USED I.D. NO. PERSONNEL License mailed to Responsible Person this day. Sign & keep lit to follow at a later date. You must purchase dangerous drugs from a licensed distribut sons who may sell, deliver, distribute and possess dangerous drugs who may sell, deliver, distribute and possess dangerous drugs in the amout of accountability are to be kept at the licensed location for a -05, 4729-5-17. Drugs that are administered per prescriber record including the date, patient, drug name, and the amout of accountability are to be kept at the licensed location for a -05, 4729-9-11 and 4729-9-22; 4729-17-03 and 4729-17-04; Refer to OAC 4729-5-01(N) for Positive ID requirements for d website for electronic prescription transmission systems meet trolled substances. Show 'zero' inventory if	DUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-46 of Northeast Ohio ad bd bd bd cofolow at	DUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; F AREA CODE / TELEPHONE NUMBER INO of Northeast Ohio Id Id Id Id Id Id Id ID INIT. INIT. ID. NO. PERSONNEL INIT. ID. NO. PERSONNEL INIT. ID. NO. PERSONNEL INIT. ID. NO. PERSONNEL ID INIT. INIT. INIT. ID ID ID ID ID ID </td <td>of Northeast Ohio 216-961-8804 AM id TYPE FED.# EXP. DATE Clinic HOURS OPEN 8-5 MF NOV ~ 7 2011 CLASS: 09 clinic FAX NUMBER EMAIL USED I.D. NO. VIDED I.D. NO. PERSONNEL INIT. TITLE/ USED I.D. NO. PERSONNEL USED I.D. NO License mailed to Responsible Person this day. Sign & keep license at the facility. Inspect to follow at a later date. You must purchase dangerous drugs from a licensed distributor. See ORC 4729.51 for p sons who may sell, deliver, distribute and possess dangerous drugs (prescription drugs). The act of furnishing drugs (i.e. dispensing) to a patient must be performed by the presc of accountability are to be kept at the licensed location for a minimum of 3 years. OAC -05, 4729-5-17. Drugs that are administered per prescriber order must be documented record including the date, patient, drug name, and the amount or dose administered. Re of accountability are to be kept at the licensed location for a minimum of 3 years. OAC -05, 4729-9-11 and 4729-9-22; 4729-17-03 and 4729-17-04; ORC 4729-29(8) and 3719. Refer to OAC 4729-5-01(N) for Positive ID requirements for drug records. Refer to the O website for electronic prescription transmission systems meeting the required approvabil tus for use in Ohio. Positive ID is required to document the acts prescribing, dispensing administering. All newly licensed Category Three facilities shall take an opening</td>	of Northeast Ohio 216-961-8804 AM id TYPE FED.# EXP. 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IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

DATE

SIGNATURE OF PERSON IN CHARGE

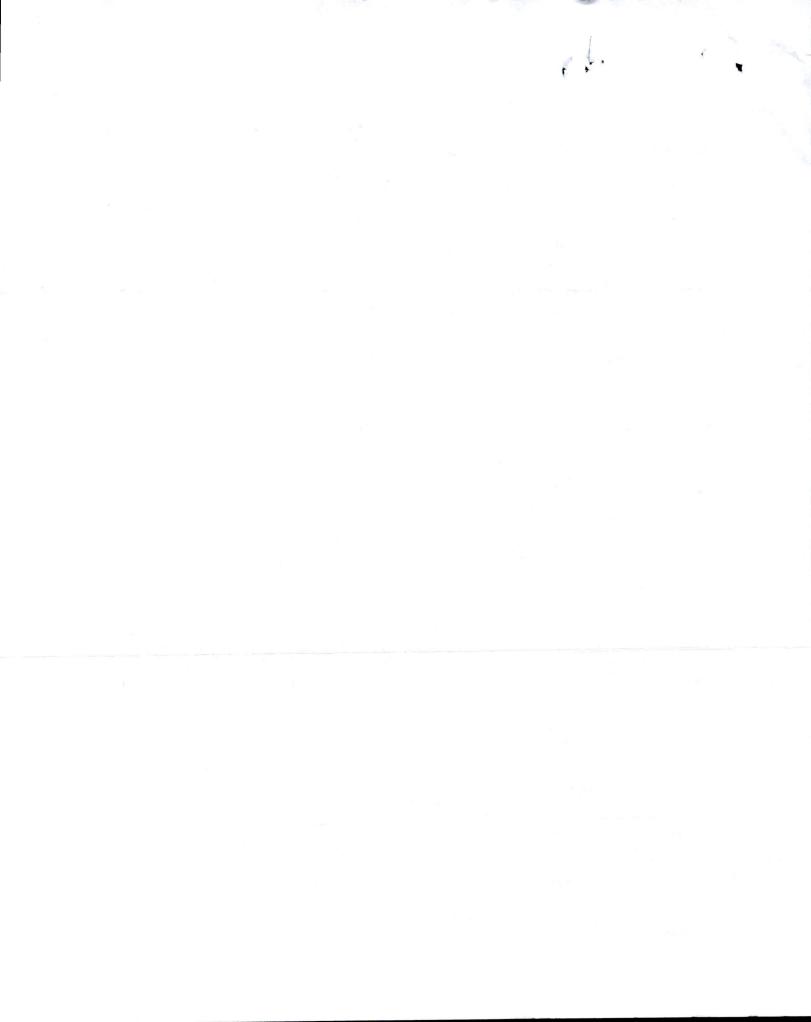
SIGNATURE OF INSPECTOR

DATE

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY



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See ENCLOSED INSTRUCTIONS for aid in properly completing this application. -- THIS FORM MUST BE COMPLETED AND RETURNED WITH FORM PHA-0600 --

APPLICATION FOR REGISTRATION AS A TERMINAL DISTRIBUTOR (FORM PHA-0601)

-- PLEASE PRINT OR TYPE --

1. CATEGORY OF LICEN	SE: (Check Only ONE)		
Application is hereby made for a lin	cense as a TERMINAL DISTRIBUTOR of Dangeron	us Drugs, as provided in Sections	4729.54 and 4729.55 of the Ohio Revised Code,
as follows: LI Category I	Limited Category I Category II	Limited Category II	Category III Limited Category III
	IENT BEING LICENSED:		
Retail Pharmacy	Convalescent-Rest-Nursing Home	Correctional Institution	Pharmacy That Services Other Institutions Only
Dog Warden/Animal Euthanasia	Dog Pound/Animal Shelter	Veterinary Facility	Dog Trainer
Specialty Pharmacy	Home Health Care Agency	HMO Pharmacy	Fluid Therapy Pharmacy/HHC
Emergency Medical Services	Hospice-Inpatient	Private Practitioner	Employee Script Fill Only
Corporate Headquarters	Hospice-Outpatient	DME Pharmacy	Nuclear Pharmacy
Practitioner Corporation	E Clinic	Teaching Institution	🗖 Waste Disposal Only
Hospital Co	First Aid Room/Dispensary/Occupational Health	Physical Therapy Facility	Manufacturer Process Use
Mail Order Pharmacy	Laboratory/Research	Sports Training Facility	Food Processor-Nitrous Oxide
Non-Territorial Pharmacy	Mobile Pharmacy	Reseller of Medicinal Dxygen	
Pharmacy Servicing Other Institution	on/Contingency Stock Location	Reseller of Medicinal Oxygen/C	Contingency Stock Location
Cther: (describe type of business of	conducted)		
			i
WHICH YOU POSSESS	STRIBUTOR LICENSES, ISSUED BY [Give Identification Number(s)]	THE OHIO STATE BOA	ARD OF PHARMACY,
[[Give identification Number(s)]		
4. RECORD OF ADJUDIC	ATIONS AND FINES IMPOSED:	Anna an	
Has the applicant or owner(s), or an	y agent or employee of the applicant/owner(s), or	any officer of the corporation and	for hear the subject of disciplinger anti-
and other of reactal agency :			er been the subject of disciplinary action by
NO DYES (If yes, give r	eason and detailed explanation on separate sheet)	
5. RECORD OF CHARGES	, CONVICTIONS, AND FINES IMPO	OSED.	
Does the applicant or owner(s), or a	ny agent or employee of the applicant/owner(-)		
or a misdemeanor other than a mino	r traffic violation (even if expunged or sealed)?	r any officer of the corporation, h	ave charges pending or have a conviction of a felony
NO VES (If yes, explain	n in detail on separate sheet; listing names and ac	dramma of the second	
NOTE: Durante a duri corre a	and action of separate sheet, isting names and ac	buresses of the court or governme	nt agency and dates such charges were filed)
NUTE: Pursuant to Section 2953.3	3(B) of the Ohio Revised Code, you must answer	in the affirmative if you have a rec	cord of a charge or conviction that has subsequently
records will be kept confiden		ode, the Board of Pharmacy's reco	cord of a Charge or conviction that has subsequently ords regarding the applicant's sealed or expunged
	IDUAL RESPONSIBLE FOR SUPERV	/ISION AND CONTROL	OF DANGEROUS DRUGS:
I TEREBT AGREE to and do subr	nit to the jurisdiction of the Ohio State Doord of D	the second start to start	
I FULLY UNDERSTAND that as	the dangerous drugs that may be acquired by, or o	n behalf of, the applicant pursuan	t to Section 4729.55(B), O.R.C.
Dangerous Drugs registered in the St	a needsed renaminal Distributor, drugs may be pure	chased only within the category of	t to Section 4729.55(B), O.R.C. f license requested from Wholesale Distributors of when this business is discontinued that a "Written
Notice of Discontinuing Business" for	m must be secured from the Obio State Poard of	Pharmacy completed by man	when this business is discontinued that a "Written
	9-9-07 of the Ohio Administrative Code.	r narmacy, completed by me, and	returned to their offices with the license being
SIGNATURE of Responsible Person:	A DATE of Signat	PRINT NAME:	
$(\) \) \) \) \) \) \) \) \) \ $	11130		ah KSnith, MO
QUALIFICATIONS:		UN UN	an FSMIN IND
M.D. License No.: 35. 09	12297		
	22-1) D.O. License No.:		R.Ph. License No.:
D.V.M. License No.:	D.D.S. License No.:] D.P.M. License No.:
			U.F.M. LICENSE NO.:

Social Sec. No.: Ph.D./Chemist - Laboratories Only Title: Other: _____ Title: ____ Prof. License No.: (if applicable) PHA-0601 (Rev. 04/99) Completion of this form is required by Section 4729.54, O.R.C.

Maximum Penalty: Denial of License

rt. × . 863283 2011 DEC 16 MM 11: 45 RECEIVED OF PHARMAN (

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SC	DUTH HIG	H STREET	, ROOM 1702; CO	LUMBUS, OHIO 43215-6126 - TE	EL 614-466-414	3; FAX 614-752-48	36
TYPE: Change Category on	ly			AREA CODE / TELEPHONE NUMBER	TIME IN	TIME OUT	
DDD#: 02-1621400						.M. A.M	М.
NAME: Planned Parenthood	of North	heast Ohi	io	216-961-8804	P	P.M. P.M	M.
R.P.: Sarah K Smith MD	or rorth	icast On		TYPE FED.	#	EXP. DATE	
				Clinic			
ADDR: 25350 Rockside Roa				1101100			
Bedford Heights, OF	H 44146			HOURS			
			OPEN M-F 9-5				
				FAX NUMBER	EMAIL		
CAT: III CLASS: 09 clinic			nic				
CNTY : 18				4			
PERSONNEL		INIT.	TITLE/	DEDGONINIEL	INIT	TITLE/	
FERSONNEL		USED	I.D. NO.	PERSONNEL	USE		
Addition of surgery suite onsite							
					LAN	1 0 2012	
				2	JAN	1 0 2012	
				taxed	1-9-1	2	
1. LICENSING	License	mailed to	Responsible Perso	on this day. Sign & keep license a	t the facility l	aspection to follow a	at a
2. I.D. CARDS	later dat		Responsible reise	on this day. Sigh & keep licelise a	t the facility. If	ispection to follow a	al d
RECORD SYSTEM							
4. BARRICADE	You mus	st purchas	e dangerous drug	s from a licensed distributor. See	e ORC 4729.51	for persons who ma	ay
5. MIN. STANDARDS	sell, deli	iver, distri	bute and possess	dangerous drugs (prescription dr	ugs).		
6. SECURITY 7. LIBRARY	The set		- 11 - 6 1 1	<i>// // // // // // // // // // // // // </i>			
8. CLEANLINESS	ne act o	of person	ally furnishing dru	igs (i.e. dispensing) to a patient m n the limitations of 4729.291. No	iust be perform	ed by the prescribe	r,
9. REFRIGERATION	authority	v Furnisł	red drugs must be	e labeled pursuant to OAC 4729-5	-17	v delegation of this	
10. ACCOUNTABILITY	laachorne	y. runnsi	ica arags must be	abeled pursuant to OAC 4723-5	-17.		
11. IMPROPER DISPENSING	All contr	rolled sub	stances, tramadol	, and carisoprodol, including thos	e dispensed to	Emergency Depart-	
12. INSUFFICIENT SUPERVISION	ment pa	tients or p	personally furnishe	ed to a patient by a prescriber, mu	ust be reported	to Ohio's Prescripti	ion
13. INVENTORY RECORDS 14. DRUG DESTRUCTION	Drug Mo	onitoring I	Program (OARRS) a	as required in ORC 4729.77, 4729	0.78, & 4729.79).	
15. ILLEGAL SALES	Drugs th	ant are ad					
16. ILLEGAL PURCHASES	tient dr	lat are du	and the amount of	escriber order must be documente or dose administered. Records of	ed in a record in	icluding the date, pa	a-
17. SAMPLES	licensed	location	for a minimum of	3 years. OAC 4729-9-05, 4729-9-	-11 and 4720-0	$172 \cdot 4729 \cdot 17.03$ and	d
20. IMPROPER Rx's	4729-17	'-04; ORC	4729.29(B) and 3	719.81.	11 and 4729-9	-22, 4729-17-05 and	u
21. OUTDATED DRUGS							
22. DRUG LABELS	Refer to	OAC 472	9-5-01(N) for Posit	tive ID requirements for drug reco	ords. Refer to t	he OSBP website for	
23. Rx INFORMATION 24. OTC/SYRINGES	electroni	ic prescrip	otion transmission	systems meeting the required ap	provable statu	s for use in Ohio. Po	osi
26. Rx FILES	tive ID is	s required	to document the	acts prescribing, dispensing, and	administering.		
27. Rx COPIES	All newly	liconsod	Category Three f	acilities shall take an opening DEA	in contour of a		
28. Rx INT/DATE	les. Show	w 'zero' in	ventory if necessa	ry. Take inventory in ink, date, si	ian denote one	n controlled substan	1C-
29. DEA INVENTORY	and main	ntain on f	ile. A DEA control	lled substance inventory is require	ed at least even	two years	· ,
30. PHONED C-II Rx	1						
31. REFILLS-6MO/5X 32. REFILLS-INT/DATE	Effective	controls	must be establish	ed to deter and detect theft of pre	escription drug	s. Keys to the drug	
33. REFILLS-UA	supply a	ind syring	es must be in the	possession of authorized personr	nel at all times.	Rx blanks must be	
37. COUNSELING	secured.	. OAC 47	29-9-05, 4729-9-1	1 and 4729-9-09.			
38. PSE SALES	Any thef	ft of a dan	gerous drug or fa	laffication of a proceription record	1.		
39. OARRS	immedia	tely upon	discovery to the (lsification of a prescription record Ohio Board of Pharmacy. If a cont	rolled substant	I must be reported	
40. CONFIDENTIALITY	DEA For	m 106 the	eft/loss report with	h OSBP. OAC 4729-9-15 and ORC	$2921 22(\Delta)$	e is involved, file a	
$F \square (amp P \square P)$							
- Comp - L			Specialist Joann Pr	edina at 216-642-1155 if you hav	e questions.		
PINK SHEET ISSUED FOR NUMBER(S):							

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE

DATE PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY

SIGNATURE OF INSPECTOR DATE

PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY



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OHIO STATE BOAR				2		
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614/466-4143	.,	,	Cla		the second s	RMACY USE ONLY
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	- PLEASE PRINT	T OR TYPE	8979	2	LUIL TIM	00 1112 00
THIS FORM MUST BE CO				(D)	R	ECEIVED
 Form PHA-0601 for Ter 	minal Distributors of	Deverous Doute OR	Co	ntrol No.	Amount Rec'd	
· Form PHA-0602 for Wh	plesale Distributors of	Dannerous Drues DR		1727787	in the book	
. Forms PHA-0602 and P	HA-0700 for Wholesa	Hers/Manufacturers of C	ontrolled Substances	1001001	120	01111
AFFLICATI	IN FUR RE	GISTRATION	AS A DISTRIBUT	UR OF DANGEI	ROUS DRUGS	(FORM PHA;0600)
1. LICENSE REQ	UEST FOR: >	MUST BE COMPLETED	*			mps 6/4/12
	Proposed Opening	Date	Change Of:	5/	If Chang	e, give current Distributor License No.:
	or Date of Change		Address Owner	Name Dit	TAXAN .	
	July 1,		Other-please state here:		0	21621400
2. LOCATION BE	EING LICENSED);				
Name under which the a	pplicant will be doing l	business			County	
Flanned P	arenthoo	d of Grea	ster Ohio		CUYA	HOGA
Number and street addre	SS (DO NOT USE P.O.	BOX NUMBER	D (C)	City, State		Zip Code
25 550	ROCKSIde	Kd.	Bedford	Heights, O	1416	44146
3. LIST ANY OTI	HER NAMES TH	E ENTITY WILL	BE CONDUCTING BUS	NESS UNDER: (Att	ach separate sh	eet if necessary)
N/A						
4. INDIVIDUAL T	TO CONTACT P	REGARDING ABO	VE LOCATION, BETW	FN 8 AM AND 5 P	WEEKDAVE.	
Name Suice	n Hirt					an Code The second second
Jusar	n AIrt		Dir. of Risk+	Qualitumar	nt. 23	rea Code/Phone Number 0- 535-2674
Address	INI Tour			City, State		Zip Code
147	W. Excho	ingest.	4	(m 1 1		44302
5. NAME OF BUS	INFSS SFRVICI	INC TAPTITY INCT				
Name as listed on its Tas	minel Distant	ING ENTITY LIST	ED IN 2 ABOVE: (if a	pplicable for conti	ngency stock)	
	minal Distributor licen	ING ENTITY LIST	ED IN 2 ABOVE: (if a	pplicable for conti	ngency stock) Te	rminal Distributor License No.
NA		134	ED IN 2 ABOVE: (if a	pplicable for conti	ngency stock) Te	rminal Distributer License No.
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PHA-0600 (Rev. 07/96)

APPLICATION FOR REGISTRATION AS A TERMINAL DISTRIBUTOR (FORM PHA-0601)

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See ENCLOSED INSTRUCTIONS for aid in properly completing this application. -- THIS FORM MUST BE COMPLETED AND RETURNED WITH FORM PHA-0600 --

-- PLEASE PRINT OR TYPE --

1. CATEGORY OF LICENS							
Application is hereby made for a lice					/		
	Limited Category		Limited Catego	jory II K	Category III	Limited Cat	legory III
2. TYPE OF ESTABLISHME	ENT BEING LIC	ENSED:		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
Retail Pharmacy	Convalescent-Rest-	Nursing Home	Correctional Instit	tution	Pharmacy	That Services Other	Institutions Only
Dog Warden/Animal Euthanasia	Dog Pound/Animal S	Shelter	Veterinary Facility	y	Dog Traine	r	
Specialty Pharmacy	Home Health Care #	lgency	HMO Pharmacy		🗖 Fluid Thera	py Pharmacy/HHC	
	Hospice-Inpatient		Private Practitione	ier	Employee S	Script Fill Only	
Corporate Headquarters	Hospice-Outpatient		DME Pharmacy		Nuclear Phi	armacy	
	Clinic Clinic		Teaching Institution	ion	🗖 Waste Disp	iosal Only	
	First Aid Room/Disp	ensary/Occupational Health	Physical Therapy I	Facility	Manufactu	rer-Process Use	
	Laboratory/Researc	h	Sports Training Fa		Food Proce	ssor-Nitrous Oxide	
	Mobile Pharmacy		Reseller of Medici				
Pharmacy Servicing Other Institution	Contingency Stock Loc	ation	Reseller of Medici	inal Oxygen/Cont	ingency Stock Loc	ation	
Other: (describe type of business cor	nducted)						
				100			
3. LIST OTHER DRUG DIS			THE OHIO STA	ATE BOAR	D OF PHAR	MACY,	
WHICH YOU POSSESS:	Give laentific	ation Number(s)			<u>.</u>		
4. RECORD OF ADJUDICA	TIONS AND FI	NES IMPOSED:	C				
Has the applicant or owner(s), or any	agent or employee o	f the applicant/owner(s), or	any officer of the cor	rooration, ever	been the subject	of disciplinary ac	tion by
any state or federal agency?				, por en			
NO DYES (If yes, give rea	ason and detailed exp	lanation on separate sheet)				
5. RECORD OF CHARGES,	CONVICTION	, AND FINES IMPO	OSED:				
Does the applicant or owner(s), or an	v agent or employee	of the applicant/owner(s), o	or any officer of the co	orporation, have	e charges pendin	o or have a convic	tion of a felony
or a misdemeanor other than a minor					s enarges pendin	g of hore a contra	then of a releng
K NO 🗖 YES (If yes, explain			ddresses of the court o	or government	agency and date	s such charges w	ere filed)
NOTE: Pursuant to Section 2953.33							
been sealed or expunged. Purs records will be kept confidenti		3.35 of the Unio Revised L	ode, the Board of Pha	armacy's record	is regarding the a	applicant's sealed	or expunged
				ONTROLO			
6. STATEMENT OF INDIVI	Max and any set	and the second		A MARKET AND A MARKET			
I HEREBY AGREE to and do subm							
2925., 3715., 3719., and 4729. of the over the possession and custody of the second se							sion and control
I FULLY UNDERSTAND that, as a							Distributors of
Dangerous Drugs registered in the Sta							
Notice of Discontinuing Business" for							
discontinued as required in Rule 4729	-9-07 of the Ohio Ad	ministrative Code.					
SIGNATURE of Responsible Person:	/	DATE of Signa	ture PR	RINT NAME:			
malar		6/00	-12012	Miche	elle Is	ley	
QUALIFICATIONS:	γ	1 2/20	100001	19 19 19 19 19 19 19 19 19 19 19 19 19 1			
	5100			_			
M.D. License No.: 35 = 08							
D.V.M. License No.:		D.D.S. License No.:			D.P.M. License No	0.:	
Ph.D./Chemist - Laboratories Only	Title:		Socia	ial Sec. No.:			
Other:	Title:		Prof.	License No.: _			(if applicable)

PHA-0601 (Rev. 04/99) Completion of this form is required by Section 4729.54, O.R.C. Maximum Penalty: Denial of License

See ENCLOSED INSTRUCTIONS for aid in properly completing this application. -- THIS FORM MUST BE COMPLETED AND RETURNED WITH FORM PHA-0600 --

APPLICATION FOR REGISTRATION AS A TERMINAL DISTRIBUTOR (FORM PHA-0601)

-- PLEASE PRINT OR TYPE --

2. TYPE OF ESTABLISHN Retail Pharmacy Dog Warden/Animal Euthanasia Specialty Pharmacy Emergency Medical Services Corporate Headquarters Practitioner Corporation Hospital Mail Order Pharmacy	cense as a TERMINAL DISTRIBUTOR o Limited Category I Category I MENT BEING LICENSED: Convalescent-Rest-Nursing Home Dog Pound/Animal Shelter Home Health Care Agency Hospice-Inpatient Hospice-Outpatient Clinic First Aid Room/Dispensary/Occupation Laboratory/Research	Limited Category II	4729.54 and 4729.55 of the Ohio Revised Code, Category III Limited Category III Pharmacy That Services Other Institutions Only Dog Trainer Fluid Therapy Pharmacy/HHC Employee Script Fill Only Nuclear Pharmacy Waste Disposal Only Manufacturer-Process Use Food Processor-Nitrous Oxide
Non-Territorial Pharmacy Pharmacy Servicing Other Institutio Other: (describe type of business c	Mobile Pharmacy on/Contingency Stock Location	Sports Training Facility Reseller of Medicinal Oxygen Reseller of Medicinal Oxygen/C	Food Processor-Nitrous Oxide
3. LIST OTHER DRUG DI WHICH YOU POSSESS:	STRIBUTOR LICENSES, ISSU [Give Identification Numb	JED BY THE OHIO STATE BOA ver(s)]	RD OF PHARMACY,

4. RECORD OF ADJUDICATIONS AND FINES IMPOSED:

Has the applicant or owner(s) or any appendix a small and of the state						
Has the applicant or owner(s), or any agent or employee of the applicant/owner(s), or any officer of any state or federal agency?	of the corporation, ever been the subject of disciplinary action by					
NO YES (If yes, give reason and detailed explanation on separate sheet)						
5. RECORD OF CHARGES, CONVICTIONS, AND FINES IMPOSED:						
Does the applicant or owner(s) or any agent or employee of the						
Does the applicant or owner(s), or any agent or employee of the applicant/owner(s), or any officer or a misdemeanor other than a minor traffic violation (even if expunged or sealed)?	of the corporation, have charges pending or have a conviction of a felony					
NO VES (If yes, explain in detail on separate sheet; listing names and addresses of the NOTE: Pursuant to Section 2953.33(B) of the Obio Revised Code waves and addresses of the Obio Revised Code waves and th						
NOTE: Pursuant to Section 2953 22/PL of the Olivic Puriod sheet, insting names and addresses of th	e court or government agency and dates such charges were filed)					
NOTE: Pursuant to Section 2953.33(B) of the Ohio Revised Code, you must answer in the affirma been sealed or expunged. Pursuant to Section 2953.35 of the Ohio Revised Code, the Boar records will be kernedicted and the section of the Section 2953.35 of the Ohio Revised Code, the Boar	tive if you have a record of a charge or conviction that has subsequently					
i conta will be kept confidential.	of the interval a records regarding the applicant's sealed or expunded					
6. STATEMENT OF INDIVIDUAL RESPONSIBLE FOR SUBERVISION						
6. STATEMENT OF INDIVIDUAL RESPONSIBLE FOR SUPERVISION AND CONTROL OF DANGEROUS DRUGS:						
2925., 3715., 3719., and 4729 of the Obio Ravind Or the Onio State Board of Pharmacy and to the laws of Obio for the purposes of the enforcement of Charter						
the possession due clistony of the deportune dama the						
I FULLY UNDERSTAND that, as a licensed Terminal Distributor, drugs may be purchased only within the category of license requested from Wholesale Distributors of Dangerous Drugs registered in the State of Ohio with the Ohio State Board of Pharmacy. I also understand that if and when this business is discontinued that a "Written discontinued as required in the No. 2007 of the one of Discontinued as required in the State of One of the Ohio State Board of Pharmacy. I also understand that if and when this business is discontinued that a "Written discontinued as required in the Interviewed the Ohio State Board of Pharmacy, completed by me and that is the secured from the Ohio State Board of Pharmacy.						
the license being and recurrence of the Unio Administrative Code						
STORATORE OF Responsible Person						
QUALIFICATIONS: DATE of Signature	PRINT NAME:					
QUALIFICATIONS: 5/25/12	Michelle Isley					
M.D. License No.: 35.085199 D.O. License No.:						
Q m.D. License No.:	R.Ph. License No.:					
D.D.S. License No.:						
Ph.D./Chamist - Laboratories Only Title:	D.P.M. License No.:					
Other:	Social Sec. No.:					
Title:						
A-0601 (Rev. 04/99) Completion of this family	Prof. License No.:(if applicable)					

PHA-0601 (Rev. 04/99) Completion of this form is required by Section 4729.54, O.R.C. Maximum Penalty: Denial of License

White & Yellow pages to Board Pink page for applicant records





May 29, 2012

Ohio State Board of Pharmacy 77 S. High Street, 17th floor Columbus, Ohio 43266-0320

To Whom It May Concern:

As of July 1, 2012, Planned Parenthood of Central Ohio will be merged into Planned Parenthood of Northeast Ohio. At that time, the affiliate's name will be changed to Planned Parenthood of Greater Ohio. Enclosed is the paperwork and fees that coincide with the changes to the drug licenses for the twenty-one health centers involved.

Please send all the licenses to the administrative office at the following address:

Planned Parenthood of Central Ohio 206 East State Street Columbus, Ohio 43215

If you have any questions about the paperwork, feel free to call me at 330-535-2674, ext 1141.

Sincerely,

Susan Hirt

Susan Hirt, RN, MBA Director of Risk and Quality Management

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STATE OF OHIO DEPARTMENT OF TAXATION SALES AND USE TAX BLANKET EXEMPTION CERTIFICATE

The purchaser hereby claims exception or exemption on all purchases of tangible personal property and selected services made from:

- Planned Parenthood	7	Northeast	Ohio		
(vendol's name)					
on or after May	30,	2007			

(Date)

and certifies that this claim is based upon the purchaser's proposed use of the items or services, the activity of the purchaser, or both, as shown hereon:

501 (C) (3) Charitable/Educational Organization

PURCHASER MUST STATE A VALID REASON FOR CLAIMING EXCEPTION OR EXEMPTION.

This certificate shall continue in force until revoked and shall be considered a part of each order given to the above vendor unless the order specifies otherwise.

Planned Parenthe	ood of Northeast	Ohio		
Purchaser's Name				
	cational Organiza			
Purchaser's Activity (i.e. Manufacturer, Public Utility, Church, etc.)				
444 West Exchang	ge Street			
Street Address				
Akron, Ordeo	Ohio	44302		
City	State	Zip Code		
/an M Droder	ed CEO			
Signature and Title				
5/3	1/07			
Date Signed				
34-1015976				

Vendor's License Number, If any

Vendors of motor vehicles, titled watercraft and titled outboard motors may use this certificate to purchase these items under the "resale" exception. Otherwise, purchasers must comply with rule 5703-9-10 of the Administrative Code.

This certificate cannot be used by construction contractors to purchase material for incorporation into real property under an exempt construction contract. Construction contractors must comply with rule 5703-9-14 of the Administrative Code.

Ohio Revised Code § 5739.01

(E) "Retail sale" and "sales at retail" include all sales except those in which the purpose of the consumer is: (1) To resell the thing transferred or benefit of the service provided, by a person engaging in business, in the form in which the sa ne is, or is to be, received by the person;

(2) To incorporate the thing transferred as a material or a part, into tangible personal property to be produced for sale by manufacturing, assembling, processing, or refining, or to use or consume the thing transferred directly in mining, including without imitation the extraction from the earth of all substances which are classed geologically as minerals, production of crude oil and matural gas, farming, agriculture, horticulture, or floriculture, and persons engaged in rendering farming, agriculture, horticultural, or floricultural services, and services in the exploration for, and production of, crude oil and natural gas, for others are deemed engaged directly in farming, agricultural, horticultural, and floricultural services, and services in the exploration for, and production of, crude oil and natural gas. past directly in the rendition of a public utility service, except that the sales tax levied by section 5739.02 of the Revised Code shall second provide the endowing the second provide the structure or improvement to real property.

(3) To hold the thing transferred as security for the performance of an obligation of the vendor,

(4) To use or consume the thing transferred in the process of reclamation as required by Chapters 1513. and 1514, of the Revised Code:

(5) To resell, hold, use, or consume the thing transferred as evidence of a contract of insurance;

(6) To use in our use, or consume the thing directly in commercial fishing;
 (7) To incorporate the thing transferred as a material or a part into, or to use or consume the thing transferred directly in the production of, magazines distributed as controlled circulation publications;

(8) To use or consume the thing transferred in the production and preparation in suitable condition for market and sale of printed, imprinted, overprinted, lithographic, multilithic, blueprinted, photostatic, or other productions or reproductions of written or grap

(9) To use the thing transferred, as described in section 5739.011 [5739.01.1] of the Revised Code, primarily in a

manufacturing operation to produce tangible personal property for sale; (10) To use the benefit of a warranty, maintenance or service contract, or similar agreement, as defined in division (B)(7) of this section, to repair or maintain tangible personal property, if all of the property that is the subject of the warranty, contract, or agreement would be exempt on its purchase from the tax imposed by section 5739.02 of the Revised Code;

(11) To use the thing transferred as qualified reach and development equipment;
(12) To use or consume the thing transferred as qualified reach and development equipment;
(12) To use or consume the thing transferred primarily in storing, transporting, mailing, or otherwise handling purchased sales inventory in a warehouse, distribution center, or similar facility when the inventory is primarily distributed outside this state to retail ancentory in a wateriouse, osublication testice, or samilar locality mark the interface provides a standard card and the trans-stores of the person who owns or controls the warehouse, distribution center, or similar facility, to retail stores of an affiliated group of which that person is a member, or by means of direct marketing. Division (E)(12) of this section, des not apply to motor vehicles registered for operation on the public highways. As used in division (E)(12) of this section, "affiliated groups" has the same meaning as in division (B)(3)(e) of this section and "direct marketing" has the same meaning as in division (B)(37) of section 5739.02 of the Revised Code

(13) To use or consume the thing transferred to fulfill a contractual obligation incurred by a warrantor pursuant to a warranty provided as a part of the price of the tangible personal property sold or by a vendor of a warranty, maintenance or service contract, or similar agreement the provision of which is defined as a sale under division (3%)(7) of this section.

As used in division (E) of this section, "thing" includes all transactions included in divisions (B)(3)(a), (b), and (e) of this section;

(14) To use or consume the thing transferred in the production of a newspaper for distribution to the public. Sales conducted through a coin-operated device that activates vacuum equipment or equipment that dispenses water, whether or not in combination with soap or other cleaning agents or wax, to the consumer for the consumer's use on the premises in washing, cleaning, or waxing a motor vehicle, provided no other personal property or personal service is provided as part of the Innsaction, are not retail sales or sales at retail.

Ohio Revised Code § 5739.02

se or consumption directly in the production of tangible personal property for sale by farming, agriculture, horticulture, or See of consumption directly in the production or tangue personal property for such or such and a second in production in production and parts for incorporation into any such tangible personal property for use or consumption in production and of tangible personal property for such use or consumption in the conditioning or holding of products produced by and for such use, consumption, or sale by persons engaged in farming, agriculture, horticulture, or floriculture except where such property is

orated into real property; (8) Sales of drugs dispensed by a registered pharmacist upon the order of a practitioner licensed to prescribe, dispense, and (16) Sales of ongs depended by a registered phannack upon the order of a practice, included to presente, uppended, and administer drugs to a human being in the course of the professional practice; insulin as recognized in the official United States that macropoeia; urine and blood testing materials when used by diabetics or persons with hypoglycemia to test for glucose or podermic syringes and needles when used by diabetics for insulin injections; epoetin alfa when purchased for use in he treatment of persons with end-stage renal disease; hospital beds when purchased for use by persons with medical problems or medical purposes; and oxygen and oxygen-dispensing equipment when purchased for use by persons with medical pu roblems

or medical purposes; (19) Sales of artificial limbs or portion thereof, breast prostheses, and other prosthetic devices for humans; braces or other (19) Sales of antical limits of portion interview, breast postilises, and while postilises in antical limits of both many hoses in the postilise of the human body; wheelchairs; devices used to lift wheelchairs into a notor vehicles and parts and accessories to such devices; crutches or other devices to aid human perambulation; and items of the human body; wheelchairs; devices used to lift wheelchairs into a notor vehicles and parts and accessories to such devices; crutches or other devices to aid human perambulation; and items of the human body; wheelchairs; devices used to lift wheelchairs; into a notor vehicles and parts and accessories to such devices; crutches or other devices to aid human perambulation; and items of the human body; wheelchairs; devices is a such devices; crutches or other devices to aid human perambulation; and items of the human body; wheelchairs; devices is a such devices; crutches or other devices to aid human perambulation; and items of the human body; wheelchairs; devices; crutches or other devices; devices; crutches or other devices; devices; devices; devices; crutches; devices; crutches; devices; notion vertices and parts and accessions of source of unarts of un

(2) Sales to a physician or medical facting for use in the relativistic of a particle.
(2) Sales of emergency and fire protection vehicles and equipment to nonprofit organizations for use solely in providing fire rotection and emergency services for political subdivisions of the state;
(2) Sales of tangible personal property, manufactured in this state, if sold by the manufacturer in this state to a retailer for ise in the retail business of the retailer outside of this state and if possession is taken from the manufacturer by the purchaser within this state for the sole purpose of immediately removing the same from this state in a vehicle owned by the purchaser,

(24) Sales to persons engaged in the preparation of eggs for sale of tangible personal property used or consumed directly 1 such preparation, including such tangible personal property used for cleaning, sanitizing, preserving, grading, sorting and lassifying by size; packages, including material and parts for packages, and of machinery, equipment, and material for use in ackaging eggs for sale; and handling and transportation equipment and parts therefor, except motor vehicles licensed to operate or public highways, used in intraplant or interplant transfers or shipment of eggs in the process of preparation for sale, when the day of parts which or photomers used in intraplant or interplant transfers or shipment of eggs in the process of preparation for sale, when the In public inginivays, used in intrabulan or interplant valuated of uniphoted are operated by the same person. "Packages" includes lant or plants within or between which such transfers or shipments occur are operated by the same person. "Packages" includes oritainers, cases, baskets, fats, fillers, filler flats, cartons, closure materials, labels, and labeling materials, and "packaging" means lacing th

(25)(a) Sales of water to a consumer for residential use, except the sale of bottled water, distilled water, mineral water, arbonated water, or ice;

(b) Sales of water by a nonprofit corporation engaged exclusively in the treatment, distribution, and sale of water to rs, if such water is delivered to consumers through pipes or tubing. on

(27) Sales of solar, wind, or hydrothermal energy systems that meet the guidelines established under division (B) of section (c1) sales of solar, wind, or nyorounemar energy systems in a meet ine goodenies estabilised under division (b) of section 551.20 of the Revised Code, components of such systems that are identified under division (B) or (D) of that section, or charges the installation of such systems or components, made during the period from August 14, 1979, through December 31, 1985; (28) Sales to persons licensed to conduct a food service operation pursuant to section 3732.03 of the Revised Code; of the section of such systems or conduct a food service operation pursuant to section 3732.03 of the Revised Code; of

(28) Sales to persons licensee to conduct a loop service operation porsular to section ordered of the reference of t

(B) The tax does not apply to the following:

(12) Sales of tangible personal property or services to churches, to organizations exempt from taxation under section 501(c)(3) of the Internal Revenue Code of 1986, and to any other nonprofit organizations operated exclusively for charitable purposes in this state, no part of the net income of which inures to the benefit of any private shareholder or individual, and no substantial part of the activities of which consists of carrying on propaganda or otherwise attempting to influence legislation; sales to offices administering one or more homes for the aged or one or more hospital facilities exempt under section 140.08 of the Revised Code; and sales to organizations described in division (D) of section 5709.12 of the Revised Code.

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Charitable purposes means the relief of poverty, the improvement of health through the alleviation of illness, disease, or injury, Chartable purposes means use reserve powering, the improvement of near utrough the alternation on marks, doeses, or many, the operation of an organization exclusively for the provision of professional, laundry, printing, and purchasing services to hospitals or chartable institutions, the operation of a home for the aged, as defined in section 5701.13 of the Revised Code, the operation of a radio or television broadcasting station that is licensed by the federal communications commission as a noncommercial educational radio or television station, the operation of a nonprofit animal adoption service or a countly humane society, the promotion of education by an institution of learning which maintains a faculty of qualified instructors, teaches regular continuous portion of education of an institutor of rearing which maintains a factory of qualities institutors, reactes regular commotors courses of study, and confers a recognized diploma upon completion of a specific curriculum, the operation of a parent teacher association, booster group, or similar organization primarily engaged in the promotion and support of the curricular or extracurricular activities of a primary or secondary school, the operation of a community or area center in which presentations in music, dramatics, the arts, and related fields are made in order to foster public interest and education therein, the production of performances in Interste, and related news are made in order to reach public interest and bucklish interest, in a production by performances in music, dramatics, and the arts, or the promotion of education by an organization engaged in carrying on research in, or the dissemination of scientific and technological knowledge and information primarily for the public. Nothing in this division shall be deemed to exempt sales to any organization for use in the operation or carrying on of a trade

or business, or sales to a home for the aged for use in the operation of independent living facilities as defined in division (A) of section 5709.12 of the Revised Code.

section 5/09.12 of the Revised Code. (13) Building and construction materials and services sold to construction contractors for incorporation into a structure or improvement to real property under a construction contract with this state or a political subdivision thereof, or with the United States government or any of its agencies; building and construction materials and services sold to construction contractors for incorporation into a structure or improvement to real property which are accepted for ownership by this state or any of its political subdivisions, or by the United States government or any of its agencies at the time of completion of such structures or improvements; building and construction materials sold to construction contractors for incorporation into a boticulture structure of sectode clustering in the structure of the structures of boticures of boticures. or livestock structure for a person engaged in the business of horticulture or producing livestock; building materials and services solid to a construction contractor for incorporation into a house of public worship or religious education, or a building used exclusively for charitable purposes under a construction contract with an organization whose purpose is as described in division (B)(12) of this section; building and construction materials sold for incorporation into the original construction of a sports facility under section 307.696 [307.69.6] of the Revised Code; and building and construction materials and services sold to a construction contractor for incorporation into real property outside this state if such materials and services, when sold to a construction contractor in the state in which the real property is located for incorporation into real property in that state, would be exempt from a tax on sales levied by that state;

(14) Sales of ships or vessels or rail rolling stock used or to be used principally in interstate or foreign commerce, and repairs,

(14) Sales of single of vessels of rail roling sick labol to be used principally in interstate of forcing commerce, and replana, alterations, fuel, and lubricants for such ships or vessels or rail rolling stock;
(15) Sales to persons engaged in any of the activities mentioned in division (E)(2) or (9) of section 5739.01 of the Revised Code, to persons engaged in making retail sales, or to persons who purchase for sale from a manufacturer tanglible personal perporty that was produced by the manufacturer in accordance with specific designs provided by the purchaser, of packages, including material and parts for packages, and of machinery, equipment, and material for use primarily in packaging tangible personal property produced for sale by or on the order of the person doing the packaging, or sold at retail. "Packages" includes bags, baskets, catons, crates, boxes, cans, bottles, bindings, wrappings, and other similar devices and containers and "packaging" means placing therein.

(16) Sales of food to persons using food stamp coupons to purchase the food. As used in division (B)(16) of this section, has the same meaning as in the "Food Stamp Act of 1977," 91 Stat. 958, 7 U.S.C. 2012, as a "fo d and federal regulations adopted pursuant to that act.

(17) Sales bersons engaged in faming, agriculture, horticulture, or floriculture, of tangible personal property for use or sumption directly in the production by farming, agriculture, horticulture, or floriculture of other tangible personal property for

(30) Sales of services to a corporation described in division (A) of section 5709.72 of the Revised Code, and sales of tangible

(30) Sales of services to a corporation describer in division (4) of section 5709.72 of the revised Code; onal property that qualifies for exemption from taxation under section 5709.72 of the Revised Code; (31) Sales and installation of agricultural land tile, as defined in division (B)(5)(a) of section 5739.01 of the Revised Code; (32) Sales and erection or installation of portable grain bins, as defined in division (B)(5)(b) of section 5739.01 of the Revised Cod

Code; (33) The sale, lease, repair, and maintenance of; parts for; or items attached to or incorporated in motor vehicles that are primarily used for transporting tangible personal property by a person engaged in highway transportation for hire; (34) Sales to the state headquarters of any veterans' organization in Ohio that is either incorporated and issued a charter by the congress of the United States or is recognized by the United States veterans administration, for use by the headquarters; (35) Sales to a telecommunications service vendor of tangible personal property and services used directly and primarily in transmitting, necking, averacing any interactive, two-way electromagnetic communications, including voice, image, data, and information, through the use of any medium, including, but not limited to, poles, writes, cables, switching equipment, the expendion computers, and information, through the use of any measuring, not many, but marks the tangible personal property. The exemption computers, and record storage devices and media, and component parts for the tangible personal property. The exemption provided in division (B)(35) of this section shall be in lieu of all other exceptions under division (E)(2) of section 5739.01 of the Revised Code to which a telecommunications service vendor may otherwise be entitled based upon the use of the thing purchased in providing the telecommunications service.

(36) Sales of investment metal bullion and investment coins, "Investment metal bullion" means any elementary precious metal (36) Sales of investment mean buildin and investment const, investment intera building, and interaction of the sale of the sal

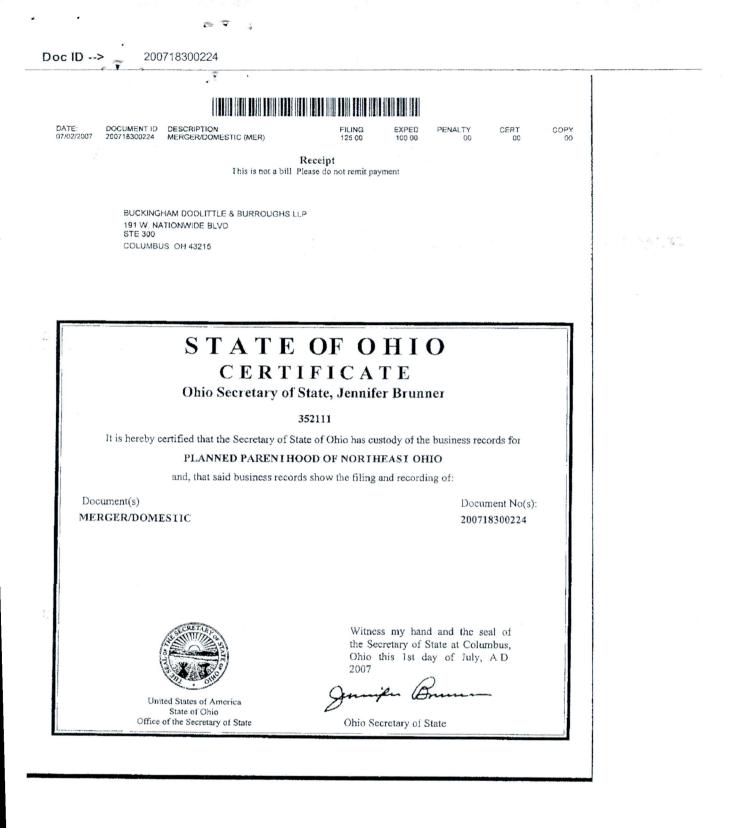
does not include fabricated precious metal which has been processed or manufactured for one or more specific and customary industrial, professional, or artistic uses. "Investment coins" means numismatic coins or other forms of money and legal tender manufactured of gold, silver, platinum, palladium, or other metal under the taws of the United States or any foreign nation with a fair market value greater than any statutory or nominal value of such coins. (37)(a) Sales where the purpose of the consumer is to use or consume the things transferred in making retail sales and consisting of newspaper inserts, catalogues, coupons, flyers, gift certificates, or other adventising material which prices and describes tangible personal property offered for retail sale. (b) Sales to direct marketing vendors of preiminary materials such as photographs, atwork, and typesetting that will be used in printing advertising material, of printer direct material described in division (B)(37)(a) of this section; and of equipment such as takebones: computers, retaining and advertising material described in division (B)(37)(a) of this section; and of equipment such as takebones: computers, retaining and the takes that take the personal property primarily used to accept orders for directs for directs for the state takebones. telephones, computers, facsimile machines, and similar tangible personal property primarily used to accept orders for direct marketing retail sales.

(c) Sales of automatic food vending machines that preserve food with a shelf life of forty-five days or less by refrigeration and dis se it to the consumer.

For purposes of division (B)(37) of this section, "direct marketing" means the method of selling where consumers order For purposes of avision (6)(5) of this section, and the manded management of the section of the vendor delivers or ships the tangible personal property sold to the consumer from a warehouse, catalogue distribution center, or similar fulfillment facility by

tangible personal property sold to the consumer from a warehouse, catalogue distribution center, or similar fulfillment facility by means of the United States mail, delivery service, or common carrier. (38) Sales to a person engaged in the business of horticulture or producing livestock of materials to be incorporated into a horticulture structure or livestock structure. For the purpose of the proper administration of this chapter, and to prevent the evasion of the tax, it is presumed that all sales made in this state are subject to the tax until the contrary is established. As used in this section, except in division (8)(16) of this section, "food" includes cereals and cereal products, milk and milk products including ice cream, meat and meat products, fish and fish products, eggs and egg products, vegetables and vegetable products, fruits, fruit products. It does not include: spirituous or mait figuors; soft drinks; sodas and beer and root beer extracts; dispensed at bars and soda fourtains or in connection therewith other than coffee, tea, and cocca; root beer and root beer extracts; mat and mate taxrdax; mineral oils, cod liver oils, and halibut fiver oil; medicines, including tonics, vitamin preparations, and other products sold primarily for their medicinal properties; and water, including mineral, bottled, and carbonaled waters and ice.

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CODE OF REGULATIONS PLANNED PARENTHOOD OF NORTHEAST OHIO

ARTICLE I. - NAME

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The name of this Corporation shall be Planned Parenthood of Northeast Ohio.

ARTICLE II. - PURPOSE

The Corporation believes in the fundamental right of each individual throughout the world to manage his or her fertility, regardless of the individual's income, marital status, race, ethnicity, sexual orientation, age, national origin or residence. We believe that respect and value for diversity in all aspects of our organization are essential to our well-being. We believe that reproductive self-determination must be voluntary and preserve the individual's right to privacy. We further believe that such self-determination will contribute to an enhancement of the quality of life, strong family relationships and population stability. Based on these beliefs, and reflecting the diverse communities within which we operate, the mission of the Corporation is:

- To provide quality comprehensive reproductive and complementary health care services in settings which preserve and protect the essential privacy and rights of each individual.
- To advocate public policies which guarantee these rights and ensure access to such services.
- To provide educational programs which enhance understanding of individual and societal implications of human sexuality.
- To promote research and the advancement of technology in reproductive health care and encourage understanding of their inherent bioethical, behavioral, and social implications.

ARTICLE III. - MEMBERSHIP

The Corporation shall have no members.

ARTICLE IV. – MEETINGS

A. TYPES OF MEETINGS

1. ANNUAL MEETING – The Annual Meeting of the Corporation shall be held during the last calendar quarter of each fiscal year, the specific date to be determined by the Board of Directors. The Board of Directors shall be so notified no fewer than ten days in advance. The Annual Meeting shall be held for the purpose of electing the Board of Directors and the Officers, and for such other business as determined by the Board of Directors. Only members of the Board of Directors shall be entitled to vote at the Annual Meeting. The budget for the next fiscal year shall be adopted at the last full meeting of the Board of Directors prior to the beginning of the fiscal year.

- 2. REGULAR MEETINGS The Board of Directors must meet a minimum of four times a year, with meeting intervals and dates determined by the Board of Directors.
- 3. SPECIAL MEETINGS Special meetings of the Board of Directors may be called by the President, a Vice-President or any five Directors. Only business stated in the call to the meeting shall be transacted.
- 4. NOTICE OF MEETINGS Written notice of the time and place of all meetings of the Board of Directors shall be given to the Directors by U.S. mail, by express mail, by email or by personal delivery at least five days before the meeting. Unless otherwise indicated, any business may be transacted at any meeting.
- B. QUORUM One-half of the Directors shall constitute a quorum. In the presence of a quorum, a majority of the Directors in attendance at any meeting of the Board of Directors shall decide its action, except as otherwise provided. In absence of a quorum, a majority of Directors present may adjourn the meeting.

A quorum of the Executive Committee shall be one-half of its members.

C. ACTION WITHOUT A MEETING. Any action which may be authorized or taken t a Directors' meeting may be authorized or taken without a meeting with a writing or writings setting forth the action taken signed by all of the Directors. The writing or writings will be filed with or entered upon the Corporation's records.

ARTICLE V. – DIRECTORS

- A. MEMBERSHIP The Board of Directors shall consist of not fewer than 20 nor more than 25 elected volunteer members. Advisory appointments (non-voting) may be made by the President. The Corporation shall not discriminate in the selection of Directors on the basis of age, sexual orientation, disability, sex, race, color, religion, national origin, income or marital status. Employees of the Corporation, employees of other Planned Parenthood affiliates and employees of Planned Parenthood Federation of American ("PPFA"), shall not be eligible for membership on the Board of Directors. The initial members of the Board of Directors of the Corporation will be the persons named in its Amended Articles of Incorporation filed on July 1, 2007.
- B. DUTIES AND POWERS The affairs of the Corporation shall be governed by its Board of Directors in accordance with the Standards of Affiliation of PPFA. Directors shall ensure the financial stability through sound funding and support of development efforts, both as donors and as solicitors. Specific duties and responsibilities of the Board of Directors include:
 - Election and removal of Officers and Directors;

- Evaluation of the Chief Executive Officer;
- Development and monitoring of the Corporation's programs, financial policies and budgets;
- Approval of the selection of an independent auditor and legal counsel;
- Review and acceptance of the annual audit, including the opportunity to meet with the auditor without staff members present;
- Communication of the mission of Planned Parenthood within the area served by the Corporation;
- Making a personal financial contribution to the Corporation
- Development and determination of policies for the sound operation of the Corporation including policies regarding:
 - funding diversification;
 - use of contributor lists;
 - fundraising activities;
 - diversity goals; and
 - financial management.

The Board of Directors shall ensure that the Corporation does not engage in any activity that will jeopardize the Corporation's federal tax exemption, including, specifically, that the Corporation does not attempt to influence legislation (except to the extent permitted by Section 501 (c)(3) or any succeeding or related section of the Internal Revenue Code), or participate or intervene in any political campaign of any candidate for public office.

The Board of Directors will ensure that the Corporation will not enter into any contract or other arrangement for the use of a facility that discriminates on the basis of age, race, color, religion, sex, national origin, age, sexual orientation, disability, income, marital status or other basis protected by applicable law.

The Board of Directors will work affirmatively to achieve a diverse Board of Directors and will not discriminate in the election of members of the Board of Directors on the basis of age, race, color, religion, sex, national origin, sexual orientation, disability, income or marital status.

No Board member, employee or volunteer shall use her or his position with the organization to further the manufacture, distribution, promotion or sale of any materials, products or service in which she or he has either a direct or indirect financial interest. No Board member, employee or volunteer shall accept any gift or gratuity from any

pharmaceutical firm or their supplier to the Corporation, or from any provider or potential provider of service to the Corporation, other than unconditional gifts of nominal value. No gifts of cash or cash equivalents are permitted.

C. ELECTION AND TERM OF OFFICE – Directors shall be elected by the Board of Directors at the Annual Meeting and shall begin their term of office July 1 following the Annual Meeting. The initial members of the Board of Directors serve for the terms indicated in the Amended Articles of Incorporation filed on July 1, 2007. The Board of Directors should be broadly representative of the entire service area of the Corporation.

Except in the case of Directors elected to fill a vacancy in office, the term of office of Directors elected upon the expiration of a term of an initial Director shall be for three years. Directors may be elected to serve a second term. Upon completion of a second three-year term, Directors shall not be eligible for re-election until one year has elapsed, unless a Director is nominated to serve as an Officer, in which event said Director shall be eligible for re-election to serve one additional consecutive three-year term.

In the event the outgoing President of the Board of Directors has completed two consecutive terms, the term of office as a Director shall be extended for a period of one year.

D. VACANCIES – Vacancies may be filled by the Board of Directors upon recommendation of the Nomination and Leadership Identification Committee. A Director elected to a non-filled Board position shall serve until the next Annual Meeting. A Director elected to fill a created vacancy shall serve until the completion of the vacated term. Those so elected may be re-elected for one full term.

A Director who misses three meetings in a calendar year will be subject to review by the Executive Committee.

ARTICLE VI. – OFFICERS

- A. CATEGORIES OF ELECTED OFFICERS The Corporation shall have a President, one or more Vice-Presidents, a Secretary, a Treasurer, and such other Officers as the Board of Directors may deem necessary.
- B. ELECTION AND TERM OF OFFICE The initial Officers of the Corporation shall be those persons named in its Amended Articles of Incorporation filed on July 1, 2007, who shall serve for a term of one year. The Officers elected upon the expiration of the initial terms shall be elected by the Board of Directors at the Annual Meeting from a slate presented by the Nomination and Leadership Committee. Except for Officers elected to fill a vacancy in office, Officers shall be elected for a term of one year, beginning July 1 of the fiscal year following the Annual Meeting. No elected Officer shall hold the same office for more than two consecutive terms. Any vacancy in any office may be filled for the balance of the term by the Board of Directors upon recommendation of the Nomination and Leadership Committee. The Board of Directors may remove any Officer by a majority vote.

C. DUTIES OF ELECTED OFFICERS

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- 1. PRESIDENT The President shall preside at all meetings of the Board of Directors, Executive Committee, and Annual Meeting. The President shall perform such other duties as may be determined by the Board of Directors. The President shall appoint the Chairs of all committees except the Nomination and Leadership Committee and shall be a non-voting member of all committees. The President shall appoint and dissolve ad hoc committees as necessary. The President shall ensure the integrity of the Board process.
- 2. VICE-PRESIDENTS The Vice President(s) shall perform all duties of the President in the absence or the inability of the President to serve, or in the event of a vacancy in that office.
- 3. TREASURER- The Treasurer shall be responsible for all custody of all funds and securities of the Corporation and the supervision of the disbursement of funds. An Assistant Treasurer, if needed, shall be elected by the Board of Directors, upon recommendation of the Nomination and Leadership Committee, and shall perform such duties and functions as the Treasurer may assign or delegate.
- 4. SECRETARY The Secretary shall record and keep the minutes of all meetings of the Board of Directors and of the Executive Committee.
- D. CHIEF EXECUTIVE OFFICER- The Board of Directors shall hire a Chief Executive Officer who shall be responsible to and who shall provide periodic reports to the Board of Directors. The Chief Executive Officer shall be responsible for the administration of the Corporation, including its policies, programs, staff and financial affairs. The Chief Executive Officer is solely responsible to the Board of Directors for the implementation of Board policies and all aspects of the Corporation's operation and shall also have other duties as may be prescribed by the Board of Directors.

The Chief Executive Officer shall report to the President and shall be annually evaluated in writing by the Board of Directors. The written evaluation and recommendation as to compensation will be submitted to the Board for approval.

ARTICLE VII. – EXECUTIVE COMMITTEE

- A. MEMBERSHIP The Executive Committee shall consist of no less than four or more than 10 elected Directors and shall include Officers and Chairs of standing committees. The President shall serve as Chair and may appoint members at-large from the Directors. This selection is subject to approval of the Board of Directors. The outgoing President shall serve as a member of this committee for one year following completion of the term of office. The Chief Executive Officer shall serve as a non-voting member of this committee.
- B. FUNCTIONS AND POWERS The Executive Committee shall have all authority of the Board of Directors, except the authority to fill vacancies on the Board. The Executive

Committee shall serve as the major advisory committee to the President and to the Chief Executive Officer.

C. MEETINGS – The Executive Committee shall meet as necessary at the call of the President. The Secretary shall keep the minutes and make them available to the Board of Directors. Actions of the Executive Committee shall be reported to the Board of Directors.

ARTICLE VIII. – COMMITTEES

- A. NOMINATION AND LEADERSHIP COMMITTEE The Nomination and Leadership Committee shall consist of five elected Directors, four of whom shall be nominated by the President and elected by the Board of Directors, with opportunity for nominations from the floor. One of the members of the Committee will be a person of color as well as other persons who reflect the Corporation's commitment to PPFA's Core Dimensions of Diversity. The Nomination and Leadership Committee members shall serve for no more than three consecutive years. The Chair shall be chosen by the President and appointed by the Board of Directors. The function of this committee shall be to:
 - 1. Identify, cultivate and recruit new Directors to serve on the Board.
 - 2. Orient new Directors to the organization and workings of the Board.
 - 3. Engage new Board members as active participants.
 - 4. Provide on-going education for new and existing Directors.
 - 5. Plan for leadership succession.
 - 6. Assess annually how the Board, individual Directors and the chair are functioning.
 - 7. Recognize and celebrate progress and individual contributions to the Board.
 - B. AUDIT COMMITTEE The Audit Committee shall provide oversight of the Corporation's accounting policies, financial reporting and the annual audit. The Audit Committee and shall include three members of the Board, including the Board Treasurer, and two individuals who are not members of the Board. The members of the Audit Committee shall include at least one member who is a financial expert. Members shall be nominated by the Treasurer and elected by the Board of Directors, with opportunity for nominations from the floor. The Audit Committee members shall serve for no more than three consecutive years. The Treasurer will serve as the Chair of the committee and will be exempt from the term limit for as long as he/she remains Treasurer. The Audit Committee shall meet at least four times a year and report to the Board of Directors. The functions of the committee shall include:
 - 1. Recommend to the Board the selection of an independent audit firm and review the performance of the independent audit firm.

- 2. Meet with audit firm to review the annual audit and management letter.
- 3. Report to the Board the results of the annual audit and recommend its approval or modification.
- 4. Review internal financial statements at least quarterly and annually and report to the Board of Directors.
- 5. Review accounting and financial policies to assure the adequacy of internal controls.
- 6. Review compensation of executive level staff.

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- 7. Work with management to identify significant risks and exposures and assess management's steps to minimize them.
- 8. Establish and oversee policies and processes to protect employees who report concerns about accounting or auditing irregularities and to investigate such reports.
- 9. Report committee actions to the Board of Directors.
- C. AD HOC COMMITTEES Ad Hoc Committees may be established and dissolved by the President when the Corporation would benefit from such committees. Activities of and recommendations from these committees shall be reported to the Board of Directors.

ARTICLE IX. – INDEMNIFICATION OF DIRECTORS AND OFFICERS

The Corporation shall indemnify to the full extent permitted by law against damages, judgments, settlements, cost, charges, and expenses incurred in connection with defense of any action, suit or proceeding or any appear therefrom, any person or his or her personal representative, made, or threatened to be made, a party to such action, suit, or proceeding, whether civil or criminal, by reason of the fact that such person is or was a Director or Officer of the Corporation.

ARTICLE X. – CREATION OF SUBGROUPS

The Corporation can create subgroups to help promote the activities and purposes of the Corporation. All subgroups will act under the direction of the Board of Directors, which will be responsible for ensuring that all activities, programs, services and pronouncements of the subgroups are in conformity with PPFA Standards and Policies.

ARTICLE XI. – PARLIAMENTARY PROCEDURE

Robert's Rules of Order Revised shall govern the proceedings at all meetings of the Board of Directors to the extent that such rules do not conflict with law, the Articles of Incorporation, these By-laws, or resolutions adopted by the Board of Directors.

ARTICLE XII. – AMENDMENTS

The Code of Regulations of the Corporation may be amended, and new Regulations may be adopted by the Directors at a meeting held for such purpose, by the affirmative vote of a majority of the Directors present at a meeting at which a quorum exists. Written notice shall be given at least two weeks in advance of the meeting.

ARTICLE XIII. – DISSOLUTION

In the event of termination of the existence of the Corporation for any cause whatsoever, all assets and property over and above whatever may be required for the payment of just debts and obligations shall be vested in PPFA, or in another organization organized and operated for a similar qualified exempt purpose under section 501 (c)(3) of the Internal Revenue Code of 1954, as amended, as determined by the Board of Directors of the Corporation.

ARTICLE XIV. – TERMINATION OF AFFILIATION WITH PLANNED PARENTHOOD FEDERATION OF AMERICA

In the event of the termination of affiliation with PPFA for any reason whatsoever, all requirements of the Standards of Affiliation in force at the time shall be complied with as to disposition of medical records of clinic patients, notification of patients, and discontinuance of the use of the name "Planned Parenthood."

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ATTACHMENT TO ARTICLES OF INCORPORATION

Name of Corporation - Planned Parenthood of Northeast Ohio

ARTICLE THIRD: PURPOSES AND POWERS

Section 1 - Purposes.

(a) The Corporation is organized and shall be operated for the exclusive purpose of engaging in charitable, educational and scientific activities within the meaning of §501(c)(3) of the Internal Revenue Code of 1986, as amended, ("Code") (or the corresponding provision of any future United States internal revenue law), including for the following specific purposes:

(i) To provide quality comprehensive reproductive and complementary health care services in settings which preserve and protect the essential privacy and rights of each individual.

(ii) To advocate public policies which guarantee these rights and ensure access to such services.

(iii) To provide educational programs which enhance understanding of individual and societal implications of human sexuality.

(iv) To promote research and the advancement of technology in reproductive health care and encourage understanding of their inherent bioethical, behavioral, and social implications.

(v) To do whatever is deemed necessary, useful or conducive to carrying out any of the purposes of the corporation and to exercise all other authority enjoyed by corporations generally by virtue of the provisions of the Ohio Non-Profit Corporation Law.

(b) Notwithstanding any powers granted to this Corporation by its Articles of Incorporation, Code of Regulations or by the laws of the State of Ohio, the following limitations of powers shall apply and be paramount:

(i) No part of the net earnings of the Corporation shall inure to the benefit of any incorporator, member, trustee, director or officer of the Corporation, or any private individual (except that reasonable compensation may be paid for services rendered to or for the Corporation affecting one or more of its purposes and except to the extent that persons are beneficiaries of the Corporation's charitable purposes as herein defined), and no member, trustee, director or officer of the Corporation, or any private individual shall be entitled to share in the distribution of any of the Corporate assets on dissolution of the Corporation.

(ii) No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation.

(iii) The Corporation shall not participate in or intervene in (including the publication or distribution of statements) any political campaign on behalf of (or in opposition to) any candidate for public office.

(iv) Notwithstanding any other provisions of these Articles, the Corporation shall not conduct or carry on any activities not permitted to be conducted or carried on by an organization (a) which is exempt under \$501(c)(3) of the Code, or (b) contributions to which are deductible under \$170(c)(2) or 2055(a) of the Code, or (c) gifts to which are deductible under \$2522(a)(2) of the Code (or the corresponding provision of any future United States internal revenue law).

«AK3:860552_v3»

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SC	OUTH HIGH STRE	ET, ROOM 1702; CC			AX 614-752-48	36
TYPE. Change name and category			AREA CODE / TELEPHONE NUMBER	TIME IN A.M.	TIME OUT A.I	.М.
02-1621400 ש חחח ש			330-535-2674	P.M.	Ρ.	.М.
NAME: Planned Parenthood	of Greater Ohi	0	TYPE FED.	.#	EXP. DATE	
R.P.: Michelle Isley, MD			Clinic			
ADDR: 25350 Rockside Roa	.d					
Bedford Heights, OF	I 44146		HOURS OPEN M-F 9-5			
			01 EN IVI-F 9-5			
	ci i cc 00		FAX NUMBER	EMAIL		
CAT: III	CLASS: 09					
CNTY: 18				INIT.	TITLE/	
PERSONNEL	USED	TITLE/ I.D. NO.	PERSONNEL	T TUT TOSED	I.D. NO.	
	0020					
			AU JUL - ?	2-2012		
				LUIL Cont		
		1. 1	T I DY		+	
		Taxax	0/X/12 BY:	•••••		
1. LICENSING	Liconse mailed	to Responsible Pers	on this day. Sign & keep license a	at the facility. Insp	ection to follow	at a
2. I.D. CARDS	later date.		son this day. Sign a keep needse t			
3. RECORD SYSTEM				000 1700 51 6		
4. BARRICADE	You must purch	nase dangerous dru	gs from a licensed distributor. Se	e ORC 4/29.51 for	persons who ma	ay
5. MIN. STANDARDS	sell, deliver, dis	stribute and posses	s dangerous drugs (prescription d	lugs).		
6. SECURITY 7. LIBRARY	The act of pers	onally furnishing dr	ugs (i.e. dispensing) to a patient r	nust be performed	by the prescribe	er,
8. CLEANLINESS	Dursuant to OR	C 4729.29 and with	nin the limitations of 4729.291. N	lothing will allow de	elegation of this	
9. REFRIGERATION	authority. Furr	ished drugs must b	be labeled pursuant to OAC 4729-	5-17.		
10. ACCOUNTABILITY			ol, and carisoprodol, including tho	se dispensed to Fir	hergency Depart-	-
11. IMPROPER DISPENSING 12. INSUFFICIENT SUPERVISION	All controlled s	ubstances, trainaut	hed to a patient by a prescriber, m	just be reported to	Ohio's Prescript	tion
13. INVENTORY RECORDS	Drug Monitorin	g Program (OARRS)	as required in ORC 4729.77, 472	9.78, & 4729.79.		
14. DRUG DESTRUCTION				L to a second basel	udium ala a data u	
15. ILLEGAL SALES	Drugs that are	administered per p	rescriber order must be document or dose administered. Records of	ed in a record inclu	to be kent at the	Da-
16. ILLEGAL PURCHASES 17. SAMPLES	tient, drug nan	ne, and the amount	f 3 years. OAC 4729-9-05, 4729-9	9-11 and 4729-9-22	2: 4729-17-03 ar	nd
20. IMPROPER Rx's	4729-17-04: O	RC 4729.29(B) and	3719.81.			
21. OUTDATED DRUGS	RIICS					
22. DRUG LABELS Refer to OAC 4729-5-01(N) for Positive ID requirements for drug records. Refer to the OSBP website for			r Posi			
 23. Rx INFORMATION 24. OTC/SYRINGES 25. Rx INFORMATION 26. electronic prescription transmission systems meeting the required approvable status for use in Ohio. 27. Rx INFORMATION 28. electronic prescription transmission systems meeting the required approvable status for use in Ohio. 			Ji use in Onio. I	031		
24. OTC/SYRINGES 26. Rx FILES						
27. Rx COPIES	All newly licen	sed Category Three	facilities shall take an opening DE	A inventory of all c	ontrolled substa	inc-
28. Rx INT/DATE	les Show 'zero	inventory if neces	sary. Take inventory in ink. date.	sign, denote open/	close of busines	is,
29. DEA INVENTORY	and maintain on file. A DEA controlled substance inventory is required at least every two years.					
30. PHONED C-II Rx 31. REFILLS-6MO/5X	Effective contr	ole must be establis	hed to deter and detect theft of n	rescription drugs.	Keys to the drug	a
32. REFILLS-INT/DATE	Effective controls must be established to deter and detect theft of prescription drugs. Keys to the drug supply and syringes must be in the possession of authorized personnel at all times. Rx blanks must be					
33. REFILLS-UA	secured. OAC 4729-9-05, 4729-9-11 and 4729-9-09.					
37. COUNSELING					and the second second	
38. PSE SALES	Any theft of a	dangerous drug or	falsification of a prescription recor e Ohio Board of Pharmacy. If a cor	d is a felony and m	is involved file a	a
39. OARRS	DEA Form 106	theft/loss report w	ith OSBP. OAC 4729-9-15 and OR	C 2921.22(A).	is involveu, me a	•
40. CONFIDENTIALITY						
F (omp P S	Conta	act Specialist Joann	Predina at 216-642-1155 if you ha	ive questions.		
PINK SHEET ISSUED FOR	R NUMBER(S):					_

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE

SIGNATURE OF INSPECTOR

12h.

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY

DATE S

PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DATE

OHIO STATE BOARD OF PHARMACY



77 South High Street, Room 1702; Columbus, Ohio 43215-6126 -Equal Opportunity Employer and Service Provider-

 PHONE: 614/466-4143
 FAX: 614/752-4836

 TTY/TDD Ohio Relay Service: 1-800/750-0750

E-MAIL: exec@bop.state.oh.us URL: http://www.state.oh.us/pharmacy/

August 27, 2014

Timothy Kress, MD Planned Parenthood of Greater Ohio 25350 Rockside Rd., Ste. 200 Bedford Heights, OH 44146

Dear Dr. Kress:

Under authority granted by Rule 4729-9-06 of the Ohio Administrative Code, this letter authorizes you, Timothy Kress, MD, as the responsible person at Planned Parenthood of Greater Ohio, terminal distributor license number 02-1621400, to dispose of the unwanted controlled substances, on the conditions that:

- 1. You or your Board approved designee shall personally destroy the controlled substances at the location where they are stored or you shall personally witness the destruction of the controlled substances at a site licensed by the Board of Pharmacy for the purpose of dangerous drug incineration. In all instances, the drugs must be destroyed in the presence of a second licensed Ohio health care professional.
- 2. A record is made in duplicate, recording in detail the drugs destroyed and the location where they were destroyed, and is signed by the Physician destroying the drugs and the second health care professional witnessing such destruction.
- 3. The original copy of the form is retained at the clinic for a minimum of three (3) years.
- 4. The second copy is forwarded to the State Board of Pharmacy via upload to our website, <u>http://pharmacy.ohio.gov</u>. This action must be completed within thirty (30) days following destruction of the drugs. (From our main web page, click the Terminal Distributors Link, click on the Drug Destruction Form Upload, and follow the directions.)
- 5. A record of all controlled substances being destroyed must be recorded on a DEA 41 form in addition to the record that is being emailed to the Board Office. This form can be found on the DEA website. This form must be signed by you and the witnessing licensed health care professional. Please send completed copy to the DEA Office located at 500 S. Front Street, Suite 612, Columbus, Ohio 43215.

BY ORDER OF THE STATE BOARD OF PHARMACY

Yolanda A. Freeman, L.L.C. Secretary Supervisor

YAF:bte Cc: Dawn V. Mitchell, USDOJ



07/07/2014 16:23

(FAX)

Bradley Essex Ohio State Board of Pharmacy Secretary, Legal/Legislative/Compliance 77 S. High St., Room 1702 Columbus, OH 43215-6126 phone: 614-466-4143 fax: 614-752-4836

Tuesday, February 11, 2014

Dear Mr. Essex,

This letter is being sent to request the disposal of drugs:

Facility name: Planned Parenthood of Greater Ohio Surgical Services Address: 25350 Rockside Rd, Ste 200, Bedford Heights, OH 44146 TDDD license # CL.021621400 Responsible person on record: Dr. Timothy Kress, MD Professional license # 35.080555 Name of health care professionals who will witness the destruction/disposal: Michelle Meredith, CNP RN.347535-COA and Dr Timothy Kress, MD 35.060555 Name, strength, and quantity of drugs to be destroyed/disposed of: Dilaudid 2mg/mL IV, 3 boxes of 25 single dose vials as well as one loose single dose vial (for a total of 76 single dose vials). Lot #121378, exp 12/2013.

Thanks,

Michelie Meredith Planned Parenthood of Greater Ohio Regional Clinical Director of Surgical Services 25350 Rockside Rd, Ste 200 Bedford Heights, OH 44146 Phone: 440-506-8561 E-mail: m.meredith@ppneo.org

10-sent 7/7/14

Ix Proef. OK J.P. 07/07/2014 16:23

- 3

(FAX)

Bradley Essex Ohio State Board of Pharmacy Secretary, Legal/Legislative/Compliance 77 S. High St., Room 1702 Columbus, OH 43215-6126 phone: 614-466-4143 fax: 614-752-4836

Thursday July 2, 2014

Dear Mr. Essex,

This letter is being sent to request the disposal of drugs:

Facility name: Planned Parenthood of Greater Ohio Surgical Services Address: 3255 East Main Street, Columbus, OH 43213 TDDD license # CL.020265250 Responsible person on record: Dr. Timothy Kress, MD Professional license # 35.060555 Name of health care professionals who will witness the destruction/disposal: Michelle Meredith, CNP RN.347535-COA Name, strength, and quantity of drugs to be destroyed/disposed of: Hydrocodone 5mg/Acetominophen 500mg tablets, 406 tablets, Lot #0357U84214, original expiration date 6/2016, re-packaged expiration date 6/2014.

Thanks,

Michelle Meredith Planned Parenthood of Greater Ohio Regional Clinical Director of Surgical Services 25350 Rockside Rd, Ste 200 Bedford Heights, OH 44146 Phone: 440-506-8561 E-mail: m.meredith@ppneo.org

07/07/2014 16:23

£ 4 × 4



Planned Parenthood of Greater Ohio

444 W. Exchange St., Akron, Ohio 44302 - 330-535-2674

FAX COVER SHEET

DATE: 7/7/14	
NUMBER OF PAGES INCLUDING COVER:	
SENDER: MICHELLE MEREDITI, GNP	RECIPIENT: OHTO STATE BOARD OF PHARMACY
SENDER PHONE:	RECIPIENT PHONE:
614-558-6096	614-466-4143
SENDER FAX:	RECIPIENT FAX:
440-374-4969	614-752-4836

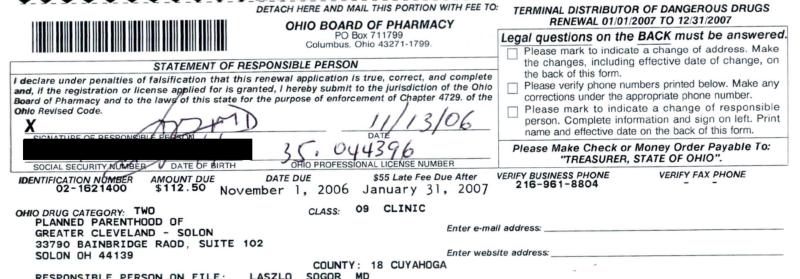
LETTERS TO FOLLOW BY MAIL.

Confidentiality Notice: The information contained in this message is confidential and privileged. This information is intended solely for the addressee. Access by anyone else is unauthorized. No confidentiality or privilege is waived or lost by mistransmission. If you are not the intended recipient, any forwarding, disclosure, copying, distribution, or other disclosing act is strictly prohibited. If you received this electronic message in error, please destroy it and notify the sender. Thank you.

V:\Patient Services Forma\100 Basic Patient Forms\132-02-13 Fax Cover Sheet - north.docx

(FAX)





LASZLO SOGOR RESPONSIBLE PERSON ON FILE:

> 1621400 11250 02 01

LEGAL QUESTIONS: MUST BE ANSWERED.

YES



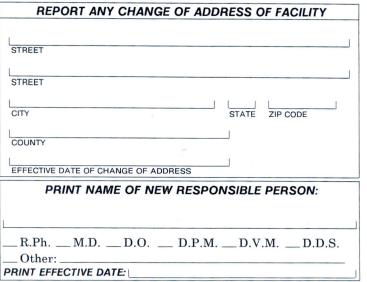
NO Within the past 18 months: does the responsible person or owner(s), or any agent or employee of the responsible person/owner(s), or any officer of the corporation, have criminal charges pending or have a conviction of a felony or a misdemeanor (even if sealed or expunged)? If yes, print name(s):



NO Within the past 18 months: has the responsible person or owner(s), or any agent or employee of the responsible person/owner(s), or any officer of the corporation, been the subject of disciplinary action by any state or federal agency? If yes, print name(s):

If "YES" to either of the above, send a certified copy of the charging instrument and final judgment entry for each occurrence if not submitted previously. If the above is a result of an official pharmacy board hearing, you do not have to resubmit those documents.

CUICCE The state States a second a second 000011250





01 02 1621400 11250

LEGAL QUESTIONS: MUST BE ANSWERED.

YES

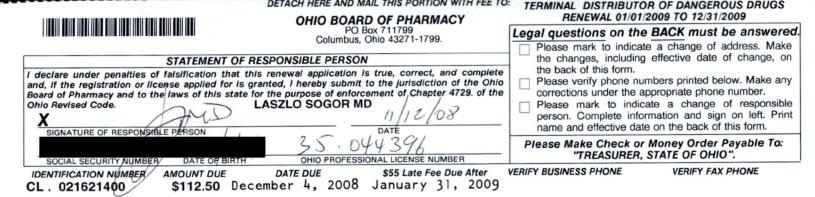
YES NO Within the past 18 months: does the responsible person or owner(s), or any agent or employee of the responsible person/owner(s), or any officer of the corporation, have criminal charges pending or have a conviction of a felony or a misdemeanor (even if sealed or expunded)? If yes, print name(s):

 NO_{1} Within the past 18 months: has the responsible person or owner(s), or any agent or employee of the responsible person/owner(s), or any officer of the corporation, been the subject of disciplinary action by any state or federal agency? If yes, print name(s):

If "YES" to either of the above, send a certified copy of the charging instrument and final judgment entry for each occurrence if not submitted previously. If the above is a result of an official pharmacy board hearing, you do not have to resubmit those documents.

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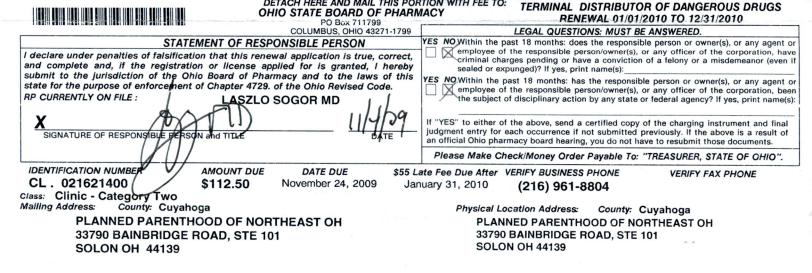
REPORT ANY CHANGE OF ADDRESS OF FACILITY			
STREET			
STREET			
CITY STATE ZIP CODE			
COUNTY			
EFFECTIVE DATE OF CHANGE OF ADDRESS			
PRINT NAME OF NEW RESPONSIBLE PERSON:			
in and the second secon			
R.PhM.DD.O D.P.MD.V.MD.D.S.			
Other:			
PRINT EFFECTIVE DATE:			



PLANNED PARENTHOOD OF NORTHEAST OH 33790 BAINBRIDGE ROAD, STE 101 SOLON OH 44139 PLANNED PARENTHOOD OF NORTHEAST OH 33790 BAINBRIDGE ROAD, STE 101 SOLON OH 44139

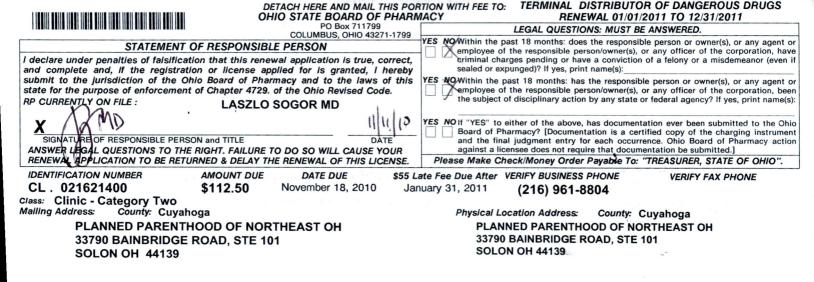
Vreed celistos 0904767 \$112.50 # 024995 0004771121 CLZZ 0057957400 05 11220

LEGAL QUESTIONS: MUST BE ANSWERED. YES NO Within the past 18 months: does the responsible person or owner(s), or any agent or employee of the responsible person/owner(s), or any officer of the corporation, have criminal charges pending or have a conviction of a felony or a misdemeanor (even if sealed or expunged)? If yes, print name(s):	REPORT ANY CHANGE OF ADDRESS OF FACILITY Mailing Address Location Address Both Addresses	
YES NO Within the past 18 months: has the responsible person or owner(s), or any agent or employee of the responsible person/owner(s), or any officer of the corporation, been the subject of disciplinary action by any state or federal agency? If yes, print name(s):	LSTREET_STREET_STR	
If "YES" to either of the above, send a certified copy of the charging instrument and final judgment entry for each occurrence if not submitted previously. If the above is a result of an official pharmacy board hearing, you do not have to resubmit those documents. E-mail address :	CITY STATE ZIP CODE COUNTY EFFECTIVE DATE OF CHANGE	
DEA Number: 121629993 3 8812	PRINT NAME OF NEW RESPONSIBLE PERSON:	
T bettern L freedom	R.PhM.DD.OD.P.MD.V.MD.D.S. Other: PRINT EFFECTIVE DATE:	



0004771121 11250 CLZZ 0021621400 02

REPORT CHANGE OF PHYSICAL LOCATION ADDRESS (No PO	Boxes)	REPORT CHANGE OF MAILING ADDRESS
		Check here if new mailing address is same as the new physical location address. If you are reporting only a change of mailing address enter new information below
STREET		STREET
STREET		STREET
CITY STATE ZIP CODE		CITY STATE ZIP CODE
COUNTY EFFECTIVE DATE OF CHANGE OF AD	DRESS	EFFECTIVE DATE OF CHANGE OF MAILING ADDRESS
Print e-mail address:		PRINT NAME OF NEW RESPONSIBLE PERSON:
Print website address:	Name:	1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 -
	Title:	Effective Date:
11232009_711599	Soc	al Security Number: Date of Birth:
daga 771 121 mar 1621 468	Pro	fessional License Number (if applicable):
4 ME 000011250	Check Th	R.PhM.DD.O D.P.MD.V.MD.D.S.



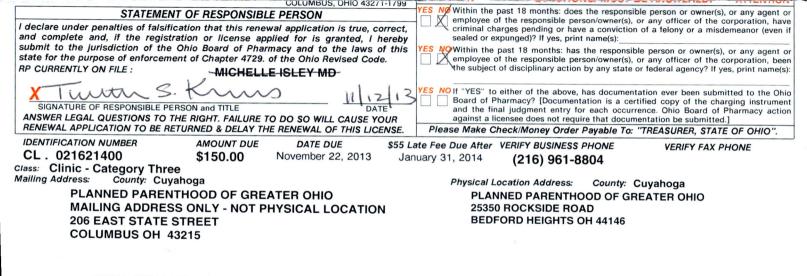
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REPORT CHANGE OF PHYSICAL LOCATION ADDRESS (No PO	Boxes)	REPORT CHANGE OF MAILING ADDRESS
		Check here if new mailing address is same as the new physical location address. If you are reporting only a change of mailing address enter new information below.
STREET		STREET
CITY STATE ZIP CODE	DDBESS	STREET
Print e-mail address: Print website address:	Name:	PRINT NAME OF NEW RESPONSIBLE PERSON:
		Effective Date:
THE BEERLISE	Check Tit	le: R.PhM.DD.O D.P.MD.V.MD.D.S. Other:

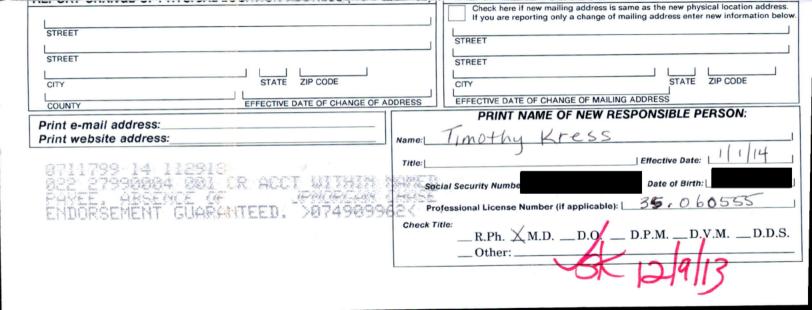


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REPORT CHANGE OF PHYSICAL LOCATION ADDRESS	(No PO Boxes)	REPORT CHANGE OF MAILING ADDRESS
		Check here if new mailing address is same as the new physical location address. If you are reporting only a change of mailing address enter new information below
STREET		STREET ST. EXCHANGE ST.
STREET		
CITY STATE ZIP CODE	J	CITY IL IL STATE ZIP CODE
COUNTY EFFECTIVE DATE OF CH	ANGE OF ADDRESS	EFFECTIVE DATE OF CHANGE OF MAILING ADDRESS
Print e-mail address:		PRINT NAME OF NEW RESPONSIBLE PERSON:
Print website address:	Name:	
	Title:	Effective Date:
Souranii Tilliyac	Soc	al Security Number:
Jan	Pro	fessional License Number (if applicable):
	Check Th	le:
ner menne sprong gene gener vert and har in einer sind and and einer ner ner ner her in die die der der der beiter Nacht Racht Tener - Er in die under Beiter under State Tener werden in die Bertreichen Beiter Nacht Racht Tener - Er in die under Beiter die		R.PhM.DD.O D.P.MD.V.MD.D.S.
000011500		Other:



0004771121 15000 CLZZ 0021621400 0003



I, Timothy Kress, MD, personally destroyed the following controlled substances at the location where they are stored, 25350 Rockside Rd, Ste 200, Bedford Heights, OH 44146, or

□ I, Timothy Kress, MD, personally witnessed the destruction of the controlled substances at a site licensed by the Board of Pharmacy for the purpose of dangerous drug incineration.

This was done in the presence of a second licensed Ohio health care professional, Michelle Meredith, CNP, and a third licensed Ohio health care professional, Elizabeth Conn, RN.

Name, strength, and quantity of drugs destroyed:

Dilaudid 2mg/mL IV, 3 boxes of 25 single dose vials as well as one loose single dose vial (for a total of 76 single dose vials). Lot #121378, exp 12/2013.

Signed:

ay 5 Km

Dr Timothy Kress, MD

monduch and

Michelle Meredith, CNP

Elizabeth Conn, RN

Copy to PPGOH Surgical Services, Bedford Heights for 3 years

Copy to Ohio Board of Pharmacy via e-mail to drug.destruction@bop.ohio.gov in .pdf format within 30 days following destruction of the drugs

Signed and completed DEA 41 form sent to DEA Office, 500 S Front St, Suite 612, Columbus, Ohio 43215

8/14/14

Date

914/14

Date

8/14/14

Date

U/L RN

		Automatical	
OMB Approval	U. S. D	epartment of Justice / Drug Enforcement Administration	PACKAGE NO.
No. 1117 - 0007	REGISTRAN	S INVENTORY OF DRUGS SURRENDERED	

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: (Include Name, Street, City, State and ZIP Code in space provided below.)

Planned Parenthood of Greater Ohio 25350 Rockside Rd, Suite 200 Bedford Heights, OH 44146

Signature of applicant	or author	ized age	nt
		,	

I unity & Krim 7

Registrant's DEA Number

Registrant's Telephone Number (440) 232-9732

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse (page 2) of form.

	NAME OF DRUG OR PREPARATION		RATION Of	grams, tablets,	Con- trolled Sub- stance	FOR DEA USE ONLY		
			Con- tainers	ounces or other units per con-	Con- tent, (Each	DISPOSITION	QUANTITY	
	Registrants will fill in Columns 1,2	2,3, and 4 ONLY.		tainer)	Unit)		GMS.	MGS.
THE PARTY AND THE PARTY	1		2	3	4	5	6	7
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<u>16</u>	401 7							

	g. 2							
	NAME OF DRUG OR PREF	ARATION	1800		Con- trolled Sub- stance	FOR DEA USE ONLY		
			Con- tainers	ounces or other units per con-	Con- tent, <i>(Each</i>	DISPOSITION	QUANTITY	
	Registrants will fill in Columns 1,2	3, and 4 ONLY.		tainer)	Unit)		GMS.	MGS.
	1		2	3	4	5	6	7
17								
18						····		
19								
20						Addustr		
21								
22								
<u>23</u> 24								
in N/A	ntrolled substances surrendered in accon- packages purporting to contain the dru- yed as indicated and the remainder for GISTRANT DESTROYED THE THE OHTO BOAND OF $\mathcal{B}(IY IY)$ out lines not applicable.	igs listed on this inventory and ha	ve been: *	* (1) Forwarde	d tape-so	ealed without opening	igi	WI CAN
** Strike	out lines not applicable.	WITNESSE	ED BY: 7	minunde	Rh ch	IP / Exam	<u>R</u> N	
		INSTRUCT	TIONS			1		
	DO NOT SEND DRUGS TO ANY DRU are to be destroyed by: (1) shipment to a re laws, rules and regulations; or (3) the speci	verse distributor registered by DEA (mav not red	uire the use of t	/ITHOUI his form);	(2) the registrant, acc	APPROV ording to s	AL. Drugs tate and local
-	List the name of the drug in column 1, the controlled substance content of each unit d sulfate tabs., 1 pkg., 83 tabs., 1/2 gr. (32m)	escribed in column 3; e.g., morphine	ne size of ea sulfate tab	ch container in s., 3 pkgs., 100	column 3, tabs., 1/4	, and in column 4 the gr. (16 mg.) or morph	ine	
3.	All packages included on a single line shou	ld be identical in name, content and c	contriled su	ostance strength				

PRIVACY ACT INFORMATION

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (PL 91-513). AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (PL 91-513). PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal. ROUTINE USES: This form is required by Federal Regulations for the surrender of unwanted Controlled Substances. Disclosures of information from this system are made to the following categories of users for the purposes stated. A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes. B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes. EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Drug Enforcement Administration, FOI and Records Management Section, Washington, D.C. 20537; and to the Office of Management and Budget, Paperwork Reduction Project no. 1117-0007, Washington, D.C. 20503.

Steven W. Schierholt, Esq. Executive Director



John R. Kasich Governor



MAR 31 2017

H. MISCHKA

TERMINAL DISTRIBUTOR CHANGE OF RESPONSIBLE PERSON NOTICE

BOARD OF PHARMACY

Complete the form then sign and date. Make a copy for your file. Mail, fax or e-mail the original to the Board office. You WILL NOT be mailed a new license – cross off old RP and sign current license.

Any change of responsible person must be reported within 30 days and an inventory of all controlled substances shall be taken at the time of change with the new responsible person. OAC 4729-5-11

Terminal Distributor Name PLANNED PARENTH			License # 02 CL.021621400-03
Street Address, City, State, Zi 25350 ROCKSIDE ROAD		OH 44146	Check box if additional EMS Satellite locations apply list TODD=(s) and names on separate sheet
Area Code / Phone # 330/535-2674, Ext.1141	Area Code / Fax # 330/706-6470	E-mail Add Holly.M	^{ress:} yers@ppoh.org

ORC 4729.55(B) requires that "a pharmacist, licensed health professional authorized to prescribe drugs, animal shelter licensed with the State of Ohio Board of Pharmacy under section 4729.531 of the Revised Code, or a laboratory as defined in section 3719.01 of the Revised Code will maintain supervision and control over the possession and custody of dangerous drugs that may be acquired by or on behalf of the applicant".

Full Name of New Responsible Person ADARSH KRISHEN MD	Effective Date 04/01/2017
TITLE CHIEF MEDICAL OFFICER	Date Of Birth [mm/dd/yyyy] Social Security # (SSN)
Professional Licensure	Professional License # (if applicable) 35055906

	Do you, as the person accepting responsibility by signing this form, have a record of arrest or charges pending or have a conviction of a felony, misdemeanor or traffic violation (even if expunged, dismissed or sealed) or the equivalent in another jurisdiction?
□YES ☑NO	FOR TRAFFIC VIOLATIONS: CHECK YES - Charge(s) for traffic offenses such as OVI (also referred to as OMVI, DUI or DWI [driving/operating a motor vehicle under the influence]), failure to stop after an accident (also referred to as "hit skip"), operation of a vehicle in willful or wanton disregard of the safety of persons or property (also referred to as "reckless operation"), having physical control of vehicle while under the influence and driving under suspension – even if the charge was ultimately reduced or plead to a different offense other than the original charge.
	DO NOT CHECK YES - Parking violations, speeding tickets and violations such as failure to obey a red light, failure to use a turn signal or expired registration.

□ YES ☑ NO	Have you, as the person accepting responsibility by signing this form, ever been the subject of disciplinary action (or any pending action) by any state or federal agency; even if subsequently dismissed or resolved without formal discipline?
□YES ☑NO	

77 South High Street, 17th Floor, Columbus, Ohio 43215



□ <i>yes</i> □no	If YES to either above, has the explanation of charges already been filed with the Board? If NO, explain in detail on separate sheet; listing names and addresses of the court or government agency and dates such charges were filed. Send a certified copy of the charging instrument and the final judgment entry for each occurrence.
	If YES, it is not necessary to file again.

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921., 3715., 3719. AND 4729. OF THE OHIO REVISED CODE THAT THIS FORM IS TRUE, CORRECT, AND COMPLETE. I HEREBY AGREE TO AND DO SUBMIT TO THE JURISDICTION OF THE STATE OF OHIO BOARD OF PHARMACY AND TO THE LAWS OF THIS STATE FOR THE PURPOSE OF ENFORCEMENT OF CHAPTERS 2925., 3715., 3719. AND 4729. OF THE OHIO REVISED CODE AND ALL RELATED LAWS AND RULES.

Hust edaese

3-20-2017 DATE SIGNED

SIGNATURE of New Responsible Person

If you are currently responsible for a Terminal Distributor license and need removed from that location, please include location name and Terminal Distributor number of the location to be removed from below:

Responsible Person Name: TIMOTHY S. KRESS MD	License Number: 35060555
Terminal Distributor Name	License Number # 02 -
PLANNED PARENTHOOD OF GREATER	CL.021621400-03

Mischka, Hope

From:	Akella, Anisha <anisha.akella@ppoh.org></anisha.akella@ppoh.org>
Sent:	Tuesday, March 21, 2017 2:30 PM
То:	PRX New.License; Southard, Karrie
Cc:	Myers, Holly; Krishen, Adarsh
Subject:	Terminal Distributor Change of Responsible Person Notice - Planned Parenthood of Greater Ohio
Attachments:	Akron.pdf; Athens.pdf; BedfordHeights.pdf; BedfordHeightsSurgical.pdf; Canton.pdf; Cleveland1.pdf; Cleveland2.pdf; Delaware.pdf; EastColumbus.pdf; Franklinton.pdf; Kent.pdf; Lorain.pdf; Mansfield.pdf; Medina.pdf; NorthColumbus.pdf; RockyRiver.pdf; Toledo.pdf; Warren.pdf; Wooster.pdf; Youngstown.pdf

Good Afternoon,

There has been a change of responsible person across 20 health centers (18 Category Two & 2 Category Three) at Planned Parenthood of Greater Ohio.

Please find attached 20 "Terminal Distributor Change of Responsible Person Notices" tied to each of these centers. Additionally, could you provide us with a receipt for the same?

Thank you very much I hope you have a wonderful day!

Regards, Anisha



Anisha Akella Naga Venkata | Risk & Quality Management Coordinator Planned Parenthood of Greater Ohio | Akron 444 West Exchange Street | Akron, OH 44302 Cell: 330-541-0545 | Office: 330-535-2674, Ext. 4929 Visit us online at: www.ppgoh.org

Date Posted: 11/1/2012 1:01:56 PM

Please review all information you have provided. Click on the "Review" button to change any information given or click on the "I Agree" button to verify that all information posted below is correct and to proceed to payment options.

Please note that knowingly providing false information may result in denial of registration.

License Information	
License Number	CL.021621400-03
License Name	PLANNED PARENTHOOD OF GREATER OHIO

Fees

Relicensure Fee

\$150.00

Total Fees \$150.00

General

1. Is the business name of the licensee on the paper renewal application correct?

..... YES

General 2

1. Has there been a change in the ownership of this business?

.....NO

General 3

1. Is the Category for this license correct? This information is located on the top of the paper renewal application beside "Class:." Answer NO if you no longer store controlled substances.

..... YES

General 4

1. Are both the Mailing Address and the Physical Location Address on the paper renewal application correct?

..... YES

General 5

1. Is the Responsible Person on the paper renewal application correct?

..... YES

Social Security Number

1. Enter the Federal Tax ID Number (EIN) for this business. Enter numbers only (no hyphens). This number must be entered.

Legal Questions

1. Within the last 18 months: does the responsible person or owner(s), or any agent or employee of the responsible person/owner(s), or any officer of the corporation, have criminal charges pending or have a conviction of a felony or a misdemeanor (even if sealed or expunged)?

....NO

.

2. Within the last 18 months: has the responsible person or owner(s), or any agent or employee of the responsible person/owner(s), or any officer of the corporation, been the subject of disciplinary action by any state or federal agency?

....NO

3. If Yes to Question #1 above, please enter name(s) of person(s) in the box below. If Yes to Question #2 above, please enter the agency name and the date action was taken in the box below.

..... {not Answered}

4. If "No" to both questions above, select the answer "NA" below (not applicable).

If "YES" to either of the above, has documentation ever been submitted to the Ohio Board of Pharmacy? [Documentation is a certified copy of the charging instrument and the final judgment entry for each occurrence. Ohio Board of Pharmacy action against a licensee does not require that documentationbe submitted.]

.....N/A

.

DEA Number

1. Enter your federal DEA number here.

I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining licensure may be grounds for disciplinary action against my license.

Under penalty of law, I hereby swear or affirm that the information I have provided in the application is complete and correct, and that I have complied with all criteria for applying on line.

Date Posted: 1/27/2015 11:07:22 AM

Please review all information you have provided. Click on the "Review" button to change any information given or click on the "I Agree" button to verify that all information posted below is correct and to proceed to payment options.

Please note that knowingly providing false information may result in denial of registration.

License Information	
License Number	CL.021621400-03
License Name	PLANNED PARENTHOOD OF GREATER OHIO

Relicensure Fee

\$150.00

Total Fees \$150.00

General

1. Is the business name of the licensee on the paper renewal application correct?

..... YES

General 2

1. Has there been a change in the ownership of this business?

.....NO

General 3

1. Is the Category for this license correct? This information is located on the top of the paper renewal application beside "Class:." Answer NO if you no longer store controlled substances.

..... YES

General 4

1. Are both the Mailing Address and the Physical Location Address on the paper renewal application correct?

..... YES

General 5

1. Is the Responsible Person on the paper renewal application correct?

..... YES

OARRS Questions

- 1. Does this license location dispense any controlled substances to any outpatients (even if only one dose/sample)? This includes medications dispensed for a patient to use at home by:
 - community pharmacies
 - prescribers
 - employee Rxs
 - hospital discharge Rxs
 - ER meds

.....NO

.

Social Security Number

1. Enter the Federal Tax ID Number (EIN) for this business. Enter numbers only (no hyphens). This number must be entered.

Legal Questions

1. Within the last 18 months: does the responsible person or owner(s), or any agent or employee of the responsible person/owner(s), or any officer of the corporation, have criminal charges pending or have a conviction of a felony or a misdemeanor (even if sealed or expunged)?

....NO

2. Within the last 18 months: has the responsible person or owner(s), or any agent or employee of the responsible person/owner(s), or any officer of the corporation, been the subject of disciplinary action by any state or federal agency?

.....NO

3. If Yes to Question #1 above, please enter name(s) of person(s) in the box below. If Yes to Question #2 above, please enter the agency name and the date action was taken in the box below.

..... {not Answered}

4. If "No" to both questions above, select the answer "NA" below (not applicable).

If "YES" to either of the above, has documentation ever been submitted to the Ohio Board of Pharmacy? [Documentation is a certified copy of the charging instrument and the final judgment entry for each occurrence. Ohio Board of Pharmacy action against a licensee does not require that documentation be submitted.]

 $\dots \dots N\!/\!A$

DEA Number

1. Enter your federal DEA number here.

.

I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining licensure may be grounds for disciplinary action against my license.

Under penalty of law, I hereby swear or affirm that the information I have provided in the application is complete and correct, and that I have complied with all criteria for applying on line.

Date Posted: 2/9/2016 4:43:19 PM

Please review all information you have provided. Click on the "Review" button to change any information given or click on the "I Agree" button to verify that all information posted below is correct and to proceed to payment options.

Please note that knowingly providing false information may result in denial of registration.

License Information	
License Number	CL.021621400-03
License Name	PLANNED PARENTHOOD OF GREATER OHIO

Fees	
Relicensure Fee	\$150.00
	Total Fees \$150.00

DEA Number

General

1. Is the business name of the licensee on the renewal notice correct?

..... YES

General 2

1. Has there been a change in the ownership of this business?

.....NO

General 3

1. Is the Category for this license correct? This information is located on the renewal notice beside "Class:." Answer NO if you no longer distribute controlled substances.

..... YES

General 4

1. Is the Responsible Person on the renewal notice correct?

..... YES

OARRS TDDD Questions

1. Ohio Administrative Code 4729-37-03 and 4729-37-07 require the dispensing of all outpatient prescriptions (even one dose) for controlled substances to the Ohio Automated Rx Reporting System.

Select an option that applies to this license:

I am exempt from reporting to the Ohio Automated Rx Reporting System because:

..... I do not dispense or personally furnish actual drug products to outpatients

DDD Legal 1

1. Within the last 18 months: does the responsible person or owner(s), or any agent or any employee of the location being licensed, or any officer of the corporation, have a record of arrest or criminal charges pending or have a conviction of a felony, misdemeanor, or traffic violation (even if sealed or expunged)?

.....NO

2. Within the last 18 months: has the responsible person or owner(s), or any agent or employee of the responsible person/owner(s), or any officer of the corporation, been the subject of disciplinary action by any state or federal agency?

....NO

3. If Yes to Question #1 above, please enter name(s) of person(s) in the box below. If Yes to Question #2 above, please enter the agency name and the date action was taken in the box below.

..... {not Answered}

.

4. If "No" to both questions above, select the answer "NA" below (not applicable).

If "YES" to either of the above, has documentation ever been submitted to the Ohio Board of Pharmacy? [Documentation is a certified copy of the charging instrument and the final judgment entry for each occurrence. Ohio Board of Pharmacy action against a licensee does not require that documentation be submitted.]

.....N/A

1. Enter your federal DEA number here.

I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining licensure may be grounds for disciplinary action against my license.

Under penalty of law, I hereby swear or affirm that the information I have provided in the application is complete and correct, and that I have complied with all criteria for applying on line.

Date Posted: 2/25/2017 8:58:59 AM

Please review all information you have provided. Click on the "Review" button to change any information given or click on the "I Agree" button to verify that all information posted below is correct and to proceed to payment options.

Please note that knowingly providing false information may result in denial of registration.

Address Information CREDENTIAL MAIL ADDRESS

MAILING ADDRESS ONLY - NOT PHYSICAL LOCATION 206 EAST STATE STREET COLUMBUS, OH 43215 Cuyahoga County (216) 961-8804 holly.myers@ppoh.org

MAIN

25350 ROCKSIDE ROAD BEDFORD HEIGHTS, OH 44146 Cuyahoga County (216) 961-8804 holly.myers@ppoh.org

License Information	
License Number	CL.021621400-03
License Name	PLANNED PARENTHOOD OF GREATER OHIO

Fees Relicensure Fee

\$150.00

Total Fees \$150.00

General

1. Is the business name of the licensee on the renewal notice correct?

..... YES

General 2

1. Has there been a change in the ownership of this business?

.....NO

General 3

1. Is the Category for this license correct? This information is located on the renewal notice beside "Class:." Answer NO if you no longer distribute controlled substances.

..... YES

General 4

1. Is the Business Type for this license correct? This information is located on the renewal notice beside "Business Type:". If not, select a business type from the list below.

..... {not Answered}

2. In the space below, write a brief narrative of this license's business model. essential community provider

General 5

1. Is the Responsible Person on the renewal notice correct?

..... YES

OARRS TDDD Questions

1. Ohio Administrative Codes 4729-37-03 and 4729-37-07 require the reporting of all outpatient prescriptions (even one dose) for controlled substances and gabapentin to the Ohio Automated Rx Reporting System (OARRS). This includes any samples or starter packs.

Mark the situation which matches your license:

DDD Legal 1

1. Within the last 18 months: does the applicant, responsible person or owner(s), or any agent or any employee of the location being licensed, or any officer of the corporation, have a record of arrest or criminal charges pending or have a conviction of a felony, misdemeanor, or traffic violation (even if sealed or expunged)?

.....NO

2. Within the last 18 months: has the applicant, responsible person or owner(s), or any agent or employee of the responsible person/owner(s), or any officer of the corporation, been the subject of disciplinary action by any state or federal agency?

....NO

3. If Yes to Question #1 above, please enter name(s) of person(s) in the box below. If Yes to Question #2 above, please enter the agency name and the date action was taken in the box below.

..... {not Answered}

.

4. If "No" to both questions above, select the answer "NA" below (not applicable).

If "YES" to either of the above, has documentation ever been submitted to the Ohio Board of Pharmacy? [Documentation is a certified copy of the charging instrument and the final judgment entry for each occurrence. Ohio Board of Pharmacy action against a licensee does not require that documentation be submitted.]

 $\dots \dots N\!/\!A$

DEA Number

1. Enter your federal DEA number here.

I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining licensure may be grounds for disciplinary action against my license.

Under penalty of law, I hereby swear or affirm that the information I have provided in the application is complete and correct, and that I have complied with all criteria for applying on line.

Date Posted: 2/6/2018 4:14:26 PM

Please review all information you have provided. Click on the "Review" button to change any information given or click on the "I Agree" button to verify that all information posted below is correct and to proceed to payment options.

Please note that knowingly providing false information may result in denial of registration.

License Information	
License Number	CL.021621400-03
License Name	PLANNED PARENTHOOD OF GREATER OHIO

Fees	
Relicensure Fee	\$220.00

Total Fees \$220.00

General

1. Is the business name of the licensee on the renewal notice correct?

..... YES

General 2

1. Has there been a change in the ownership of this business?

.....NO

General 3

1. Is the Category for this license correct? This information is located on the renewal notice beside "Class:." Answer NO if you no longer distribute controlled substances.

..... YES

General 5

1. Is the Responsible Person on the renewal notice correct?

..... YES

Address Verification

1. Is the address listed on the renewal notice the correct physical location of this license?

..... YES

Business Information

1.	Legal Name (name of the business as it appears on the certificate of incorporation, charter, bylaws, partnership agreement or other official document)
	PLANNED PARENTHOOD OF GREATER OHIO
2.	DBA/Trade Name/Fictitious Name
	PLANNED PARENTHOOD OF GREATER OHIO
3.	Form of Organization
	Corporation
4.	State of Incorporation or Formation
	Ohio
5.	Charter, Entity or Registration Number with the state listed above
6.	Federal Tax ID (FEIN) or Social Security Number if Sole Proprietorship
Cor	npounding Questionnaire
1.	Do you perform non-sterile compounding per USP Chapter 795?
	NO
2.	If yes to question 1, indicate the highest non-sterile compounding type you perform? See below for link to definitions.
	{not Answered}
3.	If yes to question 1, do you compound "hazardous drug" non-sterile products per USP Chapter 800?
4.	Do you perform sterile compounding per USP Chapter 797?
5.	If yes to question 4, indicate the highest sterile compounding type you perform? See below for link to definitions.
	{not Answered}
6.	If yes, to question 4, do you compound "hazardous drug" sterile products per USP Chapter 800?
	{not Answered}
7.	Do you purchase compounded drugs from FDA registered outsourcing facilities?
8.	Do you order patient specific compounded drugs from pharmacies to give to patients to take home and use later?

OARRS TDDD Questions

1. Ohio Administrative Codes 4729-37-03 and 4729-37-07 require the reporting of all outpatient prescriptions (even one dose) for controlled substances (CS) and gabapentin to the Ohio Automated Rx Reporting System (OARRS). This includes any samples or starter packs.

Mark the situation which matches your license:

.....3) This licensee does NOT dispense ANY controlled substances or gabapentin to outpatients (exempt)

DDD Applicant Legal

1. In the last 18 months, has the APPLICANT ever been convicted of, or are there charges pending for, a felony or misdemeanor drug offense under state or federal law? This includes a court granting intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC or TLC), or other diversion programs. Felony or misdemeanor drug offenses must be included regardless of whether the case has been expunged or sealed or the equivalent thereof.

.....NO

2. In the last 18 months, has the APPLICANT ever been convicted of, or are there charges pending for, any other felony under state or federal law?

.....NO

In the last 18 months, has the APPLICANT ever been convicted of, or are there charges pending for, a misdemeanor theft offense as described in division (K) (3) of section 2913.01 of the Ohio Revised Code.

.....NO

4. In the last 18 months, has the APPLICANT ever been excluded or directed to be excluded from participation in a Medicare or state health care program, or is any such action pending?

.....NO

5. In the last 18 months, has the APPLICANT ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is any such action pending?

....NO

6. In the last 18 months, has the APPLICANT ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the applicant's license or registration?

.....NO

7. In the last 18 months, has the APPLICANT ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that was based in whole or in part, on the applicant's prescribing, dispensing, diverting, administering, storing,

personally furnishing, compounding, supplying or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

....NO

DDD Responsible Person Legal

1. In the last 18 months, has the RESPONSIBLE PERSON been charged with and/or convicted of 2 or more traffic offenses within 3 years involving alcohol, regardless of whether the original charge, such as Driving Under the Influence (DUI), Driving While Intoxicated (DWI), Operating a Vehicle while Impaired (OVI), Operating a Motor Vehicle while under the Influence (OMVI) or the equivalent in another jurisdiction, was ultimately reduced or plead to a different offense other than the original charge?

.....NO

2. In the last 18 months, has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, a felony or misdemeanor drug offense under state or federal law? This includes a court granting intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC or TLC), or other diversion programs. Felony or misdemeanor drug offenses must be included regardless of whether the case has been expunged or sealed or the equivalent thereof.

.....NO

3. In the last 18 months, has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, any other felony under state or federal law?

.....NO

4. In the last 18 months, has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, a misdemeanor theft offense as described in division (K)(3) of section 2913.01 of the Ohio Revised Code.

.....NO

5. In the last 18 months, has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, a misdemeanor related to, or committed in, the person's professional practice (i.e. medicine, pharmacy, nursing, etc.)?

.....NO

6. In the last 18 months, has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, a crime of moral turpitude as defined in section 4776.10 of the Ohio Revised Code?

....NO

7. In the last 18 months, has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

.....NO

8.

In the last 18 months, has the RESPONSIBLE PERSON ever been excluded or directed to be excluded from participation in a Medicare or state health care program, or is any such action pending?

....NO

9. In the last 18 months, has the RESPONSIBLE PERSON ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is any such action pending?

.....NO

10. In the last 18 months, has the RESPONSIBLE PERSON ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the responsible person's license or registration?

....NO

11. In the last 18 months, has the RESPONSIBLE PERSON ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that was based in whole or in part, on the responsible person's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

....NO

DEA Number

1. Enter your federal DEA number here.

ElectronicSignature

1. Name of the person completing this application

..... Holly Myers

2. Title of the person completing this application

..... Director RQM

.

.

3. Date of Birth or Last 4 of Social Security Number of the person completing this application

I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining licensure may be grounds for disciplinary action against my license. Under penalty of law, I hereby swear or affirm that the information I have provided in the application is complete and correct, and that I have complied with all criteria for applying on line.

License Renewal Application

License Type - Terminal - Clinic - Category 3

Business Information

Provide the necessary business information in the fields to the right.

Business Name PLANNED PARENTHOOD OF GREATER OHIO **Doing Business As** No Response **Registered As** Corporation Website No Response **Business Email** holly.myers@ppoh.org Business Fax Number No Response **Business Phone Number** (614) 404-0219 Primary Contact First Name Holly Primary Contact Last Name Myers Primary Contact Phone Number (614) 404-0219 Primary Contact Email holly.myers@ppoh.org

License Mailing Address

Select a license mailing address by clicking the appropriate checkbox to the right (this is the address used for all postal communications from the Board for this license). To add a new address, click Add Address, complete the required fields, and click SAVE.

206 EAST STATE STREET COLUMBUS OH 43215 United States

Secondary Email Address

If relevant, please enter a secondary email address.

Secondary Email Address:

Questions

Answer the following questions by selecting the applicable option (Yes/No, drop down list, or entering text) for each question. Once completed, click Save and Continue. Please read the following questions about criminal and disciplinary history carefully. Failure to completely and accurately answer the questions may result in criminal and/or administrative action for making false material statements in an application for licensure. For more guidance on legal and compliance questions please visit our website at - www.pharmacy.ohio.gov/legalbusiness.

Question - Is the business name of the licensee on the renewal notice correct? Answer - Yes

Question - Has there been a change in the ownership of this business? Answer - No

Question - Is the Category for this license correct? Answer - Yes

Question - Is the address for this location correct? Answer - Yes

Question - Is the Responsible Person on the renewal notice correct? Answer - Yes

Question - In the space below, write a brief narrative of this license's business model. Answer - ambulatory surgery center providing reproductive healthcare

Question - Enter your federal DEA number here. Answer -

Question - Ohio Administrative Codes 4729-37-03 and 4729-37-07 require the reporting of all outpatient prescriptions (even one dose) for controlled substances and gabapentin to the Ohio Automated Rx Reporting System (OARRS). This includes any samples or starter packs. Note: If you select option 2, 3 or 4, you do not need to send an Exemption Request form to OARRS. Select from the list that the description that applies to

this license:

Answer - 3. This licensee does NOT dispense ANY controlled substances or gabapentin to outpatients (exempt)

Question - In the last 18 months, has the APPLICANT ever been convicted of, or are there charges pending for, a felony or misdemeanor drug offense under state or federal law? This includes a court granting intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC or TLC), or other diversion programs. Felony or misdemeanor drug offenses must be included regardless of whether the case has been expunged or sealed or the equivalent thereof. Note: Minor misdemeanor drug convictions are not required to be reported. ORC 2925.11(D). Answer - No

Question - In the last 18 months, has the APPLICANT ever been convicted of, or are there charges pending for, any other felony under state or federal law? Answer - No

Question - In the last 18 months, has the APPLICANT ever been convicted of, or are there charges pending for, a misdemeanor theft offense as described in division (K)(3) of section 2913.01 of the Ohio Revised Code.

Answer - No

Question - In the last 18 months, has the APPLICANT ever been excluded or directed to be excluded from participation in a Medicare or state health care program, or is any such action pending? Answer - No

Question - In the last 18 months, has the APPLICANT ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is any such action pending? Answer - No

Question - In the last 18 months, has the APPLICANT ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the applicant's license or registration?

Answer - No

Question - In the last 18 months, has the APPLICANT ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that was based in whole or in part, on the applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending? Answer - No

Question - In the last 18 months, has the RESPONSIBLE PERSON been charged with and/or convicted of two or more traffic offenses within 3 years involving alcohol, regardless of whether the original charge – such as Driving Under the Influence (DUI), Driving While Intoxicated (DWI), Operating a Vehicle while

Impaired (OVI), Operating a Motor Vehicle while under the Influence (OMVI) or the equivalent in another jurisdiction – was ultimately reduced or plead to a different offense other than the original charge? Answer - No

Question - In the last 18 months, has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, a felony or misdemeanor drug offense under state or federal law? This includes a court granting intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC or TLC), or other diversion programs. Felony or misdemeanor drug offenses must be included regardless of whether the case has been expunged or sealed or the equivalent thereof. Note: Minor misdemeanor drug convictions are not required to be reported. ORC 2925.11(D).

Question - In the last 18 months, has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, any other felony under state or federal law? Answer - No

Question - In the last 18 months, has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, a misdemeanor theft offense as described in division (K)(3) of section 2913.01 of the Ohio Revised Code. Answer - No

Question - In the last 18 months, has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, a misdemeanor related to, or committed in, the person's professional practice (i.e. medicine, pharmacy, nursing, etc.)? Answer - No

Question - In the last 18 months, has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, a crime of moral turpitude as defined in section 4776.10 of the Ohio Revised Code? Answer - No

Question - In the last 18 months, has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude? Answer - No

Question - In the last 18 months, has the RESPONSIBLE PERSON ever been excluded or directed to be excluded from participation in a Medicare or state health care program, or is any such action pending? Answer - No

Question - In the last 18 months, has the RESPONSIBLE PERSON ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is any such action pending? Answer - No

Question - In the last 18 months, has the RESPONSIBLE PERSON ever been the subject of an investigation

or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the responsible person's license or registration? Answer - No

Question - In the last 18 months, has the RESPONSIBLE PERSON ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that was based in whole or in part, on the responsible person's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending? Answer - No

Attachments

If applicable, upload the Attachments for your license application by clicking the Add Attachment button(s). If uploading an attachment as a submission, it is necessary that the name of the file attachment is less than 80 characters in length for it to be received successfully. The character limit does include the file attachment extension, such as (.doc) and (.pdf). For documentation that needs to be submitted directly to the Board or by hardcopy, please acknowledge by clicking the Attest button(s). If no attachment or attestation items appear, please click the Save and Continue button.

Title - Applicant Attestation Description - Signed Applicant Attestation. A copy of the form may be found here.

Attached file - Responsible Person Renewal Attestation Form - Feb 2019.pdf

Title - Responsible Person Attestation Description - Signed Responsible Person Attestation. A copy of the form may be found here.

Attached file - Terminal Distributor Renewal Attestation Form - Feb 2019.pdf

Review + Submit

Once the review has been processed, the license application will be completed.

Application Review - Completed

Attestation

I declare under penalties of falsification as set forth in Chapters 2921. And 4729. of the Ohio Revised Code

that I am authorized to pursue this application on behalf of the entity listed in this application and that this application, including any accompanying documents, is true, correct, and complete. I hereby acknowledge that if the license is applied for is granted, the license-holder shall submit to the jurisdiction of the State of Ohio Board of Pharmacy and to the laws of this state for the purpose of enforcement of Chapters 2925., 3715., 3719., and 4729. of the Ohio Revised Code and all related laws and rules. I fully understand that submission of this application with the State Board of Pharmacy constitutes permission for entry and on-site inspection by an authorized board agent in accordance with rules adopted under Section 4729.26 of the Ohio Revised Code.

Consent to Electronic Signature - Consented

Date/Time Stamp - 2/26/2019 1:44 PM

Type your First Name and Last Name as they appear on the application to sign electronically. Holly Myers

Submit your Application -After clicking the 'Submit' button below, you will no longer be able to change this application. **PLEASE DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY**

OVERWRITE YOUR DATA. If you want to return to your application, simply log out and log back in. If this application requires payment you will be prompted to begin the payment process. You must complete the payment process before the board will review your application. If this application does not require payment, you will be navigated back to the eLicense home page and the board will review your application.



<u>Terminal Distributor or Drug Distributor Application or Renewal</u> <u>Attestation Form</u>

To be used by Terminal Distributor or Drug Distributor* applicants ONLY. This form must be submitted with an application or license renewal in the <u>eLicensing system</u>.

Part 1 – Applicant Information - *To be completed by the applicant (person who may legally sign for the business).*

First Name	Last Name
Harry	myers
Date of Birth	Social Security Number
Applicant Business Name	
Planned Parenthood of Greater Ohio	

Part 2 – Attestation by Applicant - To be completed by the applicant (person who may legally sign for the business). Must be manually signed in ink.

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4729. OF THE OHIO REVISED CODE THAT THE ANSWERS PROVIDED ON THIS FORM AND IN THE ONLINE APPLICATION SUBMITTED TO THE STATE BOARD OF PHARMACY ARE **TRUE**, **CORRECT, AND COMPLETE.**

Date Signed

2/25/19

Signature of Applicant

Print Applicant Name

Holly myers

*The term "Drug Distributor" includes the following license types: Wholesale Distributors of Dangerous Drugs, Manufacturers of Dangerous Drugs, Outsourcing Facilities, Repackagers of Dangerous Drugs, Third-Party Logistics Providers, Brokers and Virtual Wholesale Distributors of Dangerous Drugs.

77 South High Street, 17th Floor, Columbus, Ohio 43215





Responsible Person Application and Renewal Attestation Form

This form must be submitted with an application or license renewal in the eLicensing system.

Part 1 – Responsible Person Information - *To be completed by the applicant's Responsible Person.*

Responsible Person First Name	Responsible Person Last Name
ADARSH T	KRISHEN
Date of Birth	Social Security Number
Applicant Business Name	•
PLANNED PARLENT HOOD	OF GREATER OHIO

Part 2 – Attestation by Responsible Person - *To be completed by the applicant's Responsible Person. Must be manually signed in ink.*

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4729. OF THE OHIO REVISED CODE THAT THE ANSWERS PROVIDED ON THIS FORM AND IN THE ONLINE APPLICATION SUBMITTED TO THE STATE BOARD OF PHARMACY ARE **TRUE**, **CORRECT, AND COMPLETE.**

Signature of Applicant's Responsible Person	Date Signed	
aclaugh & Keepers	212512019	
Print Name of Responsible Person		
ADARSH E. KRISHEN, MD		

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77 South High Street, 17th Floor, Columbus, Ohio 43215