

**Bid Tabulation Packet
for
Solicitation GEN2120540P1**

In-House Pharmacy Management Services

Bid Designation: Public



Broward County Board of County Commissioners

Bid #GEN2120540P1 - In-House Pharmacy Management Services

Creation Date **Oct 30, 2019**


End Date **Jul 7, 2021 2:00:00 PM EDT**


Start Date **May 25, 2021 1:56:51 PM EDT**

Awarded Date **Not Yet Awarded**

GEN2120540P1-01-01 In-House Pharmacy Management Services					
Supplier	Unit Price	Qty/Unit	Total Price	Attch.	Docs
Anuco Rx	Alt 1 - \$40,678.35	1 / contract	\$40,678.35		Y
Product Code: Agency Notes:			Supplier Product Code: BARC-MILLS (OBOT) Supplier Notes:		
Advanced Pharmaceutical Consultants	First Offer - \$2,332,211.00	1 / contract	\$2,332,211.00	Y	Y
Product Code: Agency Notes:			Supplier Product Code: Supplier Notes: Price for 3 year initial term including one time and ongoing fees.		
Anuco Rx	First Offer - \$6,191,371.91	1 / contract	\$6,191,371.91	Y	Y
Product Code: Agency Notes:			Supplier Product Code: In-House Pharmacy Management Supplier Notes:		

Supplier Totals

f Anuco Rx		\$40,678.35
Bid Contact	Gina Jules info@anucorx.com Ph 888-498-1444 Fax 888-614-3890	Address 1560 Sawgrass Corporate Parkway, 4th Floor Sunrise, FL 33323
Qualifications	CBE SBE	
Agency Notes:	Supplier Notes:	Head Attch: 
Bid Allowance		\$18,000.00

f Advanced Pharmaceutical Consultants		\$2,332,211.00
Bid Contact	BRIAN BULFER bbulfer@apcpharm.com Ph 305-804-3784	Address 555 NE 15th Street suite 200 miami, FL 33132
Bid Notes	APC confirms that specific allocations of number of hours per staff position, may be adjusted favorably for BARC. These figures could not be adjusted on the cost sheet.	
Agency Notes:	Supplier Notes:	Head Attch: 
	APC confirms that specific allocations of number of hours per staff position, may be adjusted favorably for BARC. These figures could not be adjusted on the cost sheet.	
Bid Allowance		\$18,000.00

**

Advanced Pharmaceutical Consultants

Bid Contact **BRIAN BULFER**
bbulfer@apcpharm.com
Ph 305-804-3784

Address **555 NE 15th Street**
suite 200
miami, FL 33132

Bid Notes **APC confirms that specific allocations of number of hours per staff position, may be adjusted favorably for BARC. These figures could not be adjusted on the cost sheet.**

Item #	Line Item	Notes	Unit Price	Qty/Unit	Attch.	Docs
GEN2120540P1--01-01	In-House Pharmacy Management Services	Supplier Product Code: Supplier Notes: Price for 3 year initial term including one time and ongoing fees.	First Offer - \$2,332,211.00	1 / contract	\$2,332,211.00	Y Y
Bid Allowance			\$18,000.00			
					Supplier Total	\$2,332,211.00

Advanced Pharmaceutical Consultants

Item: **In-House Pharmacy Management Services**

Attachments

- A. Pricing Worksheet - GEN2120540P1.xlsx
- B. Monthly Lump Sum Costs Breakdown copy copy.xlsx
- E. FLORIDA 2.pdf
- F. Certificate of Good Standing- 2020.pdf
- G. APC Inc Articles of Incorporation.pdf
- H. BARC.pdf
- I. Certificate.pdf
- J. Liability InsuranceCertificate.pdf
- K. BARC - waiver of endorsement 2021-2022.pdf
- L. APC EvaluationCriteria and Vendor Questionnaire Forms GEN2120540P1 .pdf
- M. BARC STAFF resumes.docx
- N. Additional BARC Staff WEEKENDS Ray Sawaged.pdf
- O. 6-28-2021 Vendor Reference Verification Form OCHD.pdf
- P. Vendor Reference Verification Form Clarity APC_.pdf
- Q. Acadia Healthcare Reference - APC.pdf
- R. BARC-MODOmnicell XT Cabinet and Drawer Specifications.pdf
- S. BARCModXT One-Cell CutSheet.pdf
- T. HCS_INFORMATION.pdf
- U. NewRxInstall_Checklistrev 03-2021.xlsx

PRICING WORKSHEET

In-house Medication Room/ Pharmacy Management Services to be inclusive of all costs for pharmacy supplies, delivery fees, pharmacy staff and consultations, pharmacy equipment, monthly equipment maintenance fees (if applicable), pharmacy software licensing fees, medication transportation services, and other service fees as stated in the Specifications.				Initial Term Duration: 3 Years Year 1 (Includes Start Up Costs)				Initial Term Duration: 3 Years Year 2				Initial Term Duration: 3 Years Year 3			
<p>** Please note that this Pricing Worksheet is just for the Initial Term of three (3) years. The remaining two, one-year renewal terms will be determined through negotiations after award.</p>															
Line Item	Description	Unit of Measure	Unit Cost	Annual Quantity	Total Annual Cost	Unit of Measure	Unit Cost	Annual Quantity	Total Annual Cost	Unit of Measure	Unit Cost	Annual Quantity	Total Annual Cost		
Start Up Costs															
1	One-Time Initial Start-Up Costs (non-recurring), Location I - Central Facility: Lump sum fee to include all costs to for initial set-up of in-house pharmacy such as training fees for pharmacy personnel, initial supplies, software/licensing/equipment fees, initial programming of pharmacy system, etc. Note: Vendor is required to submit breakdown of Monthly Lump Sum Costs Breakdown.	Each	18,033	1	\$ 18,033.00										
2	One-Time Initial Start-Up Costs (non-recurring), Location II - Booher Facility: Lump sum fee to include all costs to for initial set-up of in-house pharmacy such as training fees for pharmacy personnel, initial supplies, software/licensing/equipment fees, initial programming of pharmacy system, etc. Note: Vendor is required to submit breakdown of Monthly Lump Sum Costs Breakdown.	Each	14,948	1	\$ 14,948.00										
3	One-Time Initial Start-Up Costs for OBOT (non-recurring) - All locations, as applicable: Vendor will implement software required to e-prescribe controlled substances, interface pharmacy features with BARC's EHR (currently ECHO) to include inpatient and outpatient features, and any additional software, equipment, supplies, etc. necessary to meet the OBOT demands. Note: If an OBOT is not applicable to Vendor's proposal, enter \$0.00. Vendor is required to submit breakdown of Monthly Lump Sum Costs Breakdown.	Each	1500	1	\$ 1,500.00										
Subtotal (One Time Initial Start Up Costs):					\$ 34,481.00										
Estimated Annual Usage															
4	Licensed Pharmacist, onsite, hourly rate, Location I - Central Facility	Hours	71	2,912	\$ 206,752.00	Hours	73	2,912	\$ 212,576.00	Hours	75	2,912	\$ 218,400.00		
5	Licensed Pharmacist, onsite, hourly rate, Location II - Booher Facility	Hours	69	2,912	\$ 200,928.00	Hours	71	2,912	\$ 206,752.00	Hours	73	2,912	\$ 212,576.00		
6	Registered Pharmacy Technician, onsite, hourly rate, Location I - Central Facility. Note: If Pharmacy Technician not required for this location, enter \$0.00	Hours	20	2,912	\$ 58,240.00	Hours	21	2,912	\$ 61,152.00	Hours	22	2,912	\$ 64,064.00		
7	Registered Pharmacy Technician, onsite, hourly rate, Location II - Booher Facility. Note: If Pharmacy Technician not required for this location, enter \$0.00	Hours	20	2,912	\$ 58,240.00	Hours	21	2,912	\$ 61,152.00	Hours	22	2,912	\$ 64,064.00		
8	Registered Pharmacy Technician Emergency Activation Rate Note: If a Pharmacy Technician not required per vendor's proposal, enter, \$0.00. Quantity of one (1) is for calculation purposes only. The quantity of hours is subject to change based on need.	Hours	20	1	\$ 20.00	Hours	21	1	\$ 21.00	Hours	22	1	\$ 22.00		
9	Licensed Pharmacist, remote and after-hours - HOURLY RATE. *Note: IF AN HOURLY RATE IS NOT APPLICABLE, VENDOR MUST ENTER \$0.00 AND ENTER AMOUNT UNDER LINE ITEM #11 - ALTERNATE RATE PER PRESCRIPTION.	Hours	61	1,300	\$ 79,300.00	Hours	63	1,300	\$ 81,900.00	Hours	65	1,300	\$ 84,500.00		
10	Licensed Pharmacist Emergency Activation Rate Quantity of one (1) is for calculation purposes only. The quantity of hours is subject to change based on need.	Hours	71	1	\$ 71.00	Hours	73	1	\$ 73.00	Hours	75	1	\$ 75.00		
12	Licensed Pharmacy Consultant - GENERAL, offsite, hourly rate.	Hours	85	480	\$ 40,800.00	Hours	87	480	\$ 41,760.00	Hours	89	480	\$ 42,720.00		
13	Licensed Pharmacy Consultant - OBOT, onsite, hourly rate.	Hours	0	480	\$ -	Hours	0	480	\$ -	Hours	0	480	\$ -		
14	Licensed Pharmacy Consultant - OBOT, offsite, hourly rate.	Hours	0	480	\$ -	Hours	0	480	\$ -	Hours	0	480	\$ -		
15	Pharmacy Equipment, Location I - Central Facility: Lump Sum monthly cost for all Automated Dispensing Machines (ADMs) and ancillary equipment. Note: County recommends four (4) ADMs at this location to service fifty (50) clients. Vendor may recommend more or fewer ADMs according to their proposal and pharmacy solution. Vendor is required to submit breakdown of Monthly Lump Sum Costs Breakdown. Vendor may recommend more or fewer ADMs according to their proposal and pharmacy solution.	Months	2927	12	\$ 35,124.00	Months	2927	12	\$ 35,124.00	Months	2927	12	\$ 35,124.00		
16	Pharmacy Equipment, Location II - Booher Facility: Lump Sum monthly cost for all Automated Dispensing Machines (ADMs) and ancillary equipment. Note: County recommends two (2) ADMs at this location to service ninety-two (92) client facility. Vendor may recommend more or fewer ADMs according to their proposal and pharmacy solution. Vendor is required to submit breakdown of Monthly Lump Sum Costs Breakdown.	Months	1590	12	\$ 19,080.00	Months	1590	12	\$ 19,080.00	Months	1590	12	\$ 19,080.00		
17	Equipment Maintenance, Location I - Central Facility: Lump Sum monthly cost for maintenance inclusive of all equipment and technical support. Note: Vendor is required to submit breakdown of Monthly Lump Sum Costs Breakdown.	Months	540	12	\$ 6,480.00	Months	540	12	\$ 6,480.00	Months	540	12	\$ 6,480.00		
18	Equipment Maintenance, Location II - Booher Facility: Lump Sum monthly cost for maintenance inclusive of all equipment and technical support. Note: Vendor is required to submit breakdown of Monthly Lump Sum Costs Breakdown.	Months	270	12	\$ 3,240.00	Months	270	12	\$ 3,240.00	Months	270	12	\$ 3,240.00		
19	Software Licensing/Maintenance, Location I - Central Facility: Lump Sum monthly cost for software licensing and software maintenance, inclusive of all primary and third-party software. Note: Vendor is required to submit breakdown of Monthly Lump Sum Costs Breakdown.	Months	1525	12	\$ 18,300.00	Months	1525	12	\$ 18,300.00	Months	1525	12	\$ 18,300.00		
20	Software Licensing/Maintenance, Location II - Booher Facility: Lump Sum monthly cost for software licensing and software maintenance, inclusive of all primary and third-party software. Note: Vendor is required to submit breakdown of Monthly Lump Sum Costs Breakdown.	Months	1525	12	\$ 18,300.00	Months	1525	12	\$ 18,300.00	Months	1525	12	\$ 18,300.00		
21	Management Fee - Lump Sum monthly fee for all direct expenses incurred to provide pharmacy management services. The management fee must NOT include any costs already covered in any other line items or the Pass-Thru Allowance. Note: Vendor is required to submit breakdown of Monthly Lump Sum Costs Breakdown. If a Management Fee is not applicable enter \$0.00.	Months	6000	12	\$ 72,000.00	Months	6200	12	\$ 74,400.00	Months	6400	12	\$ 76,800.00		
Subtotal (Annual Usage Costs):					Year 1	\$ 744,875.00	Year 2	\$ 765,910.00	Year 3	\$ 786,945.00					
VENDOR'S PROPOSED NOT-TO-EXCEED Initial Term Contract Amount (One Time Start Up Costs and Annual Usage for Three Years) YEAR CONTRACT									\$	2,332,211.00					



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 23, 2015

ADVANCED PHARMACEUTICAL CONSULTANTS, INC.
ATTN: RAUL GONZALEZ
9999 NE 2ND AVE, STE 315
MIAMI SHORES, FL 33138

Pursuant to your recent inquiry, we are enclosing the certification you requested.

Should you have any questions regarding this matter you may contact our office at
(850) 245-6934.

STANTON H ROBERTS
Certification Section

Letter No. 315A00026848

US BUSINESS DIRECTORY

SEARCH CURRENT LISTINGS ANYTIME, ANYWHERE

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Company DUNS #: 88-476-4630	
Corporate Name: Advanced Pharmaceutical Cons	Tradestyle Name:
Point of Contact: Mr Brian Bulfer	Title: President
Address: P O Box 530365 Miami FL 33153-0365	
Telephone: (305) 751-7798	Longitude: -080.193074
Latitude: +25.858781	
Sales Volume: \$1,590,000	
Employees on Site: 90	
Total Employees: 90	
Line of Business: Mngmnt Cnslng Svcs	
NAICS 1: 541611	Administrative Management and General Management Consulting Services
NAICS 2:	
SIC 1: 87420000	SIC 1 Description: Management consulting services
SIC 2:	SIC 2 Description:

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I certify the attached is a true and correct copy of the Articles of Incorporation of ADVANCED PHARMACEUTICAL CONSULTANTS, INC., a corporation organized under the laws of the State of Florida, filed on April 8, 1993, effective April 9, 1993, as shown by the records of this office.

The document number of this corporation is P93000025939.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Twenty-third day of December, 2015



CR2EO22 (1-11)

Ken Detzner
Ken Detzner
Secretary of State

ARTICLES OF INCORPORATION
OF
ADVANCED PHARMACEUTICAL CONSULTANTS, INC.

ARTICLE I - NAME

The name of this corporation is ADVANCED PHARMACEUTICAL CONSULTANTS,
INC.

EFFECTIVE DATE
4-9-93

ARTICLE II - DURATION

This Corporation shall have perpetual existence commencing on April 9, 1993.

ARTICLE III - PURPOSE

The Corporation may engage in any activity or business permitted under the laws of the
United States and of the State of Florida.

ARTICLE IV - CAPITAL STOCK

This Corporation is authorized to issue 7,500 shares of One Dollar (\$1.00) par value common
stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the initial registered agent of this Corporation is:

Brian A. Buffer
Advanced Pharmaceutical Consultants, Inc.
2402 Burlwood Drive
Lutz, Florida 33549

FILED
MAR - 9 1993
11 2 19

ARTICLE VI - CORPORATE ADDRESS

The street address of the Corporation is:

2402 Burlwood Drive
Lutz, Florida 33549

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This Corporation shall have one (1) Directors initially. The number of Directors may be increased or diminished from time to time by the By-Laws but shall never be less than one (1). The name and address of the initial Director of this Corporation is:

<u>NAME</u>	<u>ADDRESS</u>
Brian A. Bulfer	2402 Burlwood Drive Lutz, Florida 33549

ARTICLE VIII - BY LAWS

The By-Laws of this Corporation may be adopted, altered, amended or repealed by either the Stockholders or Directors.

ARTICLE IX - INDEMNIFICATION

The Corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE X - PREEMPTIVE RIGHTS

Every stockholder, upon the sale for cash of any new stock of this Corporation of the same

kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE XI - INCORPORATION

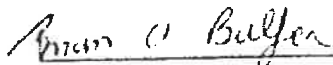
The name and address of the person signing these Articles is:

Brian A. Bulfer
Advanced Pharmaceutical Consultants, Inc.
2402 Burlwood Drive
Lutz, Florida 33549

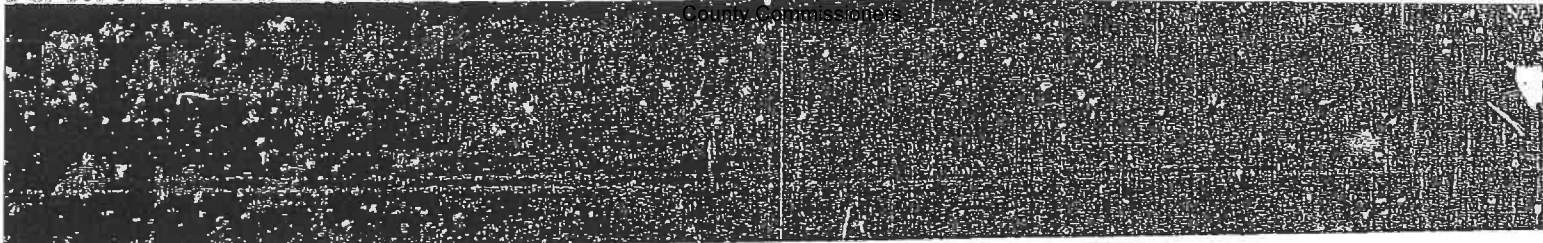
ARTICLE XII - AMENDMENT

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, in accordance with the provisions of the Florida General Corporation Act.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 1st day of April, 1993.



BRIAN A. BULFER



ACCEPTANCE BY REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN ARTICLE V OF THESE ARTICLES OF INCORPORATION, THE UNDERSIGNED HEREBY AGREES TO ACT IN HIS CAPACITY, AND FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE DISCHARGE OF HIS DUTIES.

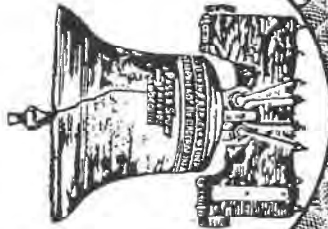
DATED THIS 7th day of April, 1993.

Brian A. Bulfer

Brian A. Bulfer ✓

FILED
19 APR 20 11 2 19

NUMBER
1



INCORPORATED UNDER THE LAWS OF
THE STATE OF FLORIDA

SHARES
-25-

ADVANCED PHARMACEUTICAL CONSULTANTS, INC.
7,500 SHARES AT \$1.00 PAR VALUE

Witness

-----BRIAN A. BULFER-----

is hereby issued Twenty-Five (25) shares
fully paid and transferable only on the books of the Corporation by the holder hereof in person
or by an authorized attorney upon surrender of this Certificate properly endorsed.

In Witness Whereof, the said Corporation has caused this Certificate to be signed by its duly authorized
officer and its Corporate Seal to be hereunto affixed this _____ day of April, A.D. 1993

SECRETARY *Brian A. Bulfer*
Brian A. Bulfer

PRESIDENT *Brian A. Bulfer*
Brian A. Bulfer

State of Florida

Department of State

I certify from the records of this office that ADVANCED PHARMACEUTICAL CONSULTANTS, INC. is a corporation organized under the laws of the State of Florida, filed on April 8, 1993, effective April 9, 1993.

The document number of this corporation is P93000025939.

I further certify that said corporation has paid all fees due this office through December 31, 2017, that its most recent annual report/uniform business report was filed on April 7, 2017, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Tenth day of April, 2017*



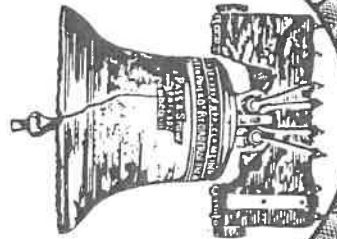
Ken Deitzner
Secretary of State

Tracking Number: CU1206479726

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NUMBER
1



INCORPORATED UNDER THE LAWS OF
THE STATE OF FLORIDA

SHARES
-25-

ADVANCED PHARMACEUTICAL CONSULTANTS, INC.

7,500 SHARES AT \$1.00 PAR VALUE

This certifies that

is hereby issued Twenty-Five (25) shares

fully paid and transferable only on the books of the Corporation by the holder hereof in person
or by an authorized attorney upon surrender of this Certificate properly endorsed.

In Witness Whereof, the said Corporation has caused this Certificate to be signed by its duly authorized
officers and its Corporate Seal to be hereunto affixed this 21st day of APRIL 1993

SECRETARY Brian A. Bulfer
Brian A. Bulfer

PRESIDENT Brian A. Bulfer
Brian A. Bulfer

12121 Connecticut Corporate Supply Co.

Business Entity Detail

Data is updated to the California Business Search on Wednesday and Saturday mornings. Results reflect work processed through Tuesday, September 13, 2016. Please refer to [Processing Times](#) for the received dates of filings currently being processed. The data provided is not a complete or certified record of an entity.

Entity Name:	ADVANCED PHARMACEUTICAL CONSULTANTS, INC.
Entity Number:	C3846567
Date Filed:	11/30/2015
Status:	ACTIVE
Jurisdiction:	FLORIDA
Entity Address:	9999 NE 2ND AVE STE 315
Entity City, State, Zip:	MIAMI SHORES FL 33138
Agent for Service of Process:	INCorp SERVICES, INC.
Agent Address:	5716 CORSA AVE STE 110
Agent City, State, Zip:	WESTLAKE VILLAGE CA 91362-7354

* Indicates the information is not contained in the California Secretary of State's database.

- If the status of the corporation is "Surrender," the agent for service of process is automatically revoked. Please refer to California Corporations Code [section 2114](#) for information relating to service upon corporations that have surrendered.
- For information on checking or reserving a name, refer to [Name Availability](#).
- For information on ordering certificates, copies of documents and/or status reports or to request a more extensive search, refer to [Information Requests](#).
- For help with searching an entity name, refer to [Search Tips](#).
- For descriptions of the various fields and status types, refer to [Field Descriptions and Status Definitions](#).

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Company DUNS #: 88-476-4630	
Corporate Name: Advanced Pharmaceutical Cons	Tradestyle Name:
Point of Contact: Mr Brian Bulfer	Title: President
Address: P O Box 530365 Miami FL 33153-0365	
Telephone: (305) 751-7798	
Latitude: +25.858781	Longitude: -080.193074
Sales Volume: \$1,590,000	
Employees on Site: 90	
Total Employees: 90	
Line of Business: Mngmnt Cnsltng Svcs	
NAICS 1: 541611	Administrative Management and General Management Consulting Services
NAICS 2:	
SIC 1: 87420000	SIC 1 Description: Management consulting services
SIC 2:	SIC 2 Description:

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Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.49	06/24/14



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Transaction # 23 903620633
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USPS.com or call 1-800-275-8777
Bill #

Raul Gonzalez
Advanced Pharmaceutical Consultants, Inc.
9999 NE 2nd Ave, Suite 315
Miami Shores, FL 33138
dmeneses@apcpharm.com

June 23, 2014

Certification Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

Please send me a certified copy of the Articles of Incorporation to the following:

Entity: Advanced Pharmaceutical Consultants
9999 NE 2nd Ave, Suite 315
Miami Shores, FL 33138

Document: P93000025939

Type: Articles of Incorporation

Date filed: 04/08/1993

Thank you for your prompt attention.

Sincerely,

Raul Gonzalez

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**



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Certification Request by Mail

Requests for certified copies of documents must be submitted in writing.

Submit your written request to:

**Certification Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

Please be sure to include the name of the entity, its Florida document or registration number, the type of document (i.e., Articles of Incorporation, Amendment, Dissolution, etc.) and the date the document was filed with this office. Make your check or money order payable to the Florida Department of State. Do not send cash.

A certified copy of a corporate document is \$8.75. A certified copy of a limited liability company document is \$30. A certified copy of a general partnership, limited liability partnership, limited partnership, or limited liability limited partnership document is \$52.50 with an additional \$1 a page after the first 15 pages, and a certified copy of a fictitious name registration or renewal is \$30.

A certificate of status of a corporation, general partnership, limited liability partnership, limited partnership or a limited liability limited partnership is \$8.75. A certificate of status of a limited liability company is \$5.00. A certificate of status for a fictitious name registration is \$10.

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State of Florida, Department of State

*Advanced Pharmaceutical Consultants Inc.
— 993000025939 —
— Articles of Incorporation —
04/08/1993*

Diamilet Meneses

2
NY, OH, UT

From: Trent Bavaro <trent@corpcreations.com>
Sent: Tuesday, June 03, 2014 6:34 PM
To: Jeffrey Golbois
Cc: bbulfer@apcpharm.com; Diamilet Meneses; Raul Gonzalez; Steven Buchta
Subject: Re: Advanced Pharmaceutical Consultants States

Follow Up Flag: Follow up
Flag Status: Completed

Jeff,

We performed a 51 jurisdiction audit (50 states plus Washington D.C.) and found Advanced Pharmaceutical Consultants, Inc. registered in Florida, Nevada, and Utah.

The Nevada registration is inactive but we can file a reinstatement and the Utah registration lists Brian Bulfer as the current agent which we can take over his in stead.

We would be happy to extend your discounted rates to Advanced Pharmaceutical Consultants. Your discounted service fee is only \$80 for each registration plus the state's fee for registering and \$150 for annual registered agent services in each state.

Would you like us to begin preparing the registrations in OH, TX, GA, NC, IN, AZ, SC, TN, CA, IA & WA where Advanced Ph operating in and not yet registered?

Sincerely,

Trent Bavaro
Vice President & Corpor
Authorized House Couns

Brian A. Bulfer

 **CORPORATE CREAT**
Registered Agent • Director • incorpo
Corporate Creations Inte
11380 Prosperity Farr
Palm Beach Gardens, Fl
(561) 694-8107 primary
(847) 533-9728 cellular

Our Website:
<http://www.CorporateCreations.com>

My LinkedIn Profile:
www.linkedin.com/in/trentbavaro/

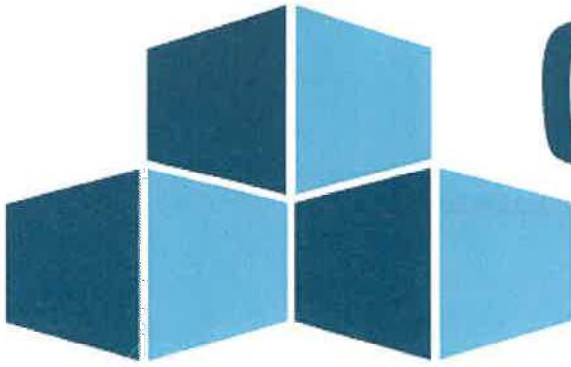
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Diamy
Michel
TSA
Pending approval
Need to do.
S in that state. entity.
g information ourselves.

Diamy - Did - OH
UT

NU: C1809-1997



CORPORA

Registered Age

Corporate Creations International Inc.
11380 Prosperity Farms Road #221E
Palm Beach Gardens, Florida 33410
(561) 694-8107 primary
(847) 533-9728 cellular

Our Website:
<http://www.CorporateCreations.com>

My LinkedIn Profile:
www.linkedin.com/in/trentbavaro/

Follow us for pertinent industry news and updates!



On Tue, Jun 3, 2014 at 1:45 PM, Steven Buchta <steven.buchta@corpcreations.com> wrote:
Jeff,

I hope you are well. Of course we can assist with this, and would be happy to do so. I have cc'd Trent Bavaro, an account manager at Corporate Creations to assist you. Trent will conduct an audit and then get back to you with two things:

1. A list of states where Advanced Pharmaceutical Consultants, Inc. is registered to do business with the Secretary of State.
2. Based on the results of #1, Trent will send you a quote to register Advanced Pharmaceutical Consultants, Inc. in any states where they are not currently registered with the Secretary of State.

Sincerely,

Steven Buchta
Managing Director



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 7, 2014

ADVANCED PHARMACEUTICALS CONSULTANTS
RAUL GONZALEZ
9999 NE 2ND AVE STE 315
MIAMI SHORES, FL 33138

Pursuant to your recent inquiry, we are enclosing the certification you requested.

Should you have any questions regarding this matter you may contact our office at
(850) 245-6053.

Julie E Wilson
Certification Section

Letter No. 414A00014521



I certify the attached is a true and correct copy of the Articles of Incorporation of ADVANCED PHARMACEUTICAL CONSULTANTS, INC., a corporation organized under the laws of the State of Florida, filed on April 8, 1993, effective April 9, 1993, as shown by the records of this office.

The document number of this corporation is P93000025939.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Seventh day of July, 2014



CR2EO22 (1-11)

Ken Detzner
Ken Detzner
Secretary of State

**ARTICLES OF INCORPORATION
OF
ADVANCED PHARMACEUTICAL CONSULTANTS, INC.**

ARTICLE I - NAME

The name of this corporation is ADVANCED PHARMACEUTICAL CONSULTANTS,
INC.

EFFECTIVE DATE
4-9-93

FILED
APR - 9 PM 2:19
SECRETARY
TALLAHASSEE

ARTICLE II - DURATION

This Corporation shall have perpetual existence commencing on April 9, 1993.

ARTICLE III - PURPOSE

The Corporation may engage in any activity or business permitted under the laws of the
United States and of the State of Florida.

ARTICLE IV - CAPITAL STOCK

This Corporation is authorized to issue 7,500 shares of One Dollar (\$1.00) par value common
stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the initial registered agent of this Corporation is:

Brian A. Bulfer
Advanced Pharmaceutical Consultants, Inc.
2402 Burlwood Drive
Lutz, Florida 33549

05/7684.1
04/07/93 at 2:58pm

ARTICLE VI - CORPORATE ADDRESS

The street address of the Corporation is:

2402 Burlwood Drive
Lutz, Florida 33549

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This Corporation shall have one (1) Directors initially. The number of Directors may be increased or diminished from time to time by the By-Laws but shall never be less than one (1). The name and address of the initial Director of this Corporation is:

<u>NAME</u>	<u>ADDRESS</u>
Brian A. Bulfer	2402 Burlwood Drive Lutz, Florida 33549

ARTICLE VIII - BY LAWS

The By-Laws of this Corporation may be adopted, altered, amended or repealed by either the Stockholders or Directors.

ARTICLE IX - INDEMNIFICATION

The Corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE X - PREEMPTIVE RIGHTS

Every stockholder, upon the sale for cash of any new stock of this Corporation of the same

kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE XI - INCORPORATION


The name and address of the person signing these Articles is:

Brian A. Bulfer
Advanced Pharmaceutical Consultants, Inc.
2402 Burlwood Drive
Lutz, Florida 33549

ARTICLE XII - AMENDMENT

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, in accordance with the provisions of the Florida General Corporation Act.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 1st day of April, 1993.


BRIAN A. BULFER

ACCEPTANCE BY REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN ARTICLE V OF THESE ARTICLES OF INCORPORATION, THE UNDERSIGNED HEREBY AGREES TO ACT IN HIS CAPACITY, AND FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE DISCHARGE OF HIS DUTIES.

DATED THIS 7th day of April, 1993.

Brian A. Bulfer

Brian A. Bulfer

FILED
1993 APR - 8 PM 2:19
SECRET
TALLMADGE

Diamilet Meneses

From: Jeffrey Golbois <jgolbois@pg-cpas.com>
Sent: Wednesday, June 04, 2014 10:14 AM
To: 'Diamilet Meneses'
Cc: bbulfer@apcpharm.com; 'Raul Gonzalez'
Subject: RE: Advanced Pharmaceutical Consultants States
Attachments: jgolbois@pg-cpa.com.vcf

You need to have a registered agent in each state. If you have someone in each state that can do this great, if not, then you will need a service.

I know you are trying to save money, but every state is different as to the requirements for filing. It could take you several days to get everything done properly, whereas they will handle everything a lot more efficiently than I think you can.

Either way it doesn't matter to me.

The important thing is that you get registered with these states.

Perhaps I can get a better deal considering the number of states involved.

Jeff

Jeffrey H. Golbois, M.B.A., C.P.A.
Pastor & Golbois CPAs, P.A.
5300 W. ATLANTIC AVE
SUITE 305
DELRAY BEACH, FL 33484

Voice: (561) 995-1935
Fax: (561) 995-1934
www.pg-cpa.com
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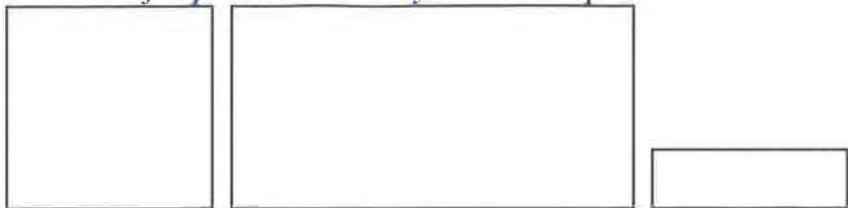
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Circular 230 Disclosure: Any advice contained in this email (including any attachments unless expressly stated otherwise) is not intended or written to be used, and cannot be used, for purposes of avoiding tax penalties that may be imposed on any taxpayer.

From: Diamilet Meneses [mailto:dmeneses@apcpharm.com]
Sent: Wednesday, June 04, 2014 9:57 AM
To: 'Jeffrey Golbois'
Cc: bbulfer@apcpharm.com; 'Raul Gonzalez'

Follow us for pertinent industry news and updates!



On Tue, Jun 3, 2014 at 1:45 PM, Steven Buchta <steven.buchta@corpcreations.com> wrote:
Jeff,

I hope you are well. Of course we can assist with this, and would be happy to do so. I have cc'd Trent Bavaro, an account manager at Corporate Creations to assist you. Trent will conduct an audit and then get back to you with two things:

1. A list of states where Advanced Pharmaceutical Consultants, Inc. is registered to do business with the Secretary of State.
2. Based on the results of #1, Trent will send you a quote to register Advanced Pharmaceutical Consultants, Inc. in any states where they are not currently registered with the Secretary of State.

Sincerely,

Steven Buchta
Managing Director



Corporate Creations International Inc.
11380 Prosperity Farms Road #221E
Palm Beach Gardens, Florida 33410
[\(561\) 694-8107](tel:(561)694-8107)
[\(847\) 204-0817](tel:(847)204-0817) cellular

Registered Agent * Director * Incorporation

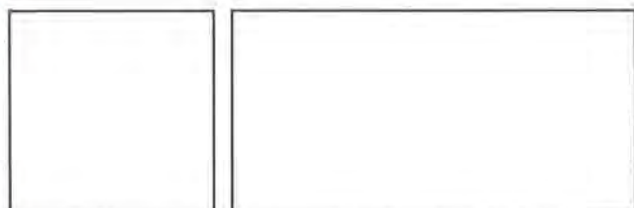
Our Website:

<http://www.CorporateCreations.com>

My LinkedIn Profile:

<https://www.linkedin.com/in/stevenbuchta>

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Circular 230 Disclosure: Any advice contained in this email (including any attachments unless expressly stated otherwise) is not intended or written to be used, and cannot be used, for purposes of avoiding tax penalties that may be imposed on any taxpayer.

From: Diamilet Meneses [<mailto:dmeneses@apcpharm.com>]
Sent: Tuesday, June 03, 2014 1:29 PM
To: jgolbois@pg-cpas.com
Subject: States
Importance: High

Hi Jeff,

It was a pleasure meeting with you yesterday. The following is the list of states we currently work in:

OH

TX

FL

GA

UT

NC

IN

AZ

SC

Diamilet Meneses

From: Jeffrey Golbois <jgolbois@pg-cpas.com>
Sent: Wednesday, June 04, 2014 10:40 AM
To: 'Diamilet Meneses'
Cc: bbulfer@apcpharm.com; 'Raul Gonzalez'
Subject: RE: Advanced Pharmaceutical Consultants States
Attachments: jgolbois@pg-cpa.com.vcf

I spoke to Trent at Corporate Creations and he essentially for us to make him an offer and see if they can do it. Assuming it's fair I am sure they will do it.

The fees he quoted you are discounted already. I did look at another company, The Company Corporation, to see what they charge and it appears they \$99 for registration which includes 6 months of registered agent fees, plus \$100 for an additional 6 months of registered agent fees. Or a total of \$200 versus \$230 from Corporation creations.

I would see if they can do it for \$200 per State, plus state fees. IF they can, then I strongly recommend using them. You will spend several hours, if not days filling out forms and mailing them out.

Very truly yours,
Jeff

Jeffrey H. Golbois, M.B.A., C.P.A.
Pastor & Golbois CPAs, P.A.
5300 W. ATLANTIC AVE
SUITE 305
DELRAY BEACH, FL 33484

Voice: (561) 995-1935
Fax: (561) 995-1934
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Circular 230 Disclosure: Any advice contained in this email (including any attachments unless expressly stated otherwise) is not intended or written to be used, and cannot be used, for purposes of avoiding tax penalties that may be imposed on any taxpayer.

From: Diamilet Meneses [mailto:dmeneses@apcpharm.com]
Sent: Wednesday, June 04, 2014 9:57 AM
To: 'Jeffrey Golbois'
Cc: bbulfer@apcpharm.com; 'Raul Gonzalez'
Subject: RE: Advanced Pharmaceutical Consultants States
Importance: High

Diamilet Meneses

From: Jeffrey Golbois <jgolbois@pg-cpas.com>
Sent: Wednesday, June 04, 2014 3:12 PM
To: 'Diamilet Meneses'
Cc: bbulfer@apcpharm.com; 'Raul Gonzalez'
Subject: RE: Advanced Pharmaceutical Consultants States
Attachments: jgolbois@pg-cpa.com.vcf

The fee for them to register the entities is a one-time fee. Each state, like Florida may have annual fees to keep the corp active in that state. Then if you use corporate creations as the registered agent then that is an annual fee paid to them.

If you have an address to use, then you don't need Corporate creations to be the registered agent, you just need them to register the entity. They will need the address for the registered since they won't be the registered agent. However, if something ever is sent to the "registered agent" there is a risk that you may not get it. Whereas, Corporate Creations automatically sends everything over to you.

Jeff

Jeffrey H. Golbois, M.B.A., C.P.A.
Pastor & Golbois CPAs, P.A.
5300 W. ATLANTIC AVE
SUITE 305
DELRAY BEACH, FL 33484

Voice: (561) 995-1935
Fax: (561) 995-1934
www.pg-cpa.com
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Circular 230 Disclosure: Any advice contained in this email (including any attachments unless expressly stated otherwise) is not intended or written to be used, and cannot be used, for purposes of avoiding tax penalties that may be imposed on any taxpayer.

From: Diamilet Meneses [mailto:dmeneses@apcpharm.com]
Sent: Wednesday, June 04, 2014 2:54 PM
To: jgolbois@pg-cpas.com
Subject: FW: Advanced Pharmaceutical Consultants States

Hi Jeff,

Please read below. Is this possible? Thank you.

Diamilet Meneses

From: Trent Bavaro <trent@corpcreations.com>
Sent: Wednesday, June 04, 2014 3:14 PM
To: Diamilet Meneses
Cc: Jeffrey Golbois; bbulfer@apcpharm.com; Raul Gonzalez; Steven Buchta
Subject: Re: Advanced Pharmaceutical Consultants States

Hi Diamilet,

The registration is a one time fee to file the paperwork necessary to register your Florida company in each new state. The registered agent fee is an annual fee backed by our price match guarantee.

Please let me know if you have any other questions!

Best Regards,

Trent Bavaro

On Wed, Jun 4, 2014 at 2:53 PM, Diamilet Meneses <dmeneses@apcpharm.com> wrote:

Good afternoon Trent,

Would this be a one-time fee or would this be charged annually? Thank you.

From: Trent Bavaro [mailto:trent@corpcreations.com]
Sent: Tuesday, June 03, 2014 6:34 PM
To: Jeffrey Golbois
Cc: bbulfer@apcpharm.com; Diamilet Meneses; Raul Gonzalez; Steven Buchta
Subject: Re: Advanced Pharmaceutical Consultants States

Jeff,

We performed a 51 jurisdiction audit (50 states plus Washington D.C.) and found Advanced Pharmaceutical Consultants, Inc. registered in Florida, Nevada, and Utah.

The Nevada registration is inactive but we can file a reinstatement and the Utah registration lists Brian Bulfer as the current agent which we can take over his in stead.

We would be happy to extend your discounted rates to Advanced Pharmaceutical Consultants. Your discounted service fee is only \$80 for each registration plus the state's fee for registering and \$150 for annual registered agent services in each state.

[Click Here to Renew](#)

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2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000025939

Entity Name: ADVANCED PHARMACEUTICAL CONSULTANTS, INC.

Current Principal Place of Business:

9999 NE 2ND AVENUE
SUITE 315
MIAMI SHORES, FL 33138

FILED
Feb 27, 2014
Secretary of State
CC3135581490

Current Mailing Address:

9999 NE 2ND AVENUE
SUITE 315
MIAMI SHORES, FL 33138

FEI Number: 59-3186282

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, RAUL A
9101 NE 2 AVE
MIAMI SHORES, FL 33138 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name GONZALEZ, RAUL A
Address 9101 NE 2ND AVE.
City-State-Zip: MIAMI SHORES FL 33138

Title VP
Name FASSLER, SUE
Address 9101 NE 2ND AVE.
City-State-Zip: MIAMI SHORES FL 33138

Title S/T
Name SCHAMMEL SPENADER, BEV A
Address 9101 NE 2ND AVE.
City-State-Zip: MIAMI SHORES FL 33138

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAUL GONZALEZ

PRESIDENT

02/27/2014

Electronic Signature of Signing Officer/Director Detail

Date

Title P

GONZALEZ, RAUL A
9101 NE 2ND AVE.
MIAMI SHORES, FL 33138

Title VP

FASSLER, SUE
9101 NE 2ND AVE.
MIAMI SHORES, FL 33138

Title S/T

SCHAMMEL SPENADER, BEV A
9101 NE 2ND AVE.
MIAMI SHORES, FL 33138

Annual Reports

Report Year	Filed Date
2012	01/13/2012
2013	04/17/2013
2014	02/27/2014

Document Images

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03/31/2009 -- ANNUAL REPORT	View image in PDF format
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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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Certificate of Status Verification

Listed below is the current information for the entity for which you are requesting a certificate of status. If this information is what you require for certification, please press the "Continue" button. If you do not wish to continue with this certification, press your browser "Back" button or select to return to the Sunbiz home page.

Document Number	P93000025939
Corporate Name	ADVANCED PHARMACEUTICAL CONSULTANTS, INC.
State of Inc	FL
Filing Date	04/08/1993
Document Type	Florida Profit Corporation
Document Status	ACTIVE
Effective Date	04/09/1993
Last Trans Date	09/29/1998
Last Annual Report Date	02/27/2014
Last Annual Report Year	2014

If this is not the correct information, please hit your browsers' 'Back' button and enter another document number.

06/09/2000 -- ANNUAL REPORT	View image in PDF format
03/03/1999 -- ANNUAL REPORT	View image in PDF format
09/29/1998 -- REINSTATEMENT	View image in PDF format
04/09/1996 -- ANNUAL REPORT	View image in PDF format
08/04/1995 -- ANNUAL REPORT	View image in PDF format

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State of Florida, Department of State

FLORIDA DEPARTMENT OF STATE

Para español, seleccione de la lista Powered by Google Translate

Department of State / Division of Corporations / Manage/Change Existing
Business / Certification / Certified Copy – Request by Mail

Certified Copy

REQUEST BY MAIL

- > Requests for certified copies must be submitted in writing.
- > You should include:
 - > Your entity's name.
 - > The Florida document or registration number.
 - > The document type (e.g., Articles of Incorporations, Amendment, Dissolution).
 - > The date the document was filed with the Division of Corporations.
 - > Payment in the form of a check or money order.
 - > Make all checks payable to the **Florida Department of State**.
 - > Must be payable in U.S. currency drawn from a U.S. bank.

How do I find my document number?

Refer to your notice or search our records

(<http://search.sunbiz.org/Inquiry/CorporationSearch/ByName>) by name.

Where do I send my request?

Mail your request and payment to the **Certification Section** at the Division of Corporations
([/sunbiz/contact/address-phone-numbers/#mailadd](http://sunbiz/contact/address-phone-numbers/#mailadd)).

Certified Copy Fees

advanced pharmaceutical consultants, INC.

*program setup through implementation
for psychiatric and drug rehabilitation*

9999 NE 2nd Ave
Suite 315
Miami Shores, FL 33138

April 12, 2017

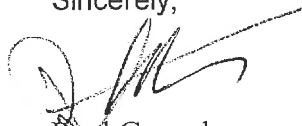
Certification Section
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

To whom it may concern:

Please provide us with a certified copy of the Articles of Incorporation.

Business Entity: Advanced Pharmaceutical Consultants
Document #: P93000025939

Sincerely,



Raul Gonzalez
President

State of Florida

Department of State

I certify from the records of this office that ADVANCED PHARMACEUTICAL CONSULTANTS, INC. is a corporation organized under the laws of the State of Florida, filed on April 8, 1993, effective April 9, 1993.

The document number of this corporation is P93000025939.

I further certify that said corporation has paid all fees due this office through December 31, 2017, that its most recent annual report/uniform business report was filed on April 7, 2017, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Tenth day of April, 2017*



Ken DeFina
Secretary of State

Tracking Number: CU1206479726

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

Thank you. Your payment is complete.
Your account will be charged by Arkansas GovPay - Arkansas Government Services.

Payment Summary

Amount Paid:	\$258.00
Arkansas.gov Total:	\$270.00
Payment Status:	Complete
Order Date/Time:	04/11/2017 08:43 AM
Confirmation Number (Order Id):	20170411084348892
Name on card:	ADVANCED PHARMACEUTICAL CONSULTANTS
Email Address:	DMENESES@APCPHARM.COM
Phone Number:	305-751-7798
Billing Address:	9101 NE 2nd Ave MIAMI SHORES, FL 33138, UNITED STATES

Thank you. Your payment is complete.
Your account will be charged by Arkansas GovPay - Arkansas Government Services.

Payment Summary

Amount Paid:	\$258.00
Arkansas.gov Total:	\$270.00
Payment Status:	Complete
Order Date/Time:	04/11/2017 08:43 AM
Confirmation Number (Order Id):	20170411084348892
Name on card:	ADVANCED PHARMACEUTICAL CONSULTANTS
Email Address:	DMENESES@APCPHARM.COM
Phone Number:	305-751-7798
Billing Address:	9101 NE 2nd Ave MIAMI SHORES, FL 33138, UNITED STATES

State of Florida

Department of State

I certify from the records of this office that ADVANCED PHARMACEUTICAL CONSULTANTS, INC. is a corporation organized under the laws of the State of Florida, filed on April 8, 1993, effective April 9, 1993.

The document number of this corporation is P93000025939.

I further certify that said corporation has paid all fees due this office through December 31, 2020, that its most recent annual report/uniform business report was filed on March 2, 2020, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twenty-third day of November,
2020*



Ronald R. DeSantis
Secretary of State

Tracking Number: 4754138886CU

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<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 29, 2009

RAUL A. GONZALEZ
ADVANCED PHARMACEUTICAL CONSULTANTS, INC
9999 NE 2 AVE #315
MIAMI SHORES, FL 33138

Re: Document Number P93000025939

The Statement of Change of Registered Office and Registered Agent for ADVANCED PHARMACEUTICAL CONSULTANTS, INC., a Florida corporation, was filed on May 26, 2009.

Should you have any questions regarding this matter, please telephone (850) 245-6050, the Amendment Filing Section.

Tina Roberts
Regulatory Specialist II
Division of Corporations

Letter Number: 109A00018183

P.O. BOX 6327 -Tallahassee, Florida 32314

State of Florida



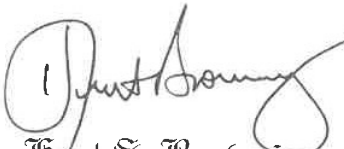
Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of
ADVANCED PHARMACEUTICAL CONSULTANTS, INC., a corporation
organized under the laws of the State of Florida, filed on April 8, 1993, effective
April 9, 1993, as shown by the records of this office.

The document number of this corporation is P93000025939.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Thirtieth day of July, 2007




Kurt S. Bronning
Secretary of State

**ARTICLES OF INCORPORATION
OF
ADVANCED PHARMACEUTICAL CONSULTANTS, INC.**

ARTICLE I - NAME

The name of this corporation is **ADVANCED PHARMACEUTICAL CONSULTANTS,**
INC.

EFFECTIVE DATE
4-9-93

FILED
1993 APR -8 PM 2:19
SECRETARY
TELEPHONE

ARTICLE II - DURATION

This Corporation shall have perpetual existence commencing on April 9, 1993.

ARTICLE III - PURPOSE

The Corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV - CAPITAL STOCK

This Corporation is authorized to issue 7,500 shares of One Dollar (\$1.00) par value common stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the initial registered agent of this Corporation is:

Brian A. Bulfer
Advanced Pharmaceutical Consultants, Inc.
2402 Burlwood Drive
Lutz, Florida 33549

05/7684.1
04/07/93 at 2:58pm

ARTICLE VI - CORPORATE ADDRESS

The street address of the Corporation is:

2402 Burlwood Drive
Lutz, Florida 33549

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This Corporation shall have one (1) Directors initially. The number of Directors may be increased or diminished from time to time by the By-Laws but shall never be less than one (1). The name and address of the initial Director of this Corporation is:

<u>NAME</u>	<u>ADDRESS</u>
Brian A. Bulfer	2402 Burlwood Drive Lutz, Florida 33549

ARTICLE VIII - BY LAWS

The By-Laws of this Corporation may be adopted, altered, amended or repealed by either the Stockholders or Directors.

ARTICLE IX - INDEMNIFICATION

The Corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE X - PREEMPTIVE RIGHTS

Every stockholder, upon the sale for cash of any new stock of this Corporation of the same

kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE XI - INCORPORATION


The name and address of the person signing these Articles is:

Brian A. Bulfer
Advanced Pharmaceutical Consultants, Inc.
2402 Burlwood Drive
Lutz, Florida 33549

ARTICLE XII - AMENDMENT

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, in accordance with the provisions of the Florida General Corporation Act.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 1st day of April, 1993.



BRIAN A. BULFER

05/7684.1
04/07/93 at 2:58pm

ACCEPTANCE BY REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN ARTICLE V OF THESE ARTICLES OF INCORPORATION, THE UNDERSIGNED HEREBY AGREES TO ACT IN HIS CAPACITY, AND FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE DISCHARGE OF HIS DUTIES.

DATED THIS 7th day of April, 1993.

Brian A. Bulfer

Brian A. Bulfer

FILED
03 APR - 8 PM 2:19
SECRET
TALLAHASSEE

05/7684.1
04/07/93 at 2:58pm



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2007

ADAVNCED PHARMACEUTICAL CONSULTANTS, INC.
ATTN: RAUL GONZALEZ
P.O BOX 530365
MIAMI, FL 33153

Pursuant to your recent inquiry, we are enclosing the certification you requested.

Should you have any questions regarding this matter you may contact our office at
(850) 245-6053.

YASHIRA C COLSON
Certification Section

Letter No. 907A00047121

P.O. BOX 6327 -Tallahassee, Florida 32314

advanced pharmaceutical consultants, INC

*program setup through implementation
for psychiatric and drug rehabilitation*

*P.O. Box 550365
Miami Shores, FL 33153
Mobile 305.804.5284
P/F 305.751.7798
Pager 888.652.6013
bbulfer@apcpharm.com
www.apcpharm.com*

DATE: March 14, 2007

TO: Larry S. Davis
Attorney at Law

FROM: Brian A. Bulfer

TEL NO: 954-927-4249

FAX: 954-927-1653

No. Of Pages Including Cover Sheet: 6

Attached is a copy of the information you requested today re Advanced Pharmaceutical Consultants, Inc.

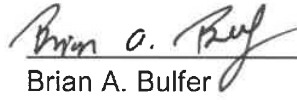
*Not Party
Part*

REVOCABLE PROXY

BRIAN A. BULFER, in his capacity as sole shareholder of **Advanced Pharmaceutical Consultants, Inc.** (the "Company"), hereby appoints and designates **Raul A. Gonzalez**, as his true and lawful attorney-in-fact to vote the undersigned's shares at any meeting of the Shareholders of the Company, or on any action taken by consent in lieu of a meeting.

The undersigned may revoke this Proxy at any time he deems appropriate.

IN WITNESS WHEREOF, this Proxy is signed in Fort Lauderdale, Florida on March 13, 2007.



Brian A. Bulfer



FILE

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

April 8, 1993

CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET
SUITE 1
TALLAHASSEE, FL 32301

The Articles of Incorporation for ADVANCED PHARMACEUTICAL CONSULTANTS, INC. were filed on April 8, 1993, effective on April 9, 1993, and assigned document number P93000025939. Please refer to this number whenever corresponding with this office.

A corporation annual report will be due this office between January 1 and May 1 of next year. A Federal Employer Identification (FEI) number will be required before this report can be filed. Please apply NOW with the Internal Revenue Service by calling 1-800-829-3676 and requesting form SS-4.

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

Should you have any questions regarding corporations, please contact this office at the address given below.

Sincerely,
Karen Gibson
Corporate Specialist
New Filings Section
Division of Corporations

Letter Number: 993A00105227

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**WRITTEN CONSENT OF THE SOLE SHAREHOLDER
AND SOLE MEMBER OF THE BOARD OF DIRECTORS OF
ADVANCED PHARMACEUTICAL CONSULTANTS, INC.**

March 13, 2007

Pursuant to Sections 607.0821 and 607.0704 of the Florida Business Corporation Act (the “Act”), the undersigned, being the sole shareholder (“Shareholder”) and sole member of the Board of Directors (the “Director”) of **Advanced Pharmaceutical Consultants, Inc.**, a Florida corporation (the “Company”), hereby consents and agrees to the authorization and adoption of the following resolutions, and directs a copy of this consent be placed with the proceedings of the Company:

WHEREAS, the Shareholder has determined that it is in the best interests of the Company to set the number of members of the Board of Directors at three (3) directors; and

WHEREAS, the Director has determined that it is in the best interests of the Company to appoint new officers of the Company; and

WHEREAS, the Director desires to change the registered agent of the Company.

NOW, THEREFORE, BE IT:

Addition of Members to the Board of Directors:

RESOLVED, that the number of members of the Board of Directors is hereby set at three (3); and

RESOLVED FURTHER, that in order to fill the vacancies caused by the increase in the size of the Board and, in the case of Raul A. Gonzalez, to be the successor to Brian Bulfer effective upon his resignation from the Board of Directors, the following persons are appointed as the sole members of the Board, to serve in accordance with the Bylaws until each such Director’s earlier resignation, removal from office, incapacity or death:

Raul A. Gonzalez
Bev A. Schammel Spenader
Sue Fassler

and

New Officers to the Company

RESOLVED FURTHER, that the following persons are hereby appointed as officers of the Company, each to serve in the position set forth opposite his or her name and to hold such office until a successor is duly elected and qualified, or until the earlier death, resignation or removal from office of such officer:

Raul A. Gonzalez - President
Sue Fassler - Vice President
Bev A. Schammel Spenader - Secretary/Treasurer

and

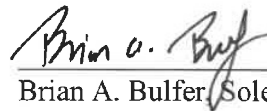
New Registered Agent of the Company; Amended Annual Report

RESOLVED FURTHER, that the registered agent is hereby changed to National Registered Agents, Inc.; and

General Ratification and Authorization

RESOLVED FURTHER, that the officers of the Company be, and each of them hereby is, authorized, directed and empowered, for and in the name and on behalf of the Company, to take all such further actions, as in their judgment shall be necessary, proper or advisable.

IN WITNESS WHEREOF, the undersigned Shareholder and Director has executed the foregoing Written Consent for the purpose of giving his consent thereto and approval thereof in accordance with the laws of the State of Florida and in respect of the Company as of the date set forth above.



Brian A. Bulfer, Sole Shareholder and
Sole Director

Evaluation Criteria Response Form

Evaluation Criteria Response Form:

The responding vendor must complete the Evaluation Criteria Response Form (pdf fillable file) with responses corresponding to each numbered item in text format only. Each Evaluation Criteria response should be succinct and include only relevant information which best answers the item. Do not include graphs, charts, resumes, tables, pictures, etc., in the Evaluation Criteria Response Form. Each Evaluation Criteria response allows for a maximum of 2100 characters of text only.

Instructions for uploading: Download document, save as the pdf fillable document (do not save as any other type of document), complete form and upload form as the fillable pdf file. **DO NOT APPLY ANY TYPE OF SECURITY, ALTER OR OTHERWISE MANIPULATE THE DOCUMENT. DO NOT PRINT TO PDF OR SCAN DOCUMENT BEFORE UPLOADING TO BIDSYNC.**

Evaluation Criteria Response Form (Supplemental Information):

If the Vendor's evaluation criteria response needs to reference additional Information to supplement their response to an item such as graphs, resumes, tables, org charts, etc., include only the supplemental information as an attachment appropriately labeled as follows: Supplemental Information - Title - Evaluation Criteria Item Number (**ex. Supplemental Information - Resume John Doe – Evaluation Criteria 1b.**) The Supplemental Information should be uploaded to BidSync as separate pdf files (attachments) and not combined with the vendor's completed Evaluation Criteria Response Form.

[Check here to indicate that Vendor agrees it has read and will comply with the submission instructions above.](#)

Evaluation Criteria Response Form

RFP/RLI/RFQ Number and Title	GEN2120540P1 - In-House Pharmacy Management Services
Vendor Name	Advanced Pharmaceutical Consultants Inc.
Vendor Address	555 NE 15th Street Suite 200, Miami, FL 33132
Evaluation Criteria	Vendor Response
1. Ability of Professional Personnel (Total Points Value: 40)	
<p>1a. Describe prior experience and history providing institutional pharmacy management services and working with facilities that provide mental health and/or substance abuse treatment, including details of knowledge and experience with community pharmacy management. It is preferred that the vendor have a minimum of three (3) years of related experience. Vendors with less than three (3) years of related experience will still be considered; however, failure to have three (3) years of related experience may result in reduced or zero (0) points awarded for sub section 1a.</p> <p>10 points</p>	<p>APC Vendor</p> <p>APC was founded on the mission to provide specialized pharmacy management and consulting solutions to behavioral health care facilities, drug treatment centers, and forensic prisons. APC has over 28 years of experience with nearly 150 facilities nationwide and in Puerto Rico. We believe it is important to be specialized in behavioral health and do it better than anyone else.</p> <p>APC has worked within community and institutional formats in the behavioral healthcare field.</p>
<p>1b. Describe experience providing pharmacy consultation with regards to major accrediting bodies' facility surveys and inspections (i.e. The Joint Commission (TJC), Commission on Accreditation of Rehabilitation Facilities (CARF), and the Substance Abuse and Mental Health Services Administration (SAMSHA)) and any government regulating bodies (i.e. Department of Health, Department of Child and Families).</p> <p>10 points</p>	<p>APC Vendor.</p> <p>APC has a lineage of expertise in advising and ensuring survey excellence. APC has received positive survey results with little to no recommendations in the past 20 years. We have experience in all types of surveys ranging from Joint Commission, CARF, DEA, Board of Pharmacy, SAMHSA, and an array of state surveys. We often are consulted when a facility experiences issues in medication management and requires expertise to remedy any issues.</p>

<p>1c. Describe knowledge and experience with purchasing inventory, including control and utilization management of stock and special-order medications for institutional pharmacy services.</p> <p>5 points</p>	<p>APC Vendor.</p> <p>Part of the APC strategy is not only to provide quality treatment for our patients but to also provide pharmaco-economic knowledge that ensures the best treatment at the best price so patients are able to comply and reduce recidivism. APC will manage inventory with 1.5 maximum turns and will utilize all MMCAP tools to ensure contract compliance. APC has a backup pharmacy to address any special order non-formulary medications. APC has distinct proactive policies that address any drug shortages or outages.</p>
<p>1d. Describe experience obtaining wholesale pharmaceuticals as a member of a group purchasing organization such as the Minnesota Multi-State Contracting Alliance for Pharmacy (MMCAP) and utilizing a specialty pharmacy. Provide details of experience working with Patient Pharmaceutical Assistance Programs and Reverse Drug Distribution.</p> <p>5 points</p>	<p>APC Vendor.</p> <p>APC works with several Group Purchasing Organizations and has the skill to properly ensure contract compliance with pricing. It is important to note that APC never shares any pricing data amongst buying groups. APC has been provided the task to operate patient assistance programs in other organizations, In this case we have hired a patient assistance specialist to ensure this is properly handled. We also have experience in properly managing samples under Florida law and to help defray patient and facility cost. APC has not included hours for a patient assistant specialist but could allocate if BARC desires.</p>
<p>1e. Describe knowledge and experience with pharmacy management software/hardware, specifically addressing experience using automated medication dispensing machines, Electronic Healthcare Records (EHR), Electronic Medical Record (EMR), E-Script, E-Force (Florida's Prescription Drug Monitoring Program), and fully electronic medication administration systems with medication bar-coding capabilities.</p> <p>5 points</p>	<p>APC Vendor.</p> <p>APC has extensive knowledge of Electronic Health Records and has effectively interfaced with those that do not contain a pharmacy component. The EHR software must be HL7 compliant to properly interface. APC partners with a EHR company called HCS which is a full service product that will do CPOE, EMAR, MED REC, ESCRIBE, EFORCE and other modules. For the purpose of this bid, APC will install the HCS pharmacy module which will allow interfacing with ECHO or it may be the basis for a full feature EHR. Additional interfacing with ADT and other ECHO features; will require a discussion with the HCS and ECHO teams. HCS may also be the full fledged EHR to replace ECHO if decided by the BARC.</p>
<p>1f. Describe the qualifications and relevant experience (resumes) on vendor's key staff, including primary pharmacist, consultant pharmacist, certified pharmacy technicians and any other personnel to be utilized for this project. Provide copies of licensures and certifications applicable in the State of Florida. Include the qualifications and relevant experience of all subconsultants' key staff to be assigned to this project. Include information and disposition for any current or prior disciplinary actions related to licensure of all applicable individuals.</p> <p>5 points</p>	<p>APC Vendor</p> <p>All APC staff undergo an extensive performance training program that is continuously taught and evaluated over the employee's work life. All human resource documents and training records are available to the BARC human resource department. All staff are licensed by the state of Florida and all staff must complete required continuing education to renew their license. APC has an extensive competency document that is utilized to ensure the best service for our clients. No staff have disciplinary actions on file. Should that occur, APC would notify BARC of any adverse action and APC would cooperate with the compliance department of the county.</p>

<p>2. Project Approach (Total Points Value: 30)</p> <p>Additional Information:</p> <p>Describe your approach to the Scope of Services, including software, proposed equipment and ADMs.</p>	
<p>2a. Describe the Vendor's approach to provide Pharmacy Management Services at each service location (Central and Booher). Describe your agency's proposal for on-site and remote services including the proposed arrangement of staffing, quantity/type of automated dispensing machines (ADM's), related software, and plans for coverage to maintaining adequate staffing or service transition at end of contract term or termination. Provide copies of equipment specifications, software descriptions, and any manufacturer brochures. Include a timetable with phases for deployment to include software and equipment.</p> <p>10 Points</p>	<p>APC Vendor.</p> <p>APC's approach at all of our facilities is to include automation and software in our solutions. APC realizes no two facilities are alike, so we strive to develop the best solution based on our client needs. APC would propose on-site services at BARC Central and Booher. We would update all our current software and hardware to include HCS pharmacy software and Omnicell Automated dispensing machines. This is a change from the current winpharm pharmacy software and the med-dispense ADM's. The Electronic Health Record is the area that requires more information. APC can interface with EHCO via HCS or ECHO may be replaced with HCS.HCS would meet many needs of the county such as EMAR, CPOE, MED RECONCILIATION, and EFORCE. APC also realizes that BARC may want to continue the use of ECHO and open up discussions on interfacing. Unfortunately, the EHR aspect of</p>
<p>2b. Describe ability to receive physician orders for medication via fax and other means. Describe available provisions for after hour emergency services, filling STAT prescriptions, and delivery of medications on an as-needed basis.</p> <p>7 points</p>	<p>APC Vendor.</p> <p>APC has a secure VPN connection to receive all CPOE orders via fax. The ability to receive orders via email is not considered secure. APC is oncall 24 hours a day seven days a week to address any emergency services, stat orders , and needed deliveries.</p>
<p>2c. Describe Vendor's plan for dispensing medications directly to clients and/or staff on a daily, weekly, and monthly basis or other time frame as determined in coordination with County. Provide a detailed description of the proposed medication packaging system. Describe your plan for and experience in managing mid-cycle changes and re-packaging and required coordination with insurance companies.</p> <p>6 Points</p>	<p>APC Vendor.</p> <p>APC provides unit dosing for all medications to ensure a nurse is not placed in a position of pre-pouring medications, Our dispensing system with bar coding ensures clients receive the correct medication. Our system for utilizing automated dispensing technology does not require a nurse to reorder medications or any weekly or monthly rotations, Should Booher desire to not have a dispensing machine and retain the current patient specific model ; APC could prepare those medications on-site at Booher. The Central pharmacy does not contain the proper space to do this activity, so a Booher limited pharmacy would work best. The automated dispensing machine, requires a nurse to administer the medication. APC does not bill</p>

<p>2d. Describe Vendor's proposed solution to implement an OBOT Program at BARC, including regulatory requirements, software, and equipment, as applicable.</p> <p>7 Points</p> <p>Additional Information: Vendor may need to provide a presentation of the project approach, including software, proposed equipment and ADMs.</p>	<p>APC Vendor.</p> <p>An OBOT program requires pharmacy expertise and oversight that are knowledgeable with DEA, SAMHSA, and State regulations. APC has polices that address these concerns. An OBOT program does not require an NTP license . So for example, if Booher had this program, APC would set up and arrange the program. APC would conduct routine inspections and work on the behalf of the physician for any DEA survey. APC has expertise in the security of these type of programs. Depending on who provides the buprenorphine ; determines how the patient receives the dose. For example if the physician writes a prescription fo x number of days ; then the client would have it filled at a pharmacy under insurance and perhaps visit the location weekly for groups. The prescription would have to be E-prescribed., APC has some solutions for e prescribing but these must be discussed with BARC. If the physician wants to</p>
<p>3. Past Performance and Current Workload (Total Points Value: 5)</p> <p>Describe prime Vendor's experience on projects of similar nature, scope and duration, along with evidence of satisfactory completion, both on time and within budget, for the past five years. A minimum of three (3) verified references should be provided for the projects identified. Vendors with less than three (3) verified references will still be considered; however, failure to have three (3) verified references may result in reduced or zero points awarded for this section. References and performance evaluations, including prior work with the County or County references and evaluations, will be considered in evaluation of Vendor's past performance.</p> <p>Additional Instructions:</p> <p>Vendor should provide references for similar work performed to show evidence of qualifications and previous experience. Refer to Vendor Reference Verification Form and submit as instructed. Only provide references for non-Broward County Board of County Commissioners contracts. For Broward County contracts, the County will review performance evaluations in its database for vendors with previous or current contracts with the County. The County considers references and performance evaluations in the evaluation of Vendor's past performance.</p>	<p>APC Vendor.</p> <p>APC has extensive experience in government and private contracts. APC also has experience in 340b and indigent related programs. APC has over 22 years experience with behavioral facilities. APC will provide three Vendor Verification Reference Forms to clients with similar pharmacy models for submission to BARC</p>

<p>4. Current Workload (Total Points Value: 5)</p> <p>List all active and projected projects that Vendor will be working on in the near future. Projected projects will be defined as a project(s) that Vendor is awarded a contract but the Notice to Proceed has not been issued. Identify any projects that Vendor worked on concurrently. Describe Vendor's approach in managing these projects. Were there or will there be any challenges for any of the listed projects? If so, describe how Vendor dealt or will deal with the projects' challenges.</p>	<p>APC Vendor.</p> <p>APC has a management team that consists of key individuals in operations that direct the implementation of any new project. Once a signed contract is in place, APC will work diligently to meet all required deadlines. The Vice President of Operations , Andrea Mason, has been with APC since its inception, She oversees a Director of Operations and 7 regional managers. As VP of operations, Andrea will develop the timelines and ensure the project is kept on schedule. All Projects are assigned to a regional manager who will be intimately involved with the implementation and ongoing review.The regional manager for BARC is Timothy Rener. Timothy has extensive expertise in our</p>
<p>5. Pricing (Total Points Value: 20)</p> <p>Please refer to the Item Response Form in BidSync.*</p> <p>*Total points awarded for price will be determined by applying the following formula: (Lowest Proposed Price / Proposer's Price) x 20 = Price Score.</p>	<p>Please submit price information into BidSync.</p>

Vendor Questionnaire Form

The completed Vendor Questionnaire Form and supporting information (if applicable) should be returned with Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Failure to timely submit may affect Vendor's evaluation.

If a response requires additional supporting information, the Vendor should provide a written detailed response as indicated on the form. The completed questionnaire and responses will become part of the procurement record. It is imperative that the person completing the Vendor Questionnaire Form be knowledgeable about the proposing Vendor's business profile and operations.


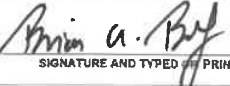
Solicitation Number :		GEN2120540P1
Title :		In-House Pharmacy Management Services
1. Legal business name:		Advanced Pharmaceutical Consultants, Inc.
2. Doing Business As/ Fictitious Name (if applicable):		
3. Federal Employer I.D. no. (FEIN):		59-3186282
4. Dun and Bradstreet No.:		884-76-4630
5. Website address (if applicable):		Www.APCPHARM.COM
6. Principal place of business address:	Address Line 1	555 NE 15th Street
	Address Line 2	Suite 200
	City	Miami
	State	FL
	Zip Code	33132
	Country	USA
7. Office location responsible for this project:		Miami Florida
8. Telephone no.:		305-751-7798
9. Fax no.:		
10. Type of business:	Type of Business (Select from the dropdown list)	
	If Corporation, Specify the State of Incorporation	FLORIDA

	If General Partnership, Specify the State and County filed in	
	If Other, Specify the detail	
11. List Florida Department of State, Division of Corporations document number (or registration number if fictitious name):		P93000025939
12. List name and title of each principal, owner, officer, and major shareholder:	a)	Raul A. Gonzalez - President
	b)	Bev Schammel - Secretary
	c)	Sue Fassler - Treasurer
	d)	Brian A. Bulfer - Major Shareholder
13. AUTHORIZED CONTACT(S) FOR YOUR FIRM:	Contact Name 1	Raul A. Gonzalez
	Title	President
	E-Mail	Rgonzalez@apcpharm.com
	Telephone No.	305-801-3784
	Fax No.	305-751-7748
	Contact Name 2	Brian A. Bulfer
	Title	Major Shareholder
	E-Mail	Bbulfer@apcpharm.com
	Telephone No.	305-804-3784
	Fax No.	305-751-7748
14. Has your firm, its principals, officers or predecessor organization(s) been debarred or suspended by any government entity within the last three years? If yes, specify details in an attached written response.	Click response	<input type="radio"/> Yes <input checked="" type="radio"/> No
	If Yes, provide detailed response	

15. Has your firm, its principals, officers or predecessor organization(s) ever been debarred or suspended by any government entity? If yes, specify details in an attached written response, including the reinstatement date, if granted.	Click response	<input type="radio"/> Yes <input checked="" type="radio"/> No
	If Yes, provide detailed response	
16. Has your firm ever failed to complete any services and/or delivery of products during the last three (3) years? If yes, specify details in an attached written response.	Click response	<input type="radio"/> Yes <input checked="" type="radio"/> No
	If Yes, provide detailed response	
17. Is your firm or any of its principals or officers currently principals or officers of another organization? If yes, specify details in an attached written response.	Click response	<input type="radio"/> Yes <input checked="" type="radio"/> No
	If Yes, provide detailed response	
18. Have any voluntary or involuntary bankruptcy petitions been filed by or against your firm, its parent or subsidiaries or predecessor organizations during the last three years? If yes, specify details in an attached written response.	Click response	<input type="radio"/> Yes <input checked="" type="radio"/> No
	If Yes, provide detailed response	
19. Has your firm's surety ever intervened to assist in the completion of a contract or have Performance and/or Payment Bond claims been made to your firm or its predecessor's sureties during the last three years? If yes, specify details in an attached written response, including contact information for owner and surety.	Click response	<input type="radio"/> Yes <input checked="" type="radio"/> No
	If Yes, provide detailed response	

20. Has your firm ever failed to complete any work awarded to you, services and/or delivery of products during the last three (3) years? If yes, specify details in an attached written response.	Click response	<input type="radio"/> Yes <input checked="" type="radio"/> No
	If Yes, provide detailed response	
21. Has your firm ever been terminated from a contract within the last three years? If yes, specify details in an attached written response.	Click response	<input type="radio"/> Yes <input checked="" type="radio"/> No
	If Yes, provide detailed response	
22. Living Wage solicitations only: In determining what, if any, fiscal impacts(s) are a result of the Ordinance for this solicitation, provide the following for informational purposes only. Response is not considered in determining the award of this contract. Living Wage had an effect on the pricing. If yes, Living Wage increased the pricing by ____% or decreased the pricing by ____%.	Click response	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
	If Yes, provide detailed response	<p>We provide our employees with a performance increase which translates to a cost of living wage of 3%. Pharmacy technicians wages have increased over the past year and pricing reflects the current trend.</p> <p>Living wage had an effect on employee salary pricing by a factor of 3% per year.</p>

**2007 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # P93000025939					
1. Entity Name ADVANCED PHARMACEUTICAL CONSULTANTS, INC.					
Principal Place of Business PO BOX 530365 MIAMI SHORES, FL 33153			Mailing Address P BOX 530365 MIAMI SHORES, FL 33153		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3186282	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BULFER, BRIAN A 9101 NE 2ND AVE. MIAMI, FL 33138			7. Name and Address of New Registered Agent Name National Registered Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive, Suite 4 City Weston FL Zip Code 33331		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BULFER, BRIAN A		NAME	Raul A. Gonzalez	
STREET ADDRESS	9101 NE 2ND AVE.		STREET ADDRESS	9101 NE 2nd Avenue	
CITY-ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP	Miami, FL 33138	
TITLE		<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Sue Fassler	
STREET ADDRESS			STREET ADDRESS	9101 NE 2nd Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33138	
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Bev A. Schammel Spenader	
STREET ADDRESS			STREET ADDRESS	9101 NE 2nd Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33138	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Brian A. Bulfer		Date 3/13/07	
				Daytime Phone # 305-751-7798	

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000025939

FILED
Jan 05, 2007
Secretary of State

Entity Name: ADVANCED PHARMACEUTICAL CONSULTANTS, INC.

Current Principal Place of Business:

New Principal Place of Business:

PO BOX 530365
MIAMI SHORES, FL 33153

Current Mailing Address:

New Mailing Address:

P BOX 530365
MIAMI SHORES, FL 33153

FEI Number: 59-3186282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BULFER, BRIAN A
9101 NE 2ND AVE.
MIAMI, FL 33138 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BULFER, BRIAN A
Address: 9101 NE 2ND AVE.
City-St-Zip: MIAMI, FL 33138

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN A. BULFER

P

01/05/2007

Electronic Signature of Signing Officer or Director

Date

FILE

**ARTICLES OF INCORPORATION
OF
ADVANCED PHARMACEUTICAL CONSULTANTS, INC.**

ARTICLE I - NAME

The name of this corporation is ADVANCED PHARMACEUTICAL CONSULTANTS,
INC.

EFFECTIVE DATE
4-9-93

ARTICLE II - DURATION

This Corporation shall have perpetual existence commencing on April 9, 1993.

FILED
1993 APR - 8 PM
19

ARTICLE III - PURPOSE

The Corporation may engage in any activity or business permitted under the laws of the
United States and of the State of Florida.

ARTICLE IV - CAPITAL STOCK

This Corporation is authorized to issue 7,500 shares of One Dollar (\$1.00) par value common
stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the initial registered agent of this Corporation is:

Brian A. Bulfer
Advanced Pharmaceutical Consultants, Inc.
2402 Burlwood Drive
Lutz, Florida 33549

05/7684.1
04/07/93 at 2:58pm

ARTICLE VI - CORPORATE ADDRESS

The street address of the Corporation is:

2402 Burlwood Drive
Lutz, Florida 33549

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This Corporation shall have one (1) Directors initially. The number of Directors may be increased or diminished from time to time by the By-Laws but shall never be less than one (1). The name and address of the initial Director of this Corporation is:

<u>NAME</u>	<u>ADDRESS</u>
Brian A. Bulfer	2402 Burlwood Drive Lutz, Florida 33549

ARTICLE VIII - BY LAWS

The By-Laws of this Corporation may be adopted, altered, amended or repealed by either the Stockholders or Directors.

ARTICLE IX - INDEMNIFICATION

The Corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE X - PREEMPTIVE RIGHTS

Every stockholder, upon the sale for cash of any new stock of this Corporation of the same

kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE XI - INCORPORATION

The name and address of the person signing these Articles is:

Brian A. Bulfer
Advanced Pharmaceutical Consultants, Inc.
2402 Burlwood Drive
Lutz, Florida 33549

ARTICLE XII - AMENDMENT

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, in accordance with the provisions of the Florida General Corporation Act.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 7th day of April, 1993.

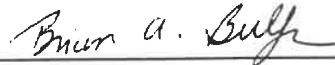


BRIAN A. BULFER

ACCEPTANCE BY REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN ARTICLE V OF THESE ARTICLES OF INCORPORATION, THE UNDERSIGNED HEREBY AGREES TO ACT IN HIS CAPACITY, AND FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE DISCHARGE OF HIS DUTIES.

DATED THIS 7th day of April, 1993.



Brian A. Bulfer

FILED
1993 APR -8 PM 2:19
SECRETARY OF STATE
TALLAHASSEE FL 32399



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/05/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Services for CoAdvantage Jeffrey Rendel 250 Tequesta Drive Tequesta, FL 33418	CONTACT NAME: PHONE (A/C, No, Ext): (866) 854-5423 FAX (A/C, No): E-MAIL ADDRESS: coi@coadvantage.com														
INSURED CoAdvantage Corporation Alt. Emp: Advanced Pharmaceutical Consultants, Inc 3350 Buschwood Park Drive #200 Tampa, FL 33618	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : American Zurich Insurance Company</td> <td style="text-align: center;">40142</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : American Zurich Insurance Company	40142	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER: 21FL090908026

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A	X	WC 56-11-942-07	04/01/2021	04/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
				Location Coverage Period:	04/01/2021	04/01/2022	Client# 20696-FL	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage is provided for only those co-employees of, but not subcontractors to:
 Advanced Pharmaceutical Consultants, Inc
 555 NE 15 St Ste 200
 Miami, FL 33132

Endorsements: Waiver of Subrogation

CERTIFICATE HOLDER

CANCELLATION

Broward Addiction Recovery Center (BARC) 325 SW 28th Street Fort Lauderdale, FL 33315	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	---



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/7/2021

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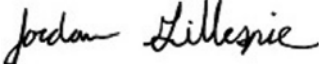
PRODUCER Cothrom Risk & Insurance Services 440 N Andrews Ave Fort Lauderdale FL 33301	CONTACT NAME: PHONE (A/C. No. Ext): 954-368-2191		FAX (A/C. No):	
	E-MAIL ADDRESS: certificates@cothrom.com			
INSURER(S) AFFORDING COVERAGE			NAIC #	
INSURED Advanced Pharmaceutical Consultants, Inc. 555 NE 15th Street Suite 200 Miami FL 33132	ADVAPHA-01	INSURER A : Evanston Insurance Company		35378
		INSURER B : Scottsdale Insurance Company		41297
		INSURER C : North American Capacity Insurance Company		25038
		INSURER D :		
		INSURER E :		
	INSURER F :			

COVERAGES **CERTIFICATE NUMBER:** 975124376 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	SM940021	3/13/2021	3/13/2022	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	SM940021	3/13/2021	3/13/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A C B	Professional Liability Cyber Security and Liability Cyber Excess Liability		Y Y	SM940021 C4LRU167135CYBER2021 EKS3371234	3/13/2021 3/13/2021 3/13/2021	3/13/2022 3/13/2022 3/13/2022	Each Claim & Agg 3,000,000 Each Claim 5,000,000 Limit of Liability 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is an additional insured under the general liability policy and auto liability per form MESM 1006 08 15 when required by written agreement subject to the terms and conditions of the policy. The general liability policy & auto liability policy is primary and will not seek contribution from the certificate holder's general liability policy & auto Liability when required by written agreement subject to the terms and conditions of the policy. A waiver of subrogation is provided in favor of the Certificate Holder under the general liability, auto liability and cyber liability when required by written agreement, subject to the terms and conditions of the policy.

CERTIFICATE HOLDER Broward County 115 S. Andrews Ave Fort Lauderdale FL 33301-1869	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/7/2021

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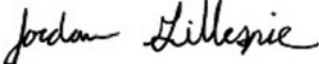
PRODUCER Cothrom Risk & Insurance Services 440 N Andrews Ave Fort Lauderdale FL 33301	CONTACT NAME: PHONE (A/C. No. Ext): 954-368-2191		FAX (A/C. No):	
	E-MAIL ADDRESS: certificates@cothrom.com			
INSURER(S) AFFORDING COVERAGE			NAIC #	
INSURED Advanced Pharmaceutical Consultants, Inc. 555 NE 15th Street Suite 200 Miami FL 33132	ADVAPHA-01	INSURER A : Evanston Insurance Company		35378
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
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CERTIFICATE HOLDER Broward County 115 S. Andrews Ave Fort Lauderdale FL 33301-1869	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

WC 00 03 13

(Ed. 4-84)

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

IN FAVOR OF:

Broward Addiction Recovery Center (BARC)
325 SW 28th Street
Fort Luaderdale, FL 33315

WORK PERFORMED BY CO-EMPLOYEES OF:

Advanced Pharmaceutical Consultants, Inc
555 NE 15 St Ste 200
Miami, FL 33132

ON THE FOLLOWING PROJECT:

FEE FOR THIS WAIVER IS:

Premium will be waived

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective: 04/01/2021

Policy No: WC 56-11-942-07

Endorsement No:

Insured: CoAdvantage Corporation Alt. Emp: Advanced Pharmaceutical Consultants, Inc

Premium: \$

Insurance Company: American Zurich Insurance Company

Countersigned By:



Authorized Representative

TIMOTHY RENER

574 Kensington Ct Valparaiso, In 46385 | C: 219-851-1758 | tjrener@outlook.com

Professional Summary

Patient service-oriented Pharmacist with a strong background in clinical pharmacology and patient medication therapy management. I have a track record of maintaining positive relationships with customers, pharmaceutical representatives, manufacturers, medical professionals, healthcare organizations and insurance providers.

Licenses

In good standing with the Indiana, Florida and Hawaii Board of Pharmacy

Skill Highlights

- Expert understanding of Medicare and Medicaid processes
 - Exceptional patient care and interaction
 - Medication compounding expert
 - Strong background in FDA drug safety guidelines
 - Effective leader and manager
 - Hospital and retail pharmacy professional
-

Professional Experience

Pharmacy Manager

11/1995 to 07/2013

Fairmeadows Pharmacy

Chicago, IL

Oversaw the operations of a combination retail compounding and infusion pharmacy. Maintained drug inventory levels by ordering necessary medications and supplies and verifying deliveries against purchase orders. Maintained and developed policy and procedure manual for accreditation. Developed relationships with physicians, nursing agencies, other health care professionals. Oversaw the pharmacy technicians' drug preparation and distribution activities to provide safe, efficient care for patients. Worked closely with pharmacists and used medication input software to safely and accurately dispense medication. Maintained proper compliance logs, including for refrigerator temperatures and IV hood maintenance. Verified patient data and billing information. Maintained proper storage and security conditions for all drugs. Maintained updated records such as pharmacy files, patient profiles, charge system files, inventories and poison or controlled drug registries. Directed operations to increase efficiency and minimize patient wait times. Consistently upheld proper pharmacy and general safety procedures and standards. Safely administered immunizations, travel medicine, medication therapy management and other specialty programs. Maintained proper pharmacy and general safety procedures and standards, including department cleanliness. Followed state and federal record keeping guidelines for legend drugs and controlled substances. Successfully assisted customers with medical issues and provided valuable healthcare counseling. Appropriately resolved customer issues, complaints and questions. Proficiently processed and dispensed written, oral and electronic prescriptions. Conducted bi-annual chart reviews at assisted living facilities (ALF) as a consultant pharmacist. Conducted quarterly chart reviews at outpatient surgery centers as a consultant pharmacist.

Pharmacy Supervisor 10/1994 to 10/1995 Coram Healthcare Merrillville, IN

Prepared and dispensed infusion medications to patient's homes. Advised patients on the proper use of medication, medical equipment or healthcare supplies inventory. Collaborated closely with nurses and physicians to monitor and assess the quality and effectiveness of drugs or drug regimens. Managed pharmacy inventory through proper medication ordering, returns. Followed state and federal record keeping guidelines for legend drugs and controlled substances. Maintained proper pharmacy and general safety procedures and standards, including department cleanliness. Maintained proper inventory levels, rotated stock and immediately complied with prescription drug recalls. Consistently upheld proper pharmacy and general safety procedures and standards. Calculated, weighed, measured and mixed ingredients with expert precision. Maintained updated records such as pharmacy files, patient profiles, charge system files, inventories and poison or controlled drug registries. Maintained proper storage and security conditions for all drugs. Maintained proper compliance logs, including for refrigerator temperatures and IV hood maintenance.

Staff Pharmacist 01/1992 to 11/1994 St Margaret's Mercy Hospital Dyer, In

Interpreted and evaluated the validity and safety of medication orders and prescriptions. Collaborated closely with healthcare professionals to monitor and assess the quality and effectiveness of drugs or drug regimens. Oversaw the pharmacy technicians' drug preparation and distribution activities to provide safe, efficient care for patients. Consistently upheld proper pharmacy and general safety procedures and standards. Maintained proper pharmacy and general safety procedures and standards, including department cleanliness. Conducted monthly chart reviews at skilled nursing facility (SNF) as a consultant pharmacist.

Store manager 08/1987 to 12/1991
Walgreen's Chicago, IL

Directed and supervised employees engaged in sales, inventory-taking and reconciling cash receipts. Determined staff promotions and demotions, and terminated employees when necessary. Maintained daily record of all transactions. Wrote order supply requests to replenish merchandise. Trained staff to deliver outstanding customer service. Analyzed marketing information and translated it into strategic plans. Worked closely with the district manager to formulate and build the store brand. Contributed to merchandising ideas at team sale meetings.

Staff Pharmacist 08/1985 to 08/1987
Walgreen's Chicago, IL

Entered new patient profiles and prescriptions into medication input software system. Communicated directly with doctors' offices via telephone, fax and email. Provided friendly customer service at prescription drop-off and pick-up counters. Efficiently answered multi-line phone and processed high volume of order requests from nurses, doctors and pharmacists. Verified patient data and billing information. Verified accuracy and completeness of information on prescription and refill requests. Regularly completed paperwork and entered prescription and insurance billing information into patient profiles. Communicated with all customers and staff in a pleasant and professional manner. Precisely processed third party prescriptions and managed adjudication review.

Education and Training

Bachelor of Science: Pharmacy	1985
Saint Louis College of Pharmacy	Saint Louis, MO, USA

9394 NW 49th Place

Fort Lauderdale, Florida 33351

(954)840-4040

skrx92@aol.com

Satpal Kaur Sautman

Technical Skills/Proficiencies

- Proficient on AS400, QS-1, Abacus , Intercom Plus Computer Systems
- Organized
- Productive
- Communicative

Experience

- | | | |
|--|---|---|
| 1992-1996 | InstaCare Longterm Care
Pharmacy | Miami Lakes, Florida |
| <ul style="list-style-type: none"> • Staff Pharmacist • Processed daily orders for over 35 nursing homes, jails and correctional facilities • Managed IV department which involved kinetics and daily adjustments on both antibiotic and TPN orders • Consultant of Record for two psych hospitals in Hollywood and Miami • Participated in several state inspections/surveys | | |
| 1996-2004 | NetworkingUnlimitedCompany
Cardinal Health | New Hampshire
West Palm Beach, Florida |
| <ul style="list-style-type: none"> • Relief Pharmacist Position • Travelled to various independent retail, LTC facilities, hospital, home health care, and hospice pharmacies • Supported/represented pharmacy when pharmacist of record absent • Able to run department involving various delivery systems • Various companies were PCA, South Florida State Hospital, Broward Department of Health, Medistat, Eckerds, Pharmerica, Humana, and Jackson Hospital(ambulatory) | | |
| 1999-2003 | Community Pharmacy and
Health Services | Miami Shores, Miami |
| <ul style="list-style-type: none"> • Pharmacy Manager • Manager of independently owned pharmacy • Responsible for maintaining pt profiles • Pt population consisted of 80% HIV referred from South Florida Aids Network/Jackson Hospital • Supervised opening of second pharmacy (ambulatory) with clinic on 54th/22nd ave Miami • Wrote protocol for ADAP, Share of Cost and Vaccine program | | |
| 2003-2006 | Medistat/Omnicare | Weston, FI |
| <ul style="list-style-type: none"> • Night supervisor • Responsible for pharmacy department over night | | |

- Processed and verified orders for over 50 nursing homes/jails/correction facilities
- Assisted consultants in med pass reviews and pre-surveys

- | | | |
|--------------|--------------------|------------------|
| 2006-Present | Walgreens Pharmacy | Sunrise, Florida |
|--------------|--------------------|------------------|
- Over-night Pharmacist(7 on/off 7 Shift)
 - Responsible for processing and completing all orders
 - Maintaining parata robot
 - Conducting bi-monthly bin reconciliations
 - Maintaining inventory control
- | | | |
|--------------|---------------------------------------|--------------------------|
| 2011-Present | Segal Institute for Clinical Research | North Miami, Florida |
| 2011-Present | Scientific Clinical Research Inc | North Miami, Florida |
| 2011-Present | Atlantic Shores Hospital | Fort Lauderdale, Florida |
- Staff Pharmacist
 - Adjust daily census
 - Monitor Med Dispense/Override report
 - Complete/dispense daily orders
 - Dispense methadone according to segal protocol to pts in program
 - Review cardinal orders/pedigree items
 - Print bi weekly MARS.

Education

- | | | |
|-----------|---|--------------------------|
| 1988-1992 | Nova Southeastern University
College of Pharmacy | Fort Lauderdale, Florida |
|-----------|---|--------------------------|
- Pharm.D.
- | | | |
|-----------|--|--------------------------|
| 1986-1998 | Broward Community College
College of Pharmacy | Fort Lauderdale, Florida |
|-----------|--|--------------------------|
- Pharmacy Pre-requisite

Awards/Accomplishments

- 1992 Florida Board of Pharmacy
 - Pharmacist License # PS27774
- 2005 American Heart Association
 - Basic Life Support with AED Certification
- 2009 Florida Board of Pharmacy
 - Licensed Immunizer

Sampal Sankar 02/09/11

- Processed and verified orders for over 50 nursing homes and correction facilities
- Assisted consultants in med pass reviews and pre-surveys

2006-Present Walgreens Pharmacy Sunrise, Florida

- Over-night Pharmacist(7 on/off 7 Shift)
- Responsible for processing and completing all orders
- Maintaining parata robot
- Conducting bi-monthly bin reconciliations
- Maintaining inventory control

Education

1988-1992	Nova Southeastern University College of Pharmacy	Fort Lauderdale, Florida
• Pharm.D.		
1986-1998	Broward Community College College of Pharmacy	Fort Lauderdale, Florida
• Pharmacy Pre-requisite		

Awards/Accomplishments

- 1992 Florida Board of Pharmacy
Pharmacist License # PS27774
- 2005 American Heart Association
Basic Life Support with AED Certification
- 2009 Florida Board of Pharmacy
Licensed Immunizer

Tamara Taylor

Pharmacy Technician - Omnicare

Lauderhill, FL 33313
tamarataylor636_7t8@indeedemail.com
(954) 988-0161

To obtain a challenging position in your company where I can have the opportunity to enhance my skills and attributes. As also be a complementary team player whilst getting objectives completed in a jiffy.

Skilled Areas

#readytowork

Work Experience

Pharmacy Technician

Omnicare - Weston, FL
2012 to Present

Employee of the month.

Outstanding employee I try my best to assist patients with their daily needs. I am very friendly an easy to talk to.

Everest University - Pompano Beach, FL
2011 to 2011

2011

Home Health Aide

Dr. Doris Berlin-Acker - Poughkeepsie, NY
2010 to 2010

2010

Florida Career College - West Palm Beach, FL
2009 to 2010

Medical Assistant

Centers for Neurology and Chiropractic Pain Management - Delray Beach, FL
2009 to 2010

Customer Service

Poor Relief Department
2006 to 2008

Education

Associate

Skills

- 35 wpm (Less than 1 year)
- Bookkeeping (Less than 1 year)
- Documentation (Less than 1 year)
- Hematology (Less than 1 year)
- Hipaa (Less than 1 year)
- Infection control (Less than 1 year)
- Maintenance (Less than 1 year)
- Microbiology (Less than 1 year)
- Patient registration (Less than 1 year)
- Pharmacology (Less than 1 year)
- Phlebotomist (Less than 1 year)
- Phlebotomy (Less than 1 year)
- Scheduling (Less than 1 year)
- Toxicology (Less than 1 year)
- Typing (Less than 1 year)
- Venipuncture (Less than 1 year)
- X-ray (Less than 1 year)
- Accounting
- Customer Service
- Inventory
- Pharmacy
- Word
- Cash Handling
- Patient Care
- Pharmacy Technician Experience
- Vital Signs
- Experience Administering Injections

Certifications and Licenses

Certified Clinical Medical Assistant (CCMA)

Certified medication technician

Licence pharmacy technician

Assessments

Medical Terminology — Familiar

February 2020

Understanding and using medical terminology.

Full results: [Familiar](#)

Reliability — Proficient

February 2020

Tendency to be dependable and come to work.

Full results: Proficient

Customer Focus & Orientation — Completed

May 2019

Measures a candidate's ability to respond to customer situations with sensitivity.

Full results: Completed

Attention to Detail — Familiar

June 2019

Identifying differences in materials, following instructions, and detecting details among distracting information.

Full results: Familiar

Indeed Assessments provides skills tests that are not indicative of a license or certification, or continued development in any professional field.

Additional Information

Administrative Skills

Appointment Scheduling/Rescheduling, Bookkeeping,
Client Confidentiality, Client File Maintenance, HIPAA,
Insurance & Claim Processing, Patient Registration,
Medical Front Office Procedures, Typing (Accurate 35 WPM)
Patient Information Management

Clinical Skills

Assisting with Minor Surgery, Basic Microbiology, Basic Pharmacology, Basic X-Ray, Capillary Puncture, Communication Placatory Skills, Hematology, Hygiene, Infection Control, Lab Requisitions & Safety Guidelines, Medical Asepsis, Medical Back Office Procedures, Medical History, Methods of Documentation, Patient Charting, Phlebotomy, Physical Examinations, Pulse Oximetry, Surgical Back Office Procedures, Universal Precautions, Venipuncture, & Vital Signs

Shivanne Bhagwandeem PharmD, BS, CPh

Telephone: 954-260-9748
Email: SHIVANNE.B@gmail.com
North Lauderdale, FL

OBJECTIVE

- Honest, dependable and focused on continued professional development
- Dedicated to improving the health and wellness of others
- Committed to overcoming daily challenges leading to positive patient outcomes
- Currently looking for positions that will help me grow as a clinical pharmacist

WORK EXPERIENCE

Consultant Pharmacist Part-time

New Season Sunrise Treatment Center- Colonial Management Group (Sunrise, FL)

Sep 2015 – Present

- Maintaining drug records, securing the dosing room, implementing operating procedures and reporting to appropriate management and authorities.
- Provide pharmaceutical consultation.
- Meets quarterly with Medical Director and Program Director to review the clinic's pharmacy practices (continued quality improvement- CQI meetings).
- Prepare written reports regarding the provider's level of compliance with established pharmaceutical procedures.
- Visit the facility at least every two weeks to ensure that established procedures are being followed, unless otherwise stipulated by the State Board of Pharmacy.

Pharmacist

Mailmyprescriptions.com (Boca Raton, FL)

Oct 2017 – Mar 2018

- Verify prescriptions, provide counseling on prescription medications, assess drug interactions, consult with prescribers when necessary.
- Conduct quarterly quality improvement meetings and root cause analysis of errors.
- Train pharmacists and technicians on new policies and procedures.
- Prepare and write policies, procedures and work instructions for company processes.
- Manage a team of more than 15 people per day that includes pharmacists and technicians.
- Assist with making sure that we're compliant with all state pharmacy licenses.

Assistant Pharmacy Manager

Drugs 4 Less Pharmacy (Pompano Beach, FL)

Sep 2015 – Nov 2017

- Verify prescriptions, provide counseling on prescription and over the counter medications.
- Assess drug interactions and consult with prescribers and patients when necessary.
- Started the medication therapy management (MTMs) program at this pharmacy that includes conducting complete medication reviews (CMRs), chronic disease interventions, targeted interventions etc through OutcomesMTM and Mirixa.
- Multitasking, customer service, marketing to local offices and assisted living (long term care) facilities.
- Supervise technicians, create policies and conduct quarterly quality (CQI) meetings.
- Non-sterile compounding.
- Assist with all inspections from Board of Pharmacy, insurance companies and DEA.

Pharmacist

CVS Health (Miami, FL)

Nov 2013 – Oct 2015

- Verify prescriptions, provide counseling on prescription and OTC medications.
- Assess drug interactions and consult with prescribers.
- Make recommendations to prescribers and help with prior authorization submission.
- Administer immunizations.
- Customer service, inventory control, quality assurance, and financial profitability.
- Smoking Cessation counseling.
- Supervise technicians and workflow management.

Pharmacist Per Diem

Kare Pharmacy (Deerfield Beach and Coral Springs, FL)

May 2014 – May 2015

- Mail order pharmacy that delivers prescriptions for diabetic supplies and medications all over the country.
- Verify prescriptions, customer service, provide patient counseling, make recommendations to prescribers, assess drug interactions, mentor technicians, make recommendations for alternatives to prior authorization drugs and for company processes.
- Attend daily and weekly meetings to make recommendations to company processes.

EDUCATION

Doctor of Pharmacy

Aug 2009 – May 2013

Nova Southeastern University-College of Pharmacy (Fort Lauderdale, FL)

- Delray Medical Center- Internal Medicine
- Center for Consumer Health Informatics Research- Medicines Information
- Seventh Avenue Family Health Center- Ambulatory Care
- Arthur's Original Pharmacy-Compounding/Community
- Omnicare- Geriatrics/ Consultant Pharmacist
- Baptist Hospital- Pharmacokinetics
- North Broward Medical Center-General Clinical
- Holy Cross Hospital- Critical Care
- Healthcare District of WPB- HIV Community
- Coral Springs Medical Center- Hospital Pharmacy clinicals
- Romano's Pharmacy- Community Pharmacy

Bachelor in Science (B.S.) in Biology Bachelor of Arts (B.A.) in Chemistry Aug 2005 – Dec 2008

Florida Atlantic University (Boca Raton, FL)

High School Diploma

Aug 2001 – May 2005

Coconut Creek High School (Coconut Creek, FL)

SKILLS and CERTIFICATIONS

- | | |
|---|---------------------|
| ▪ Medication Therapy Management (Powerpak) | March 2018 |
| ▪ Certificate Genetics Drug Counseling (NSU College of Pharmacy) | February 2018 |
| ▪ Integrative Nutrition (NSU College of Pharmacy) | March 2017 |
| ▪ Florida Board of Pharmacy, Pharmacists License #: PS 51058 | Aug 2013 – Present |
| ○ Certified to Immunize | |
| ▪ FL Consultant Pharmacist License #: PU 7490 | July 2014 – Present |
| ▪ American Heart Association, Basic Life Support with AED Certification | Aug 2009 – Present |
| ▪ Word, Excel, Powerpoint, Outlook | |
| ▪ Typing, Writing, Mathematics | |

REFERENCES: Available upon request

4320 Northeast 28th Avenue
Ft. Lauderdale, Fl. 33308
954-803-2540 |
colonel.james@aol.com

JAMES F. COLONEL RPH., CPH., AAHIVP.

OBJECTIVE To practice Professional Pharmacy and care for patients on a daily basis in a manner exceeding the Standards of Practice.

**PROFESSIONAL
ACHIEVEMENTS**

CLINICAL AND COMMUNITY PHARMACY PRACTICE

Successfully managed patients in the clinical and community setting, working daily with physicians, case managers, nurses, and payors, insuring that patients receive their medication regimens correctly and promptly.

Successfully managed patient in the home infusion and specialty home injectable market providing medication, supplies and support.

Successfully managed Chain Store locations in the community.

Successfully provided community pharmacy services to residents for family owned pharmacy.

Successfully provided long term care medications in unit dose packaging and Consultant services.

2018 successfully implemented TCGRX Beacon system into pharmacy dispensing system.

STARTUP PHARMACIES

Successfully opening of Biomed Pharmaceuticals, and Biomed Acute Care Pharmacies, including Board of Pharmacy application, site acquisition, build out, contracting with third parties, hiring and managing.

Successful acquisition and opening of pharmacy for Eckerd Drugs, Pompano Beach Florida. Remained as Pharmacist in Charge.

Won Pharmacist award 1999.

Achieved accreditation under URAC and ACHC, 2017, 2018.

Achieved accreditation under ACHC 2012.

Achieved successful licensing and "set up" of Specialty Pharmacy and Special P+E Pharmacy 2012.

SKILLS AAHIVP Training 2015, 2018, 797 – 2011, Ryan White, 340B Program, PAP Cards, Vouchers, Licensed Immunizer, Prior Authorizations, HB21 Eforcse, TCGRX Beacon drug distribution system, CSOs, Office, First Responder

WORK HISTORY

PHARMACIST IN CHARGE, AHF PHARMACY, FORT LAUDERDALE, FL

2013 – 2018

PHARMACIST IN CHARGE, BIOMED PHARMACEUTICALS, FORT LAUDERDALE, FL

2007 – 2013 Acquired by AHF. 2013

PHARMACIST IN CHARGE, BIOMED ACUTE CARE, FORT LAUDERDALE, FL

2012 – 2013

PHARMACIST IN CHARGE, PREMIER KIDS CARE, HOLLYWOOD, FL

2005 - 2007

PHARMACIST IN CHARGE, CVS HEALTH, DEERFIELD BEACH, FL

2001 – 2005

Part time Floater Pharmacist CVS HEALTH 2005 – present.

PHARMACIST in CHARGE, Specialty Pharmacy Oakland Park, FI 1993-1999.

PHARMACIST IN CHARGE, ECKERD DRUGS, POMPANO BEACH FL 1999-2001.

PHARMACIST IN CHARGE, ECKERT'S PHARMACY, POMPANO BEACH FL 1983-1993.

STAFF PHARMACIST, THE CHEMIST SHOP, FT LAUDERDALE, FL 1983-1993.

EDUCATION **BACHELOR'S IN PHARMACY, UNIVERSITY OF FLORIDA, GAINESVILLE, FL**

CONSULTANT PHARMACIST 1993

POST GRADUATE BUSINESS ADMINISTRATION, BROWARD COLLEGE, 1980

AAHIV SPECIALTY CERTIFICATION, 2015, 2018

References: Michael Bergman MD, Medical Director AHF, 1164 E Oakland Park Blvd., Oakland Park, FI 33334

RAY SAWAGED R.Ph, C. Ph, CSP,AAHIVP

1743 NE 26th Drive, Wilton Manors, FL 33334 • (305) 496-8566 • Rays@mbchc.com

PROFESSIONAL WORK EXPERIENCE

August 2000 to Present

Miami Beach Community Health Center, Inc., Miami Beach, FL
Vice President Pharmacy Services

- Responsible for monitoring and coordinating the best pricing arrangement for pharmaceutical purchases
- Responsible for monitoring all pharmaceutical supplies and restocking as necessary
- Responsible for coordinating and providing support for pharmacy-related audits and inspections
- Serves as the point of contact for regulatory and third party insurance
- Responsible for keeping all pharmacy policies and procedures in accordance with established policies and procedures of the organization
- Responsible for developing, implementing, and enforcing policies, procedures, and performance standards
- Attends Total Quality Management Committee Meetings
- Preparing and presenting departmental quarterly reports
- Responsible for evaluating Pharmacy Managers on an annual basis
- Provides guidance for clinical operational aspects of Pharmacy Programs
- Responsible for oversight of clinical decision-making aspects of Pharmacy Program
- Periodic consultation with practitioners in the field
- Ensures the organizational objective to have qualified clinicians accountable to the organization for decisions affecting consumers
- Responsible for evaluating and approving any changes to the Patient Management Program

June 1997 to August 2000

Walgreens, Miami Beach, FL
Pharmacist Manager

- Responsible for accurately reviewing data entry and product, receiving and transferring prescriptions, and reporting quality related events in a

Ray Sawaged RPh., C.Ph, AAHIVP, CSP

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timely manner. Building of symbiotic relationships with bank clients

- Responsible for performing drug utilization review which includes contacting prescribers via phone or fax about potential drug interactions, dosing issues, medication allergies, and therapeutic duplications
- Maintained statutory requirements with banking laws, banking guidelines and applications
- Counseling patients about their prescription and OTC medications and providing comprehensive medication review.
- Responsible for recommending and providing necessary immunizations to patients.
- Responsible for maintaining high level of customer satisfaction and resolve any customer service issue.
- Oversees training of pharmacy technicians to become proficient with pharmacy systems and manage efficient work flow.
- Responsible for assuring the pharmacy department procedures and practices are in compliance with federal and state regulations and guidelines.
- Responsible for monitoring and managing pharmacy inventory effectively to reduce pharmacy costs.
- Maintains records, such as pharmacy files, patient profiles, and inventories of controlled substances and non-controlled substances.

Nov 1996 to June 1997

Walgreens, Miami Beach, FL
Staff Pharmacist

- Responsible for accurately reviewing data entry, product, and dispensing prescriptions.
- Handled incentive packaging and promotions for customers
- Responsible for assisting in and making recommendations concerning the selection, training, development, and performance of pharmacy department personnel.
- Responsible for the utilization of technology and management of work flow within the pharmacy.

Ray Sawaged RPh., C.Ph, AAHIVP, CSP

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1994 to April 1996

CVS, Fairlawn, New Jersey
Staff Pharmacist

- Responsible for assuring the pharmacy department procedures and practices are in compliance with federal and state regulations and guidelines.
- Responsible for monitoring and managing pharmacy inventory effectively to reduce pharmacy costs.
- Maintains records, such as pharmacy files, patient profiles, and inventories of controlled substances and non-controlled substances.
- Handled incentive packaging and promotions for customers
- Responsible for assisting in and making recommendations concerning the selection, training, development, and performance of pharmacy department personnel.

August 1993 to July 1994

Hoffman-La Roche, Nutley, New Jersey
Summer Scholar & Internship Program

EDUCATION

September 1991 to May 1994

LONG ISLAND UNIVERSITY,
Arnold and Marie Schwartz College of Pharmacy, Brooklyn, New York
Bachelors of Science, Pharmacy

September 1986 to May 1990

RUTGERS UNIVERSITY,
Newark College of Arts and Sciences, Newark, New Jersey
Bachelors of Arts, Biology

Ray Sawaged RPh., C.Ph, AAHIVP, CSP

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Nova Southeastern University College of Pharmacy
Adjunct Assistant Professor, Preceptor

Florida Licensed Pharmacist PS32004

Florida Licensed Consultant Pharmacist PU6767

American Academy of HIV Medicine HIV Pharmacist (AAHIVP)

Board Certified Specialty Pharmacist (CSP)

Ray Sawaged RPh., C.Ph, AAHIVP, CSP

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VENDOR REFERENCE VERIFICATION FORM

Vendor is required to submit completed Reference Verification Forms for previous projects referenced in its submittal. Vendor should provide the **Vendor Reference Verification Form** to its reference organization/firm to complete and return to the Vendor's attention. Vendor should submit the completed Vendor Reference Form with its response by the solicitation's deadline. The County will verify references provided as part of the review process. Provide a minimum of three (3) non-Broward County Board of County Commissioners' references.



VENDOR REFERENCE VERIFICATION FORM

GEN2120541P1 – In-House Pharmacy Management Services				
Reference For (hereinafter, "Vendor"):	Advanced Pharmaceutical Consultants, Inc.			
Reference Date:	June 25, 2021			
Organization/Firm Providing Reference:	Orange County Health Department			
Contact Name:	Brunilda Vega, MPA, FCCM			
Contract Title:	GOC II-Contract Manager			
Contact Email:	Brunilda.Vega@flhealth.gov			
Contact Phone:	407-888-1281			
Name of Referenced Project:	PHARMACIST/PHARMACY MANAGEMENT SERVICES			
Contract Number:	RFP DOH09-066			
Date Range of Services Provide:	Start Date: 2-2010	End Date: 1-2021		
Project Amount:	\$292,228			
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed)				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed)				
Pharmacist/Pharmacy Management Services- Onsite Retail Services, 340b, and clinic pharmacy services unde				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to Section 21.119 of the Broward County Procurement Code.</i>				
THE SECTION BELOW IS FOR COUNTY USE ONLY				
Verified via: <input type="checkbox"/> Email <input type="checkbox"/> Verbal	Verified by:	Division:		
		Date:		

VENDOR REFERENCE VERIFICATION FORM

Vendor is required to submit completed Reference Verification Forms for previous projects referenced in its submittal. Vendor should provide the **Vendor Reference Verification Form** to its reference organization/firm to complete and return to the Vendor's attention. Vendor should submit the completed Vendor Reference Form with its response by the solicitation's deadline. The County will verify references provided as part of the review process. Provide a minimum of three (3) non-Broward County Board of County Commissioners' references.

VENDOR REFERENCE VERIFICATION FORM

GEN2120541P1 – In-House Pharmacy Management Services				
Reference For (hereinafter, "Vendor"):	Advanced Pharmaceutical Consultants, Inc.			
Reference Date:	June 25, 2021			
Organization/Firm Providing Reference:	Clarity Child Guidance Center			
Contact Name:	Jessica Knudsen			
Contract Title:	CEO			
Contact Email:	Jessica.knudsen@claritycgc.org			
Contact Phone:	210-582-6417			
Name of Referenced Project:	Pharmacy Services Management Agreement			
Contract Number:	None			
Date Range of Services Provide:	Start Date: December 2020	End Date: December 2021		
Project Amount:	\$275,940			
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed)				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed)				
Pharmacy Management Services - In House				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to Section 21.119 of the Broward County Procurement Code.</i>				
THE SECTION BELOW IS FOR COUNTY USE ONLY				
Verified via: <input type="checkbox"/> Email <input type="checkbox"/> Verbal	Verified by:		Division:	
			Date:	

VENDOR REFERENCE VERIFICATION FORM

GEN2120541P1 – In-House Pharmacy Management Services

Reference For (hereinafter, "Vendor"):	Advanced Pharmaceutical Consultants, Inc.		
Reference Date:	June 25, 2021		
Organization/Firm Providing Reference:	Acadia Healthcare Company Inc.		
Contact Name:	Lee Dubois		
Contract Title:	VP, Procurement		
Contact Email:	Lee.Dubois@acadiahealthcare.com		
Contact Phone:	(615) 821-1237		
Name of Referenced Project:	Pharmacy Management Services and Consulting		
Contract Number:			
Date Range of Services Provide:	Start Date:> 5 years	End Date:	
Project Amount:	>\$10,000,000 a year		
Vendor's Role in Project:	<input checked="" type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant/Subcontractor	
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

If you answered no to the question above, please specify below: (attach additional sheet if needed)

Description of services provided by Vendor, please specify below: (attach additional sheet if needed)

Pharmacy Management Services and Consulting for over 50 behavioral healthcare facilities in the US and Pue

Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Verified via: <input type="checkbox"/> Email <input type="checkbox"/> Verbal	Verified by:	Division:	
		Date:	

Omniceil XT Automated Dispensing Cabinets and Drawers

No other medication dispensing system offers more cabinet choices to meet the needs of acute and post-acute care sites. The scalable Omnicell® XT Automated Dispensing System can easily be expanded with additional cabinets, and drawers can be added or changed on-site as clinical needs evolve. Medications and supplies can be combined in a single cabinet, promoting convenience and saving space.



Omnnicell XT Automated Dispensing Cabinets



One-Cell Cabinet

Dimensions:

- Height: 77.5"
- Width: 26.5"
- Depth: 27.0"



Half-Height Cabinet

Dimensions:

- Height: 53.3"
- Width: 26.5"
- Depth: 27.0"

Quarter-Height Cabinet

Dimensions:

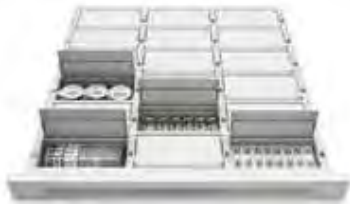
- Height: 25.4"
- Width: 26.5"
- Depth: 27.0"



Omniceil XT Cabinet Drawers

Metal Locking Lid Drawers

Durable metal locking lids keep medications secure. All drawers include Guiding Lights.



18-Bin Drawer

18-Bin: Securely stores a variety of items, including prefilled syringes.

Bin Type: Extended

- Height: 1.7"
- Width: 6.6"
- Length: 2.6"



36-Bin Drawer

36-Bin: Securely stores oral solids, vials, and small par level items.

Bin Type: Standard

- Height: 1.7"
- Width: 2.9"
- Length: 2.6"



27-Bin Drawer

27-Bin: Larger bin accommodates prefilled syringes and other larger items.

Bin Type: 18 Standard

Bin Type: 9 Extended



24-Bin Double-Deep Drawer

Open Configurable Drawers

Now with greater configurability and brighter Guiding Lights.

24-Bin: Double-deep drawer can be configured to include up to 24 bins.

48-Bin: Drawer can be configured to include up to 48 bins.



48-Bin Drawer



Omnicell XT Product Equipment Specifications

67-2204 Rev-C



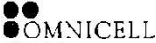

About Omnicell

Omnicell, Inc. (NASDAQ: OMCL) is a leading provider of medication and supply automation, business analytics, and medication adherence packaging systems. Hospitals, post-acute care sites, and pharmacies worldwide rely on Omnicell systems to increase patient safety and medication adherence, streamline workflow, address regulations, and reduce costs through improved inventory management of medications and supplies.

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(650) 251-6100
www.omnicell.com

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OMNICENTER®	NEXTCENTRAL	Anesthesia Workstation™	PandoraVIA™
OMNIRX®	NEXTRX	Anywhere RN™	Point-to-Point Medication Safety™
OMNISUPPLIER®	OMNICELL	Executive Advisor™	ProServ1™
SAFETYMED®	OMNIRX	FlexBin™	See & Touch™
SAFETYSTOCK®	SAFETYMED	M5000™	Touch & Go™
SINGLEPOINTE®	SECUREVAULT	Medication Surveillance™	vSuite™
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		OmniBuyer™	
		OnDemand™	
		Open Touch™	
		OptiFlex™	
		OptiFlex MobileTrack™	

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Overview

The Omnicell XT product equipment specifications include environmental, electrical, and physical. This product equipment specifications document covers the Omnicell XT product line.

Hardware Architecture

Omnicell solutions are designed for use in health care facilities including materials management departments, nursing units, pharmacies, and specialty areas.

- Omnicell cabinets provide the convenience and security of a closed system, while also supporting management of external supplies.
- Omnicell pharmacy drawer modules can be installed along with supply zones, to create mixed-use cabinets. This unique option gives clinicians the convenience of a single point of access to both supplies and medications.

Hardware Requirements

Several site requirements must be met in order for Omnicell hardware to be installed. These requirements are listed in each product section if applicable, including:

- Electrical requirements
- Environment requirements
- Hardware specifications

Software Requirements

- OmniCenter software version must be the same or higher than the Omnicell XT Automated Dispensing Cabinet version, currently version 21.0.
- OmniCenter runs on Microsoft Server 2012.

Environment

Environmental characteristics include humidity, operating temperature, and heat dissipation. These general environment requirements are described in this section.

- Adequate air flow
- A floor plan showing the location of where each cabinet is placed
- Adequate ventilation: recommend 4 in. (10.16 cm) clearance around each Omnicell XT cabinet (from the wall and other cabinets). Minimum clearance is 1 in (2.54 cm).



When using less than the recommended clearance of 4 in. (10.16 cm), temperatures of items stored above the console could raise above the recommended ranges below.

Humidity

The maximum cabinet humidity exposure should not exceed 80% (without condensation). It is the customer's responsibility to maintain room temperature at or below 71°F (22° C).

Recommended Cabinet Temperatures

See the recommended cabinet temperature ranges by item type in the table below. Identify areas in the cabinet that are +6°F of the ambient temperature and note not to store sensitive medication in those areas.

Cabinet	Degrees Celsius	Degrees Fahrenheit
Medications	20-25°	68-77°
General Supplies (with brief deviations)	15-30°	59-86°

Operating Temperature

The operating temperature for most Omnicell XT cabinets is 5 to 35° C. The storage temperature is from -40 to +85° C.

Heat Dissipation

This table contains useful information for determining a site's heating and ventilation setup so that room temperatures can be maintained with the cabinets installed.

HVAC Table Heat Dissipation Advisories

Cabinet	Heat Dissipation
XT One-Cell, Two-Cell and Three-Cell Cabinets	200-600 BTU/hour

Electrical Requirements

Omicell XT electrical requirements are provided for voltage, frequency, operating current and power consumption.

Omicell requires the facility to provide electrical service according to Omnicell equipment specifications. The facility is responsible for all electrical and cabling costs.

There needs to be one 100-240V AC outlet for each cabinet control unit and auxiliary unit in North America. For all other countries, consult the local electrical authority. All units must be within six feet (1.8 m) of the electrical outlet.

Product	Operating Voltage (VAC)	Freq.	Operating Current	Power Consumption	Fuse	Phase
One-, Two- Three-Cell Main Cabinets	100 - 240 Autoranging	50-60 Hz	3 A @ 100 VAC 1.25 A @ 240 VAC	300W	6.3 A	Single



Power and data connections are made to frames at the back right of the computer. The XT One-, Two and Three-Cell computers are 53-57 in. (134.6 - 144.8 cm) from the floor. In the XT Half-Height cabinet the computer is 44-48 in. (111.7 -122 cm) from the floor. Omnicell power cords are 15 feet (4.57 m) in length.

Backup Battery Specifications





The backup battery maintains cabinet power during a main power outage. Battery specifications are provided in the table. Main cabinets have a built-in battery that automatically provides power to the cabinet when main power fails. The battery can power the cabinet for approximately 20 minutes.


The battery is integrated into the console power supply. The system automatically tests the battery condition and alerts when the battery needs replacement.

Parameter	Specification
Battery type	Lithium-ion
Rated capacity	4.4Ah
Battery recharge rate	6 hours
Battery back-up time (typical): half load/full load	40 minutes/20 minutes

Cabinet Specifications - General

This section describes general cabinet specifications and requirements.

-  Dimensions may vary slightly from those stated here due to manufacturing variances.
-  Clearance should be added to facilitate moving the cabinets in and out from the wall. Clearance is also needed for modules mounted on the side of the unit—such as the external return bin (ERB). Depth includes the door or drawer handle. Clearances are provided when the door/drawer is open. User access may require additional clearance.
-  The images in this topic display sample cabinet configurations. Actual configurations and modules may be customized by the customer. Cabinet weight varies depending on the configuration.
-  Allow 4 in. (10.16 cm) clearance around each Omnicell cabinet (from the wall and other cabinets) for adequate ventilation. Minimum clearance is 1 in. (2.54 cm).

 When using less than the recommended clearance of 4 in. (10.16 cm), temperatures of items stored above the console could raise above the recommended temperature range.

 Estimated maximum load weight for a cabinet shelf is 50 lb. (22.68 kg).

OmniceLL XT One-Cell Cabinet

OmniceLL XT One-Cell main cabinet dimensions are given here.



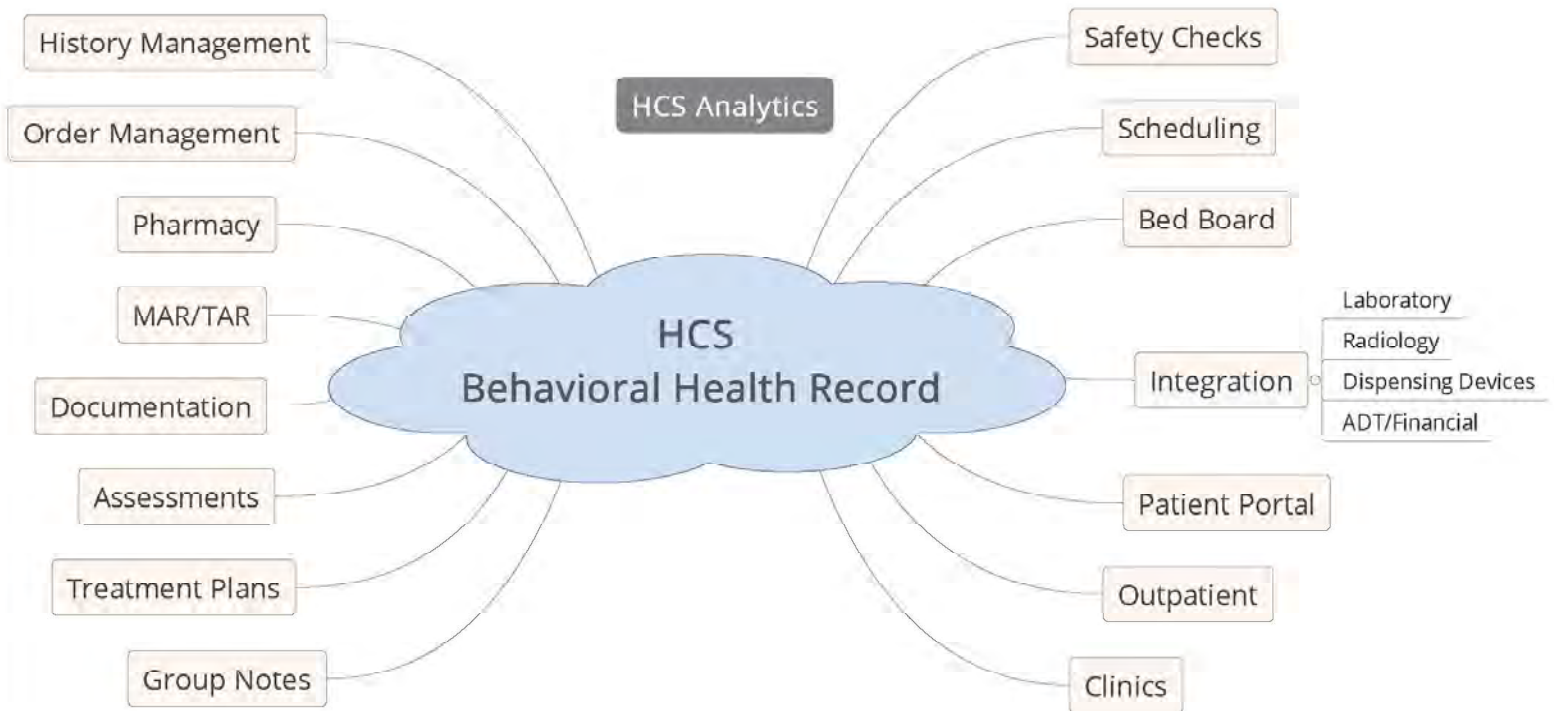
Description	Specifications	Metric
Line Item capacity	maximum 984 items	
	8 items per shelf, max. 12 shelves or 20 drawers/2 shelves	
W x H x D	26.5 x 77.5 x 27.0 in.	67.31 x 196.9 x 68.6 cm
Min. width with ERB	34.3 in.	87.12 cm
Clearance	52 in. (depth to include door swing)	132.08 cm
Screen height	56 in.	142.24 cm

Description	Specifications	Metric
Screen size	15.0 in. Color Touch	38.1 cm
Weight	355 lb. empty; actual weight varies by configuration	161 kg empty
Shelf (W x L)	22.6 x 23.38 in.	57.45 x 559.4 cm
(minimum spacing)	3.25 in. (between light bars)	8.26 cm
	4.5 in. (between shelves)	11.43 cm



Health Care Systems

Health Care Systems, Inc. has a proven track record in supporting the unique needs of mental health organizations. HCS solutions used by hundreds of mental health organizations across the United States. We are committed to providing innovative software solutions to support clinicians in providing only the very best patient care.



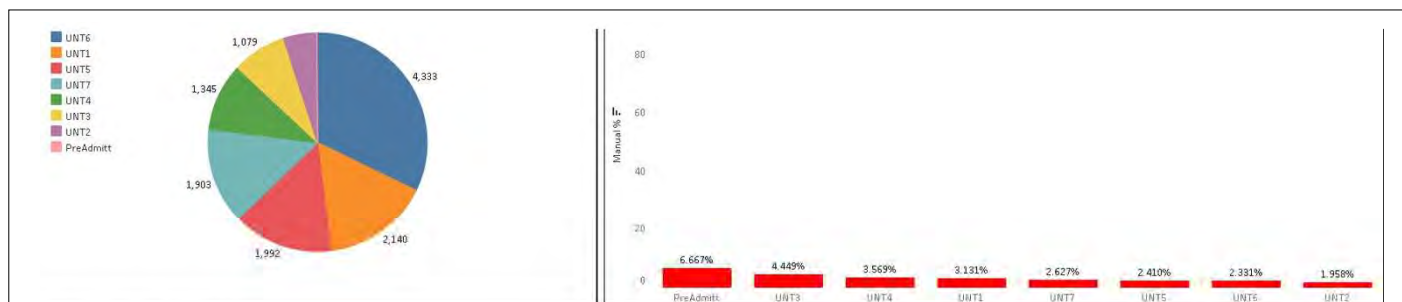
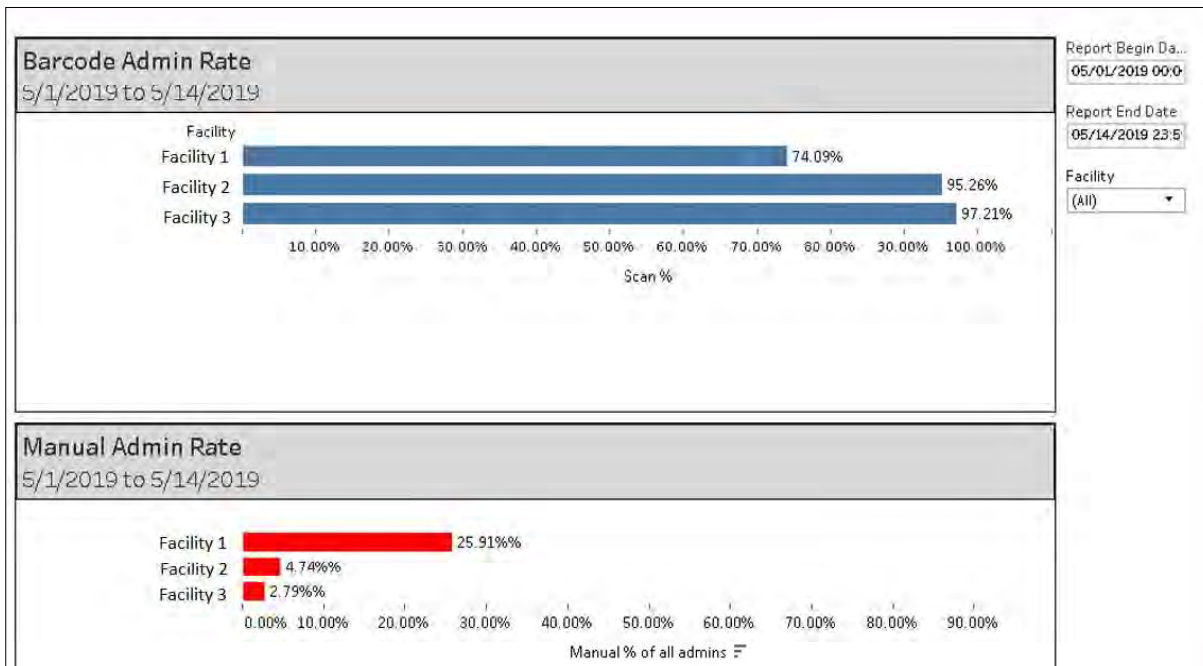
HCS Behavioral Health Record, a comprehensive patient care system, supports all sizes of health organizations that provide inpatient and outpatient mental health services, chemical dependence treatment, and residential programs.



BEHAVIORAL INSIGHTS

Data mining visual analytics tool pre-configured for use in behavioral health hospitals

Using key metrics and conditions as suggested by CMS and Joint Commission, **HCS Insights** proactively manages compliance, audit risks, patient safety and performance. HCS Insights can be used to analyze factors in single facilities as well as across multiple facilities within the same corporate organization, allowing for hospital to hospital comparison within an organization



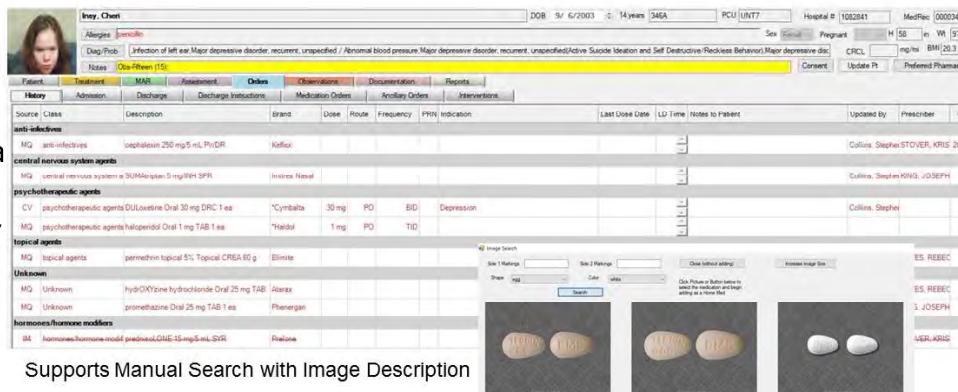
Manual % by Admin Date
HCS Behavioral Hospital

Date	PreAdmit		UNT1		UNT2		UNT3		UNT4		UNT5		UNT6		UNT7	
	BarCode	Manual	BarCode	Manual	BarCode	Manual	BarCode	Manual	BarCode	Manual	BarCode	Manual	BarCode	Manual	BarCode	Manual
05/01/2019			97.91%	2.09%	100.00%		96.47%	3.53%	90.91%	9.09%	97.37%	2.03%	96.58%	3.42%	97.04%	2.96%
05/02/2019			96.39%	3.61%	96.77%	3.23%	94.79%	5.21%	95.45%	4.55%	96.75%	3.25%	99.69%	0.31%	98.48%	1.52%
05/03/2019			98.68%	1.32%	100.00%		91.82%	8.18%	98.68%	1.32%	96.97%	3.03%	97.65%	2.35%	100.00%	
05/04/2019		100.00%	96.27%	3.73%	97.22%	2.78%	99.01%	0.99%	96.47%	3.53%	97.93%	2.07%	98.92%	1.08%	100.00%	
05/05/2019	100.00%		96.55%	3.45%	98.31%	1.69%	93.41%	6.59%	96.97%	3.03%	94.57%	5.43%	96.71%	3.29%	99.03%	0.97%
05/06/2019	100.00%		95.45%	4.55%	100.00%		94.94%	5.06%			98.52%	1.48%	97.31%	2.69%	98.94%	1.06%
05/07/2019	100.00%		98.35%	1.65%	96.32%	3.68%	94.64%	5.36%			93.86%	6.14%	98.41%	1.59%	100.00%	
05/08/2019	100.00%		100.00%		95.92%	4.08%	96.72%	3.28%			98.06%	1.94%	97.14%	2.86%	98.76%	1.24%
05/09/2019			95.76%	4.24%	92.11%	7.89%	100.00%				98.06%	1.94%	97.55%	2.45%	96.69%	3.31%
05/10/2019	100.00%		98.60%	1.40%	100.00%		96.55%	3.45%			99.27%	0.73%	98.01%	1.99%	97.40%	2.60%
05/11/2019			97.01%	2.99%	98.18%	1.82%	96.72%	3.28%			98.66%	1.34%	94.66%	5.34%	95.92%	4.08%
05/12/2019	100.00%		95.21%	4.79%	100.00%		95.65%	4.35%			92.86%	7.14%	98.01%	1.99%	96.18%	3.82%
05/13/2019			96.46%	3.54%	96.08%	3.92%	93.67%	6.33%			99.11%	0.89%	99.49%	0.51%	94.97%	5.03%
05/14/2019			95.48%	4.52%	98.25%	1.75%	96.00%	4.00%			98.25%	1.75%	98.46%	1.54%	98.15%	1.85%

MEDICATION RECONCILIATION & E-PRESCRIBING

History Admission

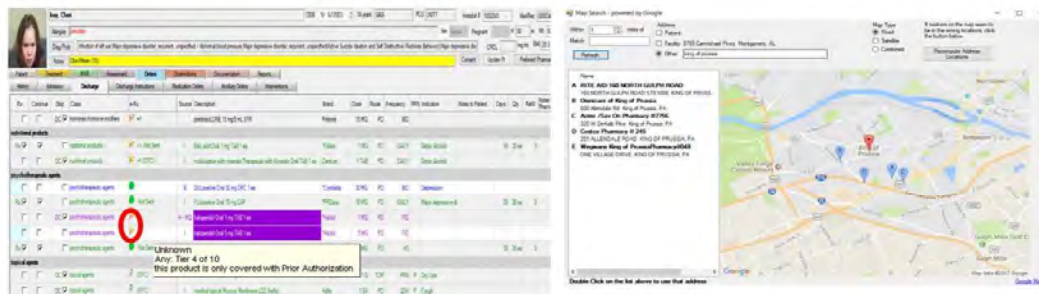
- Automatically acquires med history from multiple sources within 60 seconds
- Up to 12 mo. of retail med data
- Info is Aggregated
- Interactions, Duplicate therapy, Compliance flags
- Formulary Interchange



Supports Manual Search with Image Description

Discharge reconciliation and e-prescribing

- Combined inpatient and home list for review
- Sends prescriptions to retail pharmacy
- EPCS
- Outpatient formulary info display and alerts
- Alerts for Prior Authorization
- Prior Authorization



ORDER MANAGEMENT

Learned Prescriber Sentences

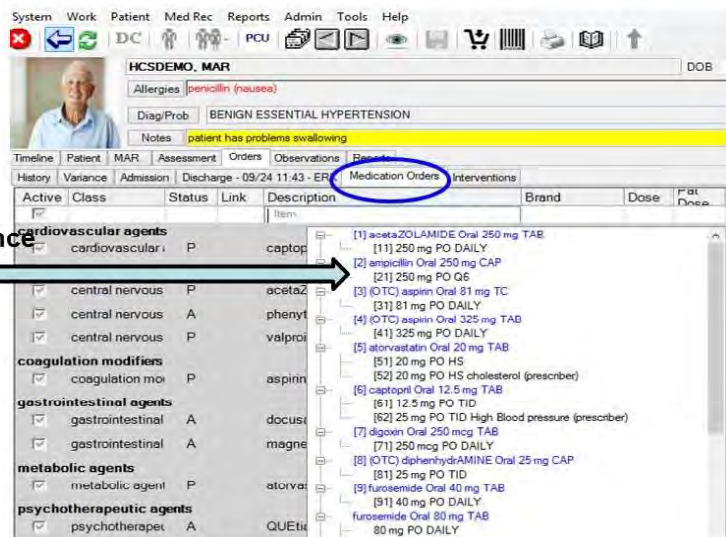
- Physician specific medication-dose-route-frequency
- One click ordering

Order Favorites (Protocols)

- Commonly prescribed order (medications and treatments) with one click
- Formulary/non-formulary compliance
- Costs displays encourages formulary ordering
- Auto interchange, approval for NF documentation

Clinical screening

- Interaction, duplicate therapy, compliance
- Severity level settings to avoid warning fatigue



- Highlight
- Click Sentence

HCS EMAR/TAR WITH VITALS

Access Everywhere

- Computer on Wheels
- Handheld Devices
- Stationary Computers

Documentation

- Barcode med admin
 - User defined drop downs
 - Injection Sites
 - Observations
 - Witnessing Actions
 - Documented Responses
 - Consent Requirement
 - Education Leaflets (first dose and on-demand)
 - Vital Signs
 - Treatments
- Targeted Notifications for:
Administration Activities
- Medications Due
 - Medications Overdue
 - Orders needing Renewal
 - Orders requiring Consent
 - Medication Response
 - Pain, Lab, Vitals, Tolerance
 - High Risk
 - Witness Needed

The screenshot displays the HCS EMAR/TAR interface for patient Invy, Cheri. It shows her demographic information (DOB: 9/6/2003, 14 years old), allergies (penicillin), and a diagnosis of Major depressive disorder, recurrent, unspecified / Abnormal blood pressure. A list of medications is shown with details on dosage and frequency:

- DULOXETINE (Cymbalta): 30 mg, Oral, THREE TIMES A DAY
- haloperidol (Haldol): 5 mg, Oral, THREE TIMES A DAY
- QUETIAPINE (Seroquel): 50 mg, Oral, AT BEDTIME
- Folic acid (Folate): 1 mg, Oral, ONCE A DAY
- Paroxetine (Paxia): 20 mg, Oral, ONCE A DAY
- FLUOXETINE (PROzac): 10 mg, Oral, ONCE A DAY
- AT hydrocortisone mg / hydrocortisone 200 mg-200 mg (-20 mg/5 mL (Mylanta)): 200 mg, Oral, EVERY 4 HOURS DAILY PRN
- hydroxyzine pamoate (Vistaril): 50 mg, Oral, EVERY 4 HOURS DAILY PRN
- magnesium hydroxide 8K (Milk of Magnesia): 30 mL, Oral, ONCE A DAY PRN

On the right side, there is a 'Lab' section with various vital signs and lab results, including temperature, heart rate, blood pressure, and pain level.

CLINICAL DOCUMENTATION

Evaluations & Assessments

- Customizable or Out-of-the-box
- Template Driven
- Text or Speech input
- Electronic or Printable Output reporting
- Individual and Group Notes
- Treatment Templates
- Content Providers
 - Truven / Elsevier / MicroMedex

The screenshot shows the 'Superior Hospital Psychosocial Assessment - Child/Adolescent' interface. It displays the assessment details for Invy, Cheri (1082841, 346A, 12/8/17, 9:24). The assessment includes sections for:

- General Information:** Family and Patient.
- Presenting problem (Reason for admission):** Severe Depression / Suicide Attempt.
- Duration of current problem:** Approximately 6 months.
- Treatment / Placement History:** Patient has never seen a therapist.

On the right, there is a table of assessment items with columns for 'Reason/Vitalis' and 'Observed':

Item	Reason/Vitalis	Observed
Date of Birth	12/8/2003	SDC
General Information	Family and Patient	SDC
Presenting problem (Reason for admission)	Severe Depression / Suicide Attempt	SDC
Duration of current problem	Approximately 6 months	SDC
Treatment / Placement History	Patient has never seen a therapist	SDC
Childhood Events	1- Yes	SDC
Date of Birth	9/6/2003	SDC
When was your first admission?	Admission, AL	SDC
What was the length of mother's pregnancy?	8 months 2 weeks	SDC

CLINICAL ASSESSMENTS, TREATMENT PLAN, AND RECORD

Collins, Stacey | DOB: 6/28/2002 | 15 years | 2310 A | PCU

Allergies: Cefal (Rash), CEFZIL

Diag/Prob: Acute infective otitis externa, Acute maxillary sinusitis, unspecified, F33.2, Right temporomandibular joint disorder, Problem related to social environment / Depressed Mood With Suicidality (plan to OD)

Notes: SexVic: 15 minute checks, Medications verified with RX vials

Table of Contents: Admissions, Psychiatry, Med Consult, Nursing 1, Nursing 2, MHS, Clinical Services, Discharge, Interdisciplinary, Legal

Psychosocial Assessment: Clinical Services Progress Note, My Discharge Safety Plan, Clinical Services Discharge, ROI PDF, Health Care Surveys, Clinical Services Suicide/Homicide Risk Assessment, Activity Therapy Assessment

Problem: Depressed Mood With Suicidality (plan to OD)

- Patient's Goal - Don't become "unstable," stop having the thoughts, look at the situation without being overwhelmed" ((Patient)'s Goal)
- Patient will demonstrate decrease in suicidal thoughts and display a willingness to transition to ZOP for 48 hours prior to discharge (Long Term Goal)
- Patient will verbalize absence of suicidal ideation for at least 2 days prior to discharge. (Short Term Goal)
- Activity/Expressive Therapy Groups to address suicidal thoughts. (Interventions)
- Nurse will conduct a Daily assessment to address suicidal thoughts. (Interventions)
- Pharmacist will perform medication education regarding medications started during hospitalization. (Interventions)
- Physician will conduct individual sessions to address suicidal thoughts (Interventions)
- Therapist/Social Worker will conduct Process group to focus on issues related to suicidal thoughts. (Interventions)

Group: Date: 10/17/2018 | Start Time: 10/17/2018 14:01 | End Time: 10/17/2018 14:50

- Long Term Goals
- Short Term Goals
- Complete Patient Overview
- Task Based Documentation
- Goals Associated & Linked with Assessments

Iney, Chen | DOB: 6/20/2003 | 14 years | 36A | PCU

Allergies: Penicillin

Diag/Prob: Infection of left ear, Major depressive disorder, recurrent, unspecified / Abnormal blood pressure, Major depressive disorder, recurrent, unspecified/Active Suicide Ideation and Self-Destructive/Reckless Behavior

Notes: SexVic: 15

Name	Type	Level of Care	Freq	Status	Record	Start	Target	Stop	Resp Staff or De
Major depressive disorder, recurrent, unspecified (Rec...	Problem	Long Term Goal	1	Complete - Jody Bro...	10/17/17	02/07/17	02/16/17		Lobins, Stephen...
Demonstrate improved mood and no suicidal thoughts for 2...	Documentation		ONCE A...	Complete - Can An...	02/22/17	02/23/17			
Demonstrate use of cognitive strategies to reduce suicidal...	Short Term G...		ONCE A...	Complete - Can An...	02/23/17	02/23/17			
Abnormal blood pressure (Resolved)	Problem	Short Term G...	1	Complete - Saewi...	02/07/17	02/07/17			
Still express understanding of the purpose of medications and...	Short Term G...		ONCE A...	Complete - Saewi...	02/21/17	02/06/17			

Patient Strengths (minimum of 2):

- Ability to Verbalize Feelings
- Average or Above Intelligence
- Capable of Independent Living Skills
- Communication Skills
- Financial Means
- Weight Training Skills
- Motivated for Treatment/Goal
- Physical Health
- Religious/Faithful
- Special Hobby/Interests

Collins, Stacey | DOB: 6/28/2002

Allergies: Cefal (Rash), CEFZIL

Diag/Prob: Acute infective otitis externa, Acute maxillary sinusitis, unspecified, F33.2, Right temporomandibular joint disorder, Problem related to social environment / Depressed

Notes: SexVic: 15 minute checks, Medications verified with RX vials

Admin Period: 12/4/18 19:00 - 12/6/18 06:59

Start	Stop	Second	First	Second
		12/4 19:00 - 12/5 06:59	12/5 07:00 - 18:59	12/5 19:00 - 12/6 06:59
A	Activity/Expressive Therapy Groups to address suicidal thoughts - Depressed Mood with Suicidality	09:00 10/5	Overdue!	
A	Nurse will conduct a Daily assessment to address suicidal thoughts - Depressed Mood with Suicidality	09:00 10/5	Overdue!	

SAFETY CHECKS WITH PROXIMITY INDICATION

- Assigned patients with photo and color coded status
 - Within Normal Range
 - Approaching Past Due Range
 - Range Past Due
- Intervals are Configurable
- Color Coding is Configurable
- Barcode scan or prompt for patient location, status, reason
- Witness at handoff
- Q-Shift or Periodic Nurse Review
- Proximity Indicator Beacon
 - Requires MHT to be within "X" feet of Patient before documenting

SEAST (UNIT) | Refresh | List | Pictures | Review | Reports | Admin

Action: Record Observations | Renew | Update | Set Patient Image | Assign Proximity Device

Galloway, Joel 339B 5 minutes Elopement	TEST, JAMIE 346B 30 minutes	TEST, SCOTT 344B 30 minutes	Childs, Jason 342B 30 minutes	TEST, JAMIE 342A 30 minutes
Insy, Chen 348A 30 minutes	MacCauly, AMY 346-F 30 minutes	TEST, JAMIE 341A 30 minutes	TEST, JAMIE 341B 30 minutes	TEST, JAMIE 341C 30 minutes

Single and Multi Patient Data Entry

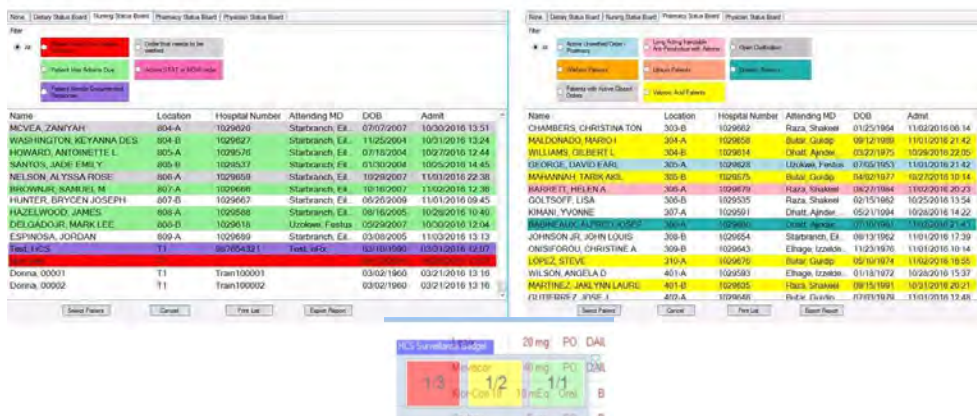
- Increases efficiency for multi-patient documentation
- Redundant data can be documented on all patients simultaneously—Group Name, Modality, Team, etc.
- Individual patient selection for current observations
- Unique assessments for specific modality
- Therapy and treatments Patient Picture Enabled
- Simplifies patient selection by therapist or provider



WORKFLOW MANAGEMENT

Orders/Tasks Pending

- For Physicians / Nurses / Pharmacists / Therapists/ HIM / Dietary / Medical Records
- Prioritizes key clinical tasks
- Organizes action items
- Review-Modify if required



STAFF AND PATIENT EVENT MANAGER

Streamlines scheduling

- Room
- Staff
- Patient



Tasks	Person Responsible/Due date	Notes	Completed
Accreditation (Jcomm, CARF, other)			
Determine timeline			
Determine Network availability (Cable or T1 Preferred)			
Determine Hardware required for Facility (Faxes, PC's, Printers,Scanners)			
Generator Plugs for pharmacy and nurse stations must be in place			
Set up Fax machines or Scan system for Rx orders			
Printers/labeling system /Avery Labels<>Omniceils			
IT needs (internet, network, routers, IT support personnel)		Notes re: HCS and Omni installs-- HCS has to be "in production"> moving HCS from test to production environment may be the job of the hospital that has purchased software, such as Acadia or UHS IT folks; Omnicell has to have activated VPN. Production/HCS + VPN/Omni = must have for interface tests to begin. Jan2019, Patrick L/Omni told us we dont necessarily need to have interface tests done first, but instead, by opening day? New news. HCS installs: ideally nurses should have 2 scanners per unit (one as a back up). Replacements come from Acadia corp; not sure about UHS hospitals	
Pharmacy or Med rooms needs: bins for drugs, safe for controls, med fridges, etc			
Machine settings (global configurations, etc)		When nurses dont use a CPOE system and Emars, then pharmacy only needs to scan drugs into Omnicenter before loading drugs.	
Hire Pharmacist and Pharmacy Technician **RPh and Technician Training Checklists** HR Manager contact information to Office			
Determine pharmacy hours based on when doctors come into the facility. Give emergency numbers to Nursing Office/Supervisors			
Pharmacy software and/or Hospital software *For HCS systems, we need to submit a ACR to the security team to add new Rx users!		Notes: always send new users to UHS or Acadia or similar company so they can set up our employees AND installers for windows access (PRN). Acadia: they need new user names at install and then an SAF form has to be submitted to the help desk for new users	
Automation Machine Vendor agreements			
Business Assoc Agreements signed off			
Set up HealthCareLogistics Account		https://shop.gohcl.com/default.aspx?page=New%20Customer (see below)	

Set up Repacking vendor Account		Medi-dose 2-D bar coding needed. Order MILT-4 software (item# MD-MILT4-DL), and the Fil-Form & Roll-E-ZY (item# MD750) (See below)	
Pharmacy Vendor (Cardinal/Amerisource/Mckesson)			
Obtain Usernames & passwords for pharmacy staff			
Order Medications			
DEA222 forms, Power of Attorney			
New pharmacy, ordering controls for 1st time, conduct an "initial dea control drug inventory"; or PIC to PIC inventory			
CSOS Sign Up			
Retail vendor pharmacy for backup Rx supply, courier			
GPO vendor			
Licenses needed: state pharmacy, state control drug, federal control drug, machines, SAMHSA, OTP, other			
Pharmacy PCs			
Upload PC w/Microsoft office			
Load Prescriber Information			
Load Formulary (tag high alert, salad, niosh drugs ##)			
Load Standing Orders			
Load Bed Assignment			
Administration Schedules			
Check Control Drugs			
Email to Installer: CQI Monthly Report (need to know who to Pull from)			
Email to Installer: Daily Stats Log			
Website shortcuts on desktop to include the following:			
State BOP Website			
DEA RPh Manual for RPhs (PDF File)			
APC E-Mail			
SRFax (Or Similar); make sure to load latest version			
CoAdvantage Login			
Epocrates (Plus login info document)			
Schedule training for Pharmacy staff (EMR, standalone Rx software)			
Set up orientation to pharmacy training for nursing staff			
Set up machine training for nursing			
Office to send RPh Manager Training Binder + SOP404 additional documents (in word form) + HCS folder + Omnicell folder			
Properly configure Waste and Returns drawers			
Determine Pharma-Waste bins (red,black,etc) & Vendor used			
Determine Vendor needed for Creditable Returns			

PP Manual, Med Management, Pharmacy, Automation, OTP. Pre-install list sent to hospital. Key policies to focus on at startup - 107, 114, 118, 121, 123,159,169,163,132,154,184,194, 187, 131, 127		Key policies = Med Error reporting, ADR reporting, med reconciliation/history taking, home med handling (chain of custody from admission to discharge), hazardous meds (epa and niosh handling), antibx stew program, warfarin monitoring, opiate stew program, use of buprenorphine in dual diagnosed, med room inspections and expectations from nursing, nonformulary procurement, auto substitutions, over-ride drug list.	
Determine how POM's will be handled			
Free drug program/sample programs			
Clozapine Registry			
Establish formulary & auto sub list			
Physician Order Sheets			
Drug Protocols			
Non-Formulary Request Form			
Med Reconciliation form			
Pass med procedure and OP Label Configuration			
Nursing Inspection Forms			
Order Stickers (high alert, SALAD, HAZ, black dots, expiration, ETC)			
Determine MAR Printings (How Often)			
Obtain Access to facility for employees (Badges and Keys)			
Determine After Hour Procedures			
Set up technical system for remote services			
Provide Rx staff with remote access			
Office Supplies/other supplies/Drug handbooks/security bags			
Hush Crush Crusher			
Order tote for pharmacy to transport meds from pharmacy to med room			
Thermometers (room and fridges)			

Hope Linder

Customer Service Representative

hlinder@medidose.comwww.MediDose.com

Medi-Dose / EPS

70 Industrial Drive

Ivylnd, PA 18974

Direct: 866.488.7229 -or- 267.989.0329

[Health Care Logistics = Tisha Badgley \(tbadgley@gohcl.com\)](mailto:tbadgley@gohcl.com)

Supplier: **Advanced Pharmaceutical Consultants**

Standard Instructions to Vendors Request for Proposals, Request for Qualifications, or Request for Letters of Interest

Vendors are instructed to read and follow the instructions carefully, as any misinterpretation or failure to comply with instructions may lead to a Vendor's submittal being rejected.

Vendor MUST submit its solicitation response electronically and MUST confirm its submittal in order for the County to receive a valid response through Periscope S2G. Refer to the Purchasing Division website or contact Periscope S2G for submittal instructions.

A. Responsiveness Criteria:

Responsive (Vendor) means a vendor who submits a response to a solicitation that the Director of Purchasing determines meets all requirements of the solicitation. As provided in Section 21.40(a) of the Broward County Procurement Code, a solicitation may only be awarded to a vendor whose submission is responsive to the requirements of the solicitation. The Director of Purchasing shall determine whether submissions are responsive. This determination shall be final and may not be changed by the Evaluation Committee, if one is appointed for the solicitation.

The required information and applicable forms must be submitted with solicitation response, electronically through Periscope SG2 by the due date and time specified in the solicitation. Failure to timely submit may result in Vendor being deemed non-responsive by the Director of Purchasing. The County reserves the right to waive minor technicalities or irregularities as is in the best interest of the County in accordance with Section 21.37(b) of the Broward County Procurement Code.

Below are standard responsiveness criteria; refer to Special Instructions to Vendors, for Additional Responsiveness Criteria requirement(s).

1. Lobbyist Registration Requirement Certification

Refer to Lobbyist Registration Requirement Certification. The completed form should be submitted with the solicitation response. If not submitted within solicitation response, it must be submitted within three business days of County's written request. Failure to timely submit may result in Vendor being deemed non-responsive.

2. Addenda

The County reserves the right to amend this solicitation prior to the due date and time specified in the solicitation. Any change(s) to this solicitation will be conveyed through the written addenda process. Only written addenda will be binding. Vendor must follow the instructions carefully and submit the required information and applicable forms, or acknowledge addendum, electronically through Periscope S2G. It is the Vendor's sole responsibility to monitor the solicitation for any changing information, prior to submitting their solicitation response.

B. Responsibility Criteria:

Responsible (Vendor) means a vendor who is determined to have the capability in all respects to perform fully the requirements of a solicitation, as well as the integrity and reliability that will ensure good faith performance, as provided in Section 21.40(b) of this Code. In accordance with Section 21.40(b) of the Broward County Procurement Code, a solicitation may only be awarded to a vendor who is determined to be responsible to provide the goods or services requested by the solicitation. If a response to a solicitation is submitted by a joint venture, the joint venture will not be eligible to receive an award unless each member of the joint venture is determined to be responsible. A determination of responsibility shall be made only as to those vendors whose submissions have been determined to be responsive.

With respect to RFPs, RLIs, and RFQs, the Evaluation Committee, with assistance of the Purchasing Division and based on information provided by the applicable County Agencies and the Office of the County Attorney, shall determine whether vendors who have submitted responsive submissions are responsible.

Notwithstanding the foregoing, the awarding authority for a solicitation shall have the ultimate authority to determine whether vendors who have submitted responsive submissions are responsible.

When making determinations of responsibility, the Director of Purchasing or the Evaluation Committee (as applicable) may request additional information from any vendor on matters that may affect a vendor's responsibility. The failure of a vendor to provide information requested by the County may result in a determination of non-responsibility. In addition, a vendor may submit information regarding its responsibility; provided, however, that such information shall not be considered if it contradicts or materially alters the information provided by the vendor in its original response to the solicitation.

Failure to provide any of this required information and in the manner required may result in a recommendation by the Director of Purchasing that the Vendor is non-responsible.

Below are standard responsibility criteria; refer to **Special Instructions to Vendors**, for Additional Responsibility Criteria requirement(s).

1. **Litigation History**

- a. All Vendors are required to disclose to the County all "material" cases filed, pending, or resolved during the last three (3) years prior to the solicitation response due date, whether such cases were brought by or against the Vendor, any parent or subsidiary of the Vendor, or any predecessor organization. Additionally, all Vendors are required to disclose to the County all "material" cases filed, pending, or resolved against any principal of Vendor, regardless of whether the principal was associated with Vendor at the time of the "material" cases against the principal, during the last three (3) years prior to the solicitation response. A case is considered to be "material" if it relates, in whole or in part, to any of the following:
 - i. A similar type of work that the vendor is seeking to perform for the County under the current solicitation;
 - ii. An allegation of fraud, negligence, error or omissions, or malpractice against the vendor or any of its principals or agents who would be performing work under the current solicitation;
 - iii. A vendor's default, termination, suspension, failure to perform, or improper performance in connection with any contract;
 - iv. The financial condition of the vendor, including any bankruptcy petition (voluntary and involuntary) or receivership; or
 - v. A criminal proceeding or hearing concerning business-related offenses in which the vendor or its principals (including officers) were/are defendants.
- b. For each material case, the Vendor is required to provide all information identified in the **Litigation History Form**. Additionally, the Vendor shall provide a copy of any judgment or settlement of any material case during the last three (3) years prior to the solicitation response. Redactions of any confidential portions of the settlement agreement are only permitted upon a certification by Vendor that all redactions are required under the express terms of a pre-existing confidentiality agreement or provision.
- c. The County will consider a Vendor's litigation history information in its review and determination of responsibility.
- d. If the Vendor is a joint venture, the information provided should encompass the joint venture and each of the entities forming the joint venture.
- e. A vendor is required to disclose to the County any and all cases(s) that exist between the County and any of the Vendor's subcontractors/subconsultants proposed to work on this project during the last five (5) years prior to the solicitation response.

- f. Failure to disclose any material case, including all requested information in connection with each such case, as well as failure to disclose the Vendor's subcontractors/subconsultants litigation history against the County, may result in the Vendor being deemed non-responsive.

2. Financial Information

- a. All Vendors are required to submit the Vendor's financial statements by the due date and time specified in the solicitation, in order to demonstrate the Vendor's financial capabilities. If not submitted with solicitation response, it must be submitted within three business days of County's written request.
- b. Each Vendor shall submit its most recent two years of financial statements for review. The financial statements are not required to be audited financial statements. The annual financial statements shall be in the form of:
 - i. Balance sheets, income statements and annual reports; or
 - ii. Tax returns; or
 - iii. SEC filings.

If tax returns are submitted, ensure it does not include any personal information (as defined under Florida Statutes Section 501.171, Florida Statutes), such as social security numbers, bank account or credit card numbers, or any personal pin numbers. If any personal information data is part of financial statements, redact information prior to submitting a response the County.

- c. If a Vendor has been in business for less than the number of years of required financial statements, then the Vendor must disclose all years that the Vendor has been in business, including any partial year-to-date financial statements.
- d. The County may consider the unavailability of the most recent year's financial statements and whether the Vendor acted in good faith in disclosing the financial documents in its evaluation.
- e. Any claim of confidentiality on financial statements should be asserted at the time of submittal. Refer to **Standard Instructions to Vendors**, Confidential Material/Public Records and Exemptions for instructions on submitting confidential financial statements. The Vendor's failure to provide the information as instructed may lead to the information becoming public.
- f. Although the review of a Vendor's financial information is an issue of responsibility, the failure to either provide the financial documentation or correctly assert a confidentiality claim pursuant the Florida Public Records Law and the solicitation requirements (Confidential Material/Public Records and Exemptions section) may result in a recommendation of non-responsiveness by the Director of Purchasing.

3. Authority to Conduct Business in Florida

- a. A Vendor must have the authority to transact business in the State of Florida and be in good standing with the Florida Secretary of State. For further information, contact the Florida Department of State, Division of Corporations.
- b. The County will review the Vendor's business status based on the information submitted with the solicitation response.
- c. It is the Vendor's sole responsibility to comply with all state and local business requirements.
- d. Vendor should list its active Florida Department of State Division of Corporations Document Number (or Registration No. for fictitious names) in the Vendor Questionnaire, Question No. 10.
- e. If a Vendor is an out-of-state or foreign corporation or partnership, the Vendor must obtain the authority to transact business in the State of Florida or show evidence of application for the authority to transact business in the State of Florida, upon request of the County.

- f. A Vendor that is not in good standing with the Florida Secretary of State at the time of a submission to this solicitation may be deemed non-responsible.
- g. If successful in obtaining a contract award under this solicitation, the Vendor must remain in good standing throughout the contractual period of performance.

4. **Affiliated Entities of the Principal(s)**

- a. All Vendors are required to disclose the names and addresses of “affiliated entities” of the Vendor’s principal(s) over the last five (5) years (from the solicitation opening deadline) that have acted as a prime Vendor with the County. The Vendor is required to provide all information required on the Affiliated Entities of the Principal(s) Certification Form.
- b. The County will review all affiliated entities of the Vendor’s principal(s) for contract performance evaluations and the compliance history with the County’s Small Business Program, including CBE, DBE and SBE goal attainment requirements. “Affiliated entities” of the principal(s) are those entities related to the Vendor by the sharing of stock or other means of control, including but not limited to a subsidiary, parent or sibling entity.
- c. The County will consider the contract performance evaluations and the compliance history of the affiliated entities of the Vendor’s principals in its review and determination of responsibility.

5. **Insurance Requirements**

The Insurance Requirement Form reflects the insurance requirements deemed necessary for this project. While it is not necessary to have this level of insurance in effect at the time of solicitation response, all Vendors are required to either submit insurance certificates indicating that the Vendor currently carries the level insurance coverages or submit a letter from the insurance carrier indicating Vendor can provide the insurance coverages.

C. Additional Information and Certifications

The following forms and supporting information (if applicable) should be completed and submitted with the solicitation response. If not submitted with solicitation response, it must be submitted within three business days of County’s written request. Failure to timely submit may affect Vendor’s evaluation.

1. **Vendor Questionnaire and Standard Certifications**

Vendors are required to submit detailed information on their firm and certify to the below requirements. Refer to the **Vendor Questionnaire and Standard Certification** and submit as instructed.

- a. Code of Silence Requirement Certification
- b. Drug-Free Workplace Certification
- c. Non-Collusion Certification
- d. Public Entities Crimes Certification
- e. Scrutinized Companies List Certification

2. **Subcontractors/Subconsultants/Suppliers Requirement**

The Vendor shall submit a listing of all subcontractors, subconsultants, and major material suppliers, if any, and the portion of the contract they will perform. Vendors must follow the instructions included on the **Subcontractors/Subconsultants/Suppliers Information Form** and submit as instructed.

D. Standard Agreement Language Requirements

1. The acceptance of or any exceptions taken to the terms and conditions of the County’s Agreement shall be considered a part of a Vendor’s solicitation response and will be considered by the Evaluation Committee.
2. The applicable Agreement terms and conditions for this solicitation are indicated in the Special Instructions to Vendors.

3. Vendors are required to review the applicable terms and conditions and submit the Agreement Exception Form. The completed form should be submitted with the solicitation response. If not submitted with solicitation response, it shall be deemed an affirmation by the Vendor that it accepts the contract terms and conditions stated in the solicitation.
4. If exceptions are taken, the Vendor must specifically identify each term and condition with which it is taking an exception. Any exception not specifically listed is deemed waived. Simply identifying a section or article number is not sufficient to state an exception. Provide either a redlined version of the specific change(s) or specific proposed alternative language. Additionally, a brief justification specifically addressing each provision to which an exception is taken should be provided.
5. Submission of any exceptions to the Agreement does not denote acceptance by the County. Furthermore, taking exceptions to the County's terms and conditions may be viewed unfavorably by the Evaluation Committee and ultimately may impact the overall evaluation of a Vendor's submittal.

E. Evaluation Criteria

1. The Evaluation Committee will evaluate Vendors as per the **Evaluation Criteria**. The County reserves the right to obtain additional information from a Vendor.
2. Vendor has a continuing obligation to inform the County in writing of any material changes to the information it has previously submitted. The County reserves the right to request additional information from Vendor at any time.
3. For Request for Proposals, the following shall apply:
 - a. The Director of Purchasing may recommend to the Evaluation Committee to short list the most qualified firms prior to the Final Evaluation.
 - b. The Evaluation Criteria identifies points available; a total of 100 points is available.
 - c. If the Evaluation Criteria includes a request for pricing, the total points awarded for price is determined by applying the following formula:
$$\text{(Lowest Proposed Price/Vendor's Price)} \times \text{(Maximum Number of Points for Price)} \\ = \text{Price Score}$$
 - d. After completion of scoring, the County may negotiate pricing as in its best interest.
4. For Requests for Letters of Interest or Request for Qualifications, the following shall apply:
 - a. The Evaluation Committee will create a short list of the most qualified firms.
 - b. The Evaluation Committee will either:
 - i. Rank shortlisted firms; or
 - ii. If the solicitation is part of a two-step procurement, shortlisted firms will be requested to submit a response to the Step Two procurement.

F. Demonstrations

Refer to Special Instructions to Vendors. Vendors determined to be both responsive and responsible to the requirements of the solicitation and/or shortlisted (if applicable), will be required to demonstrate the nature of their offered solution. After receipt of solicitation responses, all Vendors will receive a description of, and arrangements for, the desired demonstration. All Vendors will have equal time for demonstrations, but the question-and-answer time may vary. In accordance with Section 286.0113 of the Florida Statutes and pursuant to the direction of the Broward County Board of Commissioners, demonstrations are closed to only the Vendor's team and County staff.

G. Presentations

Vendors that are determined to be both responsive and responsible to the requirements of the solicitation and/or shortlisted (if applicable) will have an opportunity to make an oral presentation to the Evaluation Committee on the Vendor's approach to this project and the Vendor's ability to perform. The committee may provide a list of subject matter for the discussion. All Vendor's will have equal time to present but the question-and-answer time may vary. In accordance with Section 286.0113 of the Florida Statutes, and the direction of the Broward County Board of Commissioners, presentations during Evaluation Committee Meetings are closed. Only the Evaluation Committee members, County staff and the vendor and their team scheduled for that presentation will be present in the Meeting Room during the presentation and subsequent question and answer period.

H. Public Art and Design Program

If indicated in **Special Instructions to Vendors**, Public Art and Design Program, Section 1-88, Broward County Code of Ordinances, applies to this project. It is the intent of the County to functionally integrate art, when applicable, into capital projects and integrate artists' design concepts into this improvement project. The Vendor may be required to collaborate with the artist(s) on design development within the scope of this request. Artist(s) shall be selected by Broward County through an independent process. For additional information, contact the Broward County Cultural Division.

I. Committee Appointment

The Cone of Silence shall be in effect for County staff at the time of the Evaluation Committee appointment and for County Commissioners and Commission staff upon the first meeting of the Evaluation Committee. The committee members appointed for this solicitation are available on the Purchasing Division's website under Committee Appointment.

J. Committee Questions, Request for Clarifications, Additional Information

At any committee meeting, the Evaluation Committee members may ask questions, request clarification, or require additional information of any Vendor's submittal or proposal. It is highly recommended Vendors attend to answer any committee questions (if requested), including a Vendor representative that has the authority to bind.

Vendor's answers may impact evaluation (and scoring, if applicable). Upon written request to the Purchasing Agent prior to the meeting, a conference call number will be made available for Vendor participation via teleconference. Only Vendors that are found to be both responsive and responsible to the requirements of the solicitation and/or shortlisted (if applicable) are requested to participate in a final (or presentation) Evaluation committee meeting.

K. Vendor Questions

The County provides a specified time for Vendors to ask questions and seek clarification regarding solicitation requirements. All questions or clarification inquiries must be submitted electronically through Periscope S2G by the Question & Answer due date and time specified in the solicitation document (including any addenda). The County will respond to questions electronically through Periscope S2G.

L. Confidential Material/ Public Records and Exemptions

1. Broward County is a public agency subject to Chapter 119, Florida Statutes. Upon receipt, all submittals become "public records" and shall be subject to public disclosure consistent with Chapter 119, Florida Statutes. Submittals may be posted on the County's public website or included in a public records request response unless there is a declaration of "confidentiality" pursuant to the public records law and in accordance with the procedures in this section.
2. Any confidential material(s) the Vendor asserts is exempt from public disclosure under Florida Statutes must be labeled as "Confidential" and marked with the specific statute and subsection asserting exemption from Public Records. Electronic media, including flash drives, must also comply with this requirement and separate any files claimed to be confidential.

3. To submit confidential material, three copies (in print or electronic format) must be submitted in a sealed envelope, labeled "Confidential Matter" with the solicitation number, title, date and the time of solicitation opening to:
Broward County Purchasing Division 115
South Andrews Avenue, Room 212Fort
Lauderdale, FL 33301
4. Any materials that the Vendor claims to be confidential and exempt from public records must be marked and separated from the submittal. If the Vendor does not comply with these instructions, the Vendor's claim for confidentiality will be deemed as waived.
5. Submitting confidential material may impact full discussion of your submittal by the Evaluation Committee because the Committee will be unable to discuss the details contained in the documents cloaked as confidential at the publicly noticed Committee meeting.

M. Copyrighted Materials

Copyrighted material is not exempt from the Public Records Law, Chapter 119, Florida Statutes. Submission of copyrighted material in response to any solicitation will constitute a license and permission for the County to make copies (including electronic copies) as reasonably necessary for the use by County staff and agents, as well as to make the materials available for inspection or production pursuant to Public Records Law, Chapter 119, Florida Statutes.

N. State and Local Preferences

If the solicitation involves a federally funded project where the fund requirements prohibit the use of state and/or local preferences, such preferences contained in the Local Preference Ordinance and Broward County Procurement Code will not be applied in the procurement process.

O. Local Preference

The following local preference provisions shall apply except where otherwise prohibited by federal or state law or other funding source restrictions.

For all competitive solicitations in which objective factors used to evaluate the responses from vendors are assigned point totals:

- a. Five percent (5%) of the available points (for example, five points of a total 100 points) shall be awarded to each locally based business and to each joint venture composed solely of locally based businesses, as applicable;
- b. Three percent (3%) of the available points shall be awarded to each locally based subsidiary and to each joint venture that is composed solely of locally based subsidiaries, as applicable;and
- c. For any other joint venture, points shall be awarded based upon the respective proportion of locally based businesses and locally based subsidiaries' equity interests in the joint venture.

If, upon the completion of final rankings (technical and price combined, if applicable) by the Evaluation Committee, a nonlocal vendor is the highest ranked vendor and one or more Local Businesses (as defined by Section 1-74 of the Broward County Code of Ordinances) are within five percent (5%) of the total points obtained by the nonlocal vendor, the highest ranked Local Business shall be deemed to be the highest ranked vendor overall, and the County shall proceed to negotiations with that vendor. If impasse is reached, the County shall next proceed to negotiations with the next highest ranked Local Business that was within five percent (5%) of the total points obtained by the nonlocal vendor, if any.

Refer to Section 1-75 of the Broward County Local Preference Ordinance and the **Location Certification Form** for further information.

P. Tiebreaker Criteria

In accordance with Section 21.42(d) of the Broward County Procurement Code, the tiebreaker criteria shall be applied based upon the information provided in the Vendor's response to the solicitation. In order to receive credit for any tiebreaker criterion, complete and accurate information must be contained in the Vendor's submittal.

1. Location Certification Form;
2. Domestic Partnership Act Certification (Requirement and Tiebreaker);
3. Tiebreaker Criteria Form: Volume of Payments Over Five Years

Q. Posting of Solicitation Results and Recommendations

The Broward County Purchasing Division's website is the location for the County's posting of all solicitations and contract award results. It is the obligation of each Vendor to monitor the website in order to obtain complete and timely information.

R. Review and Evaluation of Responses

An Evaluation Committee is responsible for recommending the most qualified Vendor(s). The process for this procurement may proceed in the following manner:

1. The Purchasing Division delivers the solicitation submittals to agency staff for summarization for the committee members. Agency staff prepares a report, including a matrix of responses submitted by the Vendors. This may include a technical review, if applicable. If a demonstration is required, County will appoint a Technical Review Team ("TRT") to view all Vendor demonstrations. The TRT will be comprised of County staff with specific subject matter expertise. The TRT will review all Vendor demonstrations for compliance with the Demonstration Script. The Project Manager will compile the results of each Vendor's demonstration into a final TRT Report. The TRT Report will be distributed to the Evaluation Committee members prior to the Final Evaluation Meeting.
2. A solicitation may only be awarded to a vendor whose submission is responsive to the requirements of the solicitation. The Director of Purchasing shall determine whether submissions are responsive. For solicitations in which an Evaluation Committee has been appointed, the Director of Purchasing's determination regarding responsiveness is not binding on the Evaluation Committee, which may accept or reject such determination but must state with specificity the basis for any rejection thereof.
3. The Evaluation Committee, with assistance of the Purchasing Division and based on information provided by the applicable County Agencies and the Office of the County Attorney, shall determine whether vendors who have submitted responsive submissions are responsible. Notwithstanding the foregoing, the awarding authority for a solicitation shall have the ultimate authority to determine whether vendors who have submitted responsive submissions are responsible. When making determinations of responsibility, the Director of Purchasing or the Evaluation Committee (as applicable) may request additional information from any vendor on matters that may affect a vendor's responsibility. The failure of a vendor to provide information requested by the County may result in a determination of non-responsibility. In addition, a vendor may submit information regarding its responsibility; provided, however, that such information shall not be considered if it contradicts or materially alters the information provided by the vendor in its original response to the solicitation.

S. Vendor Protest

Part X of the Broward County Procurement Code sets forth procedural requirements that apply if a Vendor intends to protest a solicitation or proposed award of a contract and states in part the following:

1. Any written protest concerning the specifications or requirements of a solicitation (or of any addenda thereto) must be received by the Director of Purchasing within five (5) business days after the applicable solicitation (or addenda) is posted on the Purchasing Division's website.
2. Any written protest concerning a proposed award or ranking must be received by the Director of Purchasing within five (5) business days after the proposed award or ranking is posted on the Purchasing Division's website.
3. Calculation of Days. Unless otherwise expressly stated, all references to "days" mean calendar days between the hours of 8:30 a.m. and 5:00 p.m., excluding days that are County holidays. All references to "business days" mean Monday through Friday between the hours of 8:30 a.m. and 5:00 p.m., excluding days that are County holidays. In calculating time periods, the day of the event that triggers the time period shall be excluded from the calculation (for example, objections to a ranking must be filed within three (3) business days after the ranking is posted, so an objection to a ranking posted on a Monday must be filed no later than 5:00 p.m. on Thursday). Failure to file a written protest so that it is received by the Director of Purchasing within the timeframes set forth in

Part X of the Broward County Procurement Code shall constitute a waiver of the right to protest. A protest submitted to anyone other than the Director of Purchasing shall not be a valid protest.

Except as to any protest of the specifications or requirements of a solicitation, as a condition of initiating any protest, the protestor must, concurrently with filing the protest, pay a filing fee for the purpose of defraying the costs in administering the protest in accordance with the scheduled provided below. The filing fee shall be refunded if the protestor prevails in the protest. Failure to timely pay the required filing fee shall render the protest invalid.

<u>Estimated Contract Amount</u>	<u>Filing Fee</u>
Mandatory Bid Amount up to \$250,000	\$500
\$250,000 - \$500,00	\$1,000
\$500,001 - \$5 million	\$3,000
Over \$5 million	\$5,000

The estimated contract amount shall be the total bid amount offered by the protesting vendor in its response to the solicitation, inclusive of any contract renewals or extensions. If no bid amount was submitted by the protestor, the estimated contract amount shall be the County’s estimated contract price for the procurement. The County will accept a filing fee in the form of a money order, certified check, or cashier’s check, payable to “Broward County,” or other manner of payment approved by the Director of Purchasing.

T. RIGHT TO APPEAL

The protestor may appeal the Director of Purchasing’s denial of the protest with respect to the proposed award of a solicitation in accordance with Part XII of the Broward County Procurement Code. Decisions by the Director of Purchasing with respect to the specifications or requirements of a solicitation may only be appealed to the County Administrator or their designee, who shall determine the method, timing, and process of the appeal and whose decision shall be final.

1. The appeal must be received by the Director of Purchasing within ten (10) days after the date of the determination being appealed.
2. The appeal must be accompanied by an appeal bond by a Vendor having standing to protest and must comply with all other requirements of Part XII of the Broward County Procurement Code.
3. Except as otherwise provided by law, the filing of an appeal is an administrative remedy that must be exhausted prior to the filing of any civil action against the County concerning any subject matter that, had an appeal been filed, could have been addressed as part of the appeal.

U. Rejection of Responses

The Director of Purchasing may reject all responses to a solicitation, even when only one response is received, if the Director of Purchasing determines that doing so would be in the best interest of the County; provided, however, that only the Board may reject all responses to a solicitation where the issuance of the solicitation was approved by the Board.

V. Negotiations

Once a ranking is deemed final, the County shall commence contract negotiations with the top-ranked vendor (or, if provided in the solicitation, with multiple top-ranked vendors simultaneously). If the negotiation does not result in mutually satisfactory contract terms within a reasonable time, as determined by the Director of Purchasing, then the Director of Purchasing may terminate negotiations with the applicable vendor and commence (or continue, if the solicitation provided for negotiation with multiple top-ranked vendors) negotiations with the next-ranked vendor(s) or issue a new solicitation, as the Director of Purchasing determines to be in the best interest of the County. In accordance with Section 286.0113 of the Florida Statutes, and the direction of the Broward County Board of Commissioners, negotiations resulting from Evaluation Committee Meetings are closed. Only County staff and the selected vendor and their team will be present during negotiations.

W. Submittal Instructions:

1. Broward County does not require any personal information (as defined under Section 501.171, Florida Statutes), such as social security numbers, driver license numbers, passport, military ID, bank account or credit card numbers, or any personal pin numbers, in order to submit a response for ANY Broward County solicitation. DO NOT INCLUDE any personal information data in any document submitted to the County. If any personal information data is part of a submittal, this information must be redacted prior to submitting a response to the County.
2. Vendor MUST submit its solicitation response electronically through Periscope S2G and MUST confirm its solicitation response in order for the County to receive a valid response through Periscope S2G. It is the Vendor's sole responsibility to assure its response is submitted and received through Periscope S2G by the date and time specified in the solicitation.
3. The County will not consider solicitation responses received by other means. Vendors are encouraged to submit their responses in advance of the due date and the time specified in the solicitation. In the event that the Vendor is having difficulty submitting the solicitation response electronically through Periscope S2G, immediately notify the Purchasing Agent and then contact Periscope S2G for technical assistance.
4. Vendor must view, submit, and/or accept each of the documents in Periscope S2G. Web-fillable forms can be filled out and submitted through Periscope S2G.
5. After all documents are viewed, submitted, and/or accepted in Periscope S2G, the Vendor must upload additional information requested by the solicitation (i.e. Evaluation Criteria and Financial Statements) in the Item Response Form in Periscope S2G, under line one (regardless if pricing requested).
6. Vendor should upload responses to Evaluation Criteria in Microsoft Word or Excel format.
7. If the Vendor is declaring any material confidential and exempt from Public Records, refer to Confidential Material/ Public Records and Exemptions for instructions on submitting confidential material.
8. After all files are uploaded, Vendor must submit and CONFIRM its offer (by entering password) for offer to be received electronically through Periscope S2G.
9. If a solicitation requires an original Proposal Bond (per Special Instructions to Vendors), Vendor must submit in a sealed envelope, labeled with the solicitation number, title, date and the time of solicitation opening to:

Broward County Purchasing Division 115
South Andrews Avenue, Room 212 Fort
Lauderdale, FL 33301

A copy of the Proposal Bond should also be uploaded into Periscope S2G; this does not replace the requirement to have an original proposal bond. Vendors must submit the original Proposal Bond, by the due date and time specified in the solicitation.

Revised May 1, 2021

Supplier: **Advanced Pharmaceutical Consultants**

Security Requirements

A. General Security Requirements and Criminal Background Screening:

1. All contractor and sub-contractor personnel requiring unescorted access to Broward County facilities must obtain a County issued contractor identification badge (contractor ID badge); except as specifically stated herein.
2. The background screening requirements for obtaining a contractor ID badge will depend on the facility to which unescorted access is being requested. Contract Administrators or designees and contractors may contact Broward County Security at (954) 357-6000 or FMsecurity@broward.org for the required background screening requirements associated with access to specific facilities. Contract Administrators will communicate all current and appropriate requirements to the contractor and sub-contractor throughout the contract period.

B. General Facilities:

1. Contractor and sub-contractor personnel servicing and requiring unescorted access to General Facilities must have a County issued contractor ID badge (contractor ID badge) which will be the responsibility of the contractor to obtain. Depending upon the request, the badge may carry electronic access privileges. The badge must be visible and worn at all times together with the contractor's company/business contractor ID badge. Similar to employee security/ID badges, requests for contractor ID badges are initially approved by the requesting agency director or designee and then submitted to Facilities Management Division (FMD) Security for final approval.
2. The issuance of a contractor ID badge for unescorted access to General Facilities requires a "Level 1" FDLE background check, which can be conducted by the Florida Department of Law Enforcement (FDLE). This "Level 1" FDLE background check is the contractor's responsibility and should be included in the bid price. FDLE background checks can be done by the contractor by phone at (850) 410-8109 or online at <https://web.fdle.state.fl.us/search/app/default>.
3. Upon completion of the background check, the contractor must attach a copy of the results to the contractor's application for a contractor ID badge. The Project Manager or designee utilizing the service of the contractor will be the "Sponsor" and will either provide the contractor with a Contractor ID Badge Request Form or assist the contractor in completing an on-line application for the County issued contractor ID badge.
4. Requests for a contractor ID badge requiring an FDLE background check may require lengthy processing and review by the Broward Sheriff's Office (BSO). Contractors and subcontractors must therefore submit the request to Broward County Security at least two (2) weeks prior to the start of service by the contractor. When identification badges are ready, Broward County Security will contact the contractor to arrange pick up. Upon pick up, the applicant must present a valid Florida identification and must be accompanied by his or her supervisor. Broward County Security will then supply contractor ID badge valid for the anticipated period within which the work will be performed. The validity period must be clearly stated on the Contractor ID Badge Request Form; however, the period of validity will not exceed one (1) year. Background checks will be required for renewal of contractor ID badge. At the termination of the contract and separation of employee services, the contractor is responsible for the collection and return of all contractor ID badge to the Project Manager and/or to Broward County Security.
5. Compliance with the County's security requirements is part of the overall contract performance evaluation. Final payment will, in part, be contingent on the return of all contractor ID badges issued to contractor personnel.
6. Broward County Security is located at Governmental Center East, 115 South Andrews Avenue Fort Lauderdale, FL 33301. Telephone (954) 357-6000.
7. All contractors must wear distinctive and neat appearing uniforms with vendor's company name. Sub-contractor personnel must also have Broward County issued contractor IDs and meet the same security requirements and uniform standards as the primary contractor.
8. Contractors will not be allowed unescorted on the job site without proper County issued contractor ID badges.

C. Facilities Critical to Security and Public Safety:

Many Broward County government facilities will have areas designated as critical to security and public safety, pursuant to Broward County Ordinance 2003-08 Sections 26-121 and 26-122, as may be amended. The issuance of a contractor ID badge for unescorted access to facilities critical to security and public safety may entail a comprehensive statewide and national background check. Unescorted access to certain facilities occupied by the Broward Sheriff's Office (BSO) and the State Attorney's Office will require a national fingerprint-based records check per the Criminal Justice Information System (CJIS) policy.

A contractor employee found to have a criminal record consisting of felony conviction(s) shall be disqualified from access to the State Attorney's Offices and certain BSO facilities. A contractor employee with a record of misdemeanor offense(s) may be granted access if the System Security Officer (CSO), Terminal Access Coordinator (TAC), and FDLE determines that the nature of the offense(s) do not warrant disqualification. Applicants shall also be disqualified on the basis of confirmations that arrest warrants are outstanding for such applicants.

D. Contractor Work Crews:

Background investigations are generally not required for each member of a contractor work crew working on county premises and outside a building or structure. Examples are landscape crews and roofers. If it is necessary to enter the building or structure unescorted, these work crew members should obtain a contractor ID badge. If not, work crew members must be escorted at all times by the project manager, or designee, and must be under the direct supervision of a foreperson for the contractor. The foreperson must be aware of the crew members' whereabouts, has completed the appropriate background check for the location and type of work being undertaken, and has been issued and is displaying a contractor ID badge.

All members of a night cleaning crew must complete a background investigation appropriate to the requirements of the facility and so should all work crew members not escorted when working at a critical county facility.

Notwithstanding, the using agency is best positioned and suited to determine the safeguards and requirements that should be in place to manage the risks and consequences associated with the roles and activities of contractor, subcontractor, and work crews, when requesting a contractor ID badge. The agency is aware of the characteristics of the client population being served by the classes of persons, the need to safeguard high-value assets, and the requirement to comply with all statutory requirements governing background investigations.

E. Other Vendors:

Consultants, delivery personnel, and vending machine operators, without a County issued contractor badge, may obtain a Visitor pass and should be escorted by County personnel when accessing and working in designated non-public and employee work areas at both general facilities and facilities critical to security and public safety.

F. Port Everglades Locations:

1. The Port Everglades Department requires persons to present, at port entry, a valid driver's license, and valid reason for wishing to be granted port access in order to obtain a temporary/visitor ID badge. For persons who will visit the Port more than 15 times in a 90 day period, a permanent identification badge must be obtained and paid for by the contractor for all employees, subcontractors, agents and servants visiting or working on the port project. A restricted access badge application process will include fingerprints and a comprehensive background check. Badges must be renewed annually and the fees paid pursuant to Broward County Administrative Code, Section 42.6. For further information, please call 954-765-4225.
2. All vehicles that are used regularly on the dock apron must have a Dockside Parking Permit. Only a limited number of permits will be issued per business entity. The fee is \$100.00 per permit/vehicle. Individuals requesting a permit must possess a valid Port-issued Restricted Access Area badge with a "Dock" destination. Requests for Dockside Parking Permits must be submitted in writing, on company letterhead, to the ID Badge Office. Applicants must demonstrate a need for access to the dock apron. Requests shall be investigated, and approved, if appropriate justification is provided. Supporting documentation must be supplied, if requested. Dock permits are not transferable and must be affixed to the lower left corner of the permitted vehicle's windshield. Should the permit holder wish to transfer the permit to another vehicle during the term of issuance, the permit will be removed and exchanged at no charge for

a new permit. Only one business entity representative will be permitted on the dock at a time at the vessel location.

3. The Federal Government has instituted requirements for a Transportation Worker Identification Credential (TWIC) for all personnel requiring unescorted access to designated secure areas within Port Everglades. The contractor will be responsible for complying with the applicable TWIC requirements. For further information, please call 1-855-347-8371, or go on line to <https://www.tsa.gov/for-industry/twic>.

G. Airport Security Program and Aviation Regulations:

1. Consultant/contractor agrees to observe all security requirements and other requirements of the Federal Aviation Regulations applicable to Consultant/contractor, including without limitation, all regulations of the United States Department of Transportation, the Federal Aviation Administration and the Transportation Security Administration, and the Consultant/contractor agrees to comply with the County's Airport Security Program and the Air Operations area (AOA) Vehicle Access Program, and amendments thereto, and to comply with such other rules and regulations as may be reasonably prescribed by the County, and to take such steps as may be necessary or directed by the County to insure that sub lessees, employees, invitees and guests observe these requirements. If required by the Aviation Department, Consultant/contractor shall conduct background checks of its employees in accordance with applicable Federal regulations.
2. If as a result of the acts or omissions of Consultant/contractor, its sub lessees, employees, invitees or guests, the County incurs any fines and/or penalties imposed by any governmental agency, including without limitation, the United States Department of Transportation, the Federal Aviation Administration or the Transportation Security Administration, or any expense in enforcing any federal regulations, including without limitation, airport security regulations, or the rules or regulations of the County, and/or any expense in enforcing the County's Airport Security Program, then consultant/contractor agrees to pay and/or reimburse the County all such costs and expenses, including all costs of administrative proceedings, court costs, and attorneys' fees and all costs incurred by County in enforcing this provision. Consultant/contractor further agrees to rectify any security deficiency or other deficiency as may be determined as such by the County or the United States Department of Transportation, Federal Aviation Administration, the Transportation Security Administration, or any other federal agency. In the event consultant/contractor fails to remedy any such deficiency, the County may do so at the cost and expense of consultant/contractor. The County reserves the right to take whatever action is necessary to rectify any security deficiency or other deficiency.
3. Operation of Vehicles on the AOA: Before the consultant/contractor shall permit any employee of consultant/contractor or any sub consultant/subcontractor to operate a motor vehicle of any kind or type on the AOA (and unless escorted by an Aviation Department approved escort), the consultant/contractor shall ensure that all such vehicle operators possess current, valid, and appropriate Florida driver's licenses. In addition, any motor vehicles and equipment of consultant/contractor or of any sub consultant/subcontractor operating on the AOA must have an appropriate vehicle identification permit issued by the Aviation Department, which identification must be displayed as required by the Aviation Department.
4. Consent to Search/Inspection: The consultant/contractor agrees that its vehicles, cargo, goods, and other personal property are subject to being inspected and searched when attempting to enter or leave and while on the AOA. The consultant/contractor further agrees on behalf of itself and its sub consultant /subcontractors that it shall not authorize any employee or other person to enter the AOA unless and until such employee other person has executed a written consent-to-search/inspection form acceptable to the Aviation Department. Consultant/contractor acknowledges and understands that the forgoing requirements are for the protection of users of the Airport and are intended to reduce incidents of cargo tampering, aircraft sabotage, thefts and other unlawful activities at the Airport. For this reason, consultant/contractor agrees that persons not executing such consent-to-search/inspection form shall not be employed by the consultant/contractor or by any sub consultant/contractor at the Airport in any position requiring access to the AOA or allowed entry to the AOA by the consultant/contractor or by any sub consultant/contractors.
5. The provisions hereof shall survive the expiration or any other termination of this contract.

H. Water and Wastewater Services (WWS):

1. Contractors/Consultants may receive a WWS ID Badge and/or Access Card and/or Keys while working at WWS facility work sites. These items provide modified access to certain areas and systems otherwise restricted to non-WWS employees and can only be obtained from the WWS Security Manager. These items may be rescinded at the discretion of the WWS Security Officer.

The WWS ID Badge, Access Card and/or Keys remain the property of Broward County and must be returned to your WWS contact person at the end of the contract/project.

2. All contractors will complete and sign the WWS Contractor/Consultant Security Memorandum and provide a copy of their Driver's License to be recorded on Schlage Card Access System Profile.
3. A lost or stolen ID Badge and/or Access Card and/or Keys must be reported to the Security Manager immediately.
4. WWS may terminate access to any contractor who acts inappropriately while on County property and has the right to contact BSO if necessary to have the contractor removed and/or file charges against them.

I. Additional Security Requirements for Parks and Recreation:

1. Contractor expressly understands and agrees that a duty is hereby created under this Contract that requires contractor to provide ongoing disclosure throughout the term of this Contract as provided for herein relative to the criminal background screening required by this Section.
2. Contractor shall perform criminal background screening as identified in Item 3 below on its officers, employees, agents, independent contractors and volunteers who will be working under this contract in any County park ("collectively referred to as "County Park Property"). Further, if contractor is permitted to utilize subcontractors under this contract, contractor shall perform or ensure that the background screening as required in Item 3 below is conducted on any permitted subcontractor, which term includes the subcontractor's officers, employees, agents, independent contractors and volunteers who will be working under this contract on County Park property.
3. Contractor shall not permit any person who is listed as a sexual predator or sexual offender on the Florida Department of Law Enforcement, Sexual Offenders and Predators Website or the United States Department of Justice, National Sex Offender Public Website, to provide any services for contractor on County Park Property. All persons subject to the criminal background screening under this contract shall be rescreened annually based on the date of initial screening.
4. Contractor shall maintain copies of the results of the criminal background screening required by this Section for the term of this contract and promptly forward copies of same to County, upon its request.
5. Contractor shall be required to furnish to County's Parks and Recreation Project Manager, on a monthly basis, an Affidavit affirming the persons listed in the Affidavit have been background screened as required in Item 3 above and have been deemed eligible by contractor to work on County Park property. Contractor's monthly Affidavit shall update information from the previous Affidavit by reconfirming the status of persons who have previously been deemed eligible as provided for above and updating the list, when applicable, to specifically identify new persons providing services for contractor under this Contract who have been background screened as required in Item 3 above and deemed eligible to work on County Park Property. The Contract Administrator may, in his or her discretion, permit contractor to furnish the monthly Affidavit in an electronic format.
6. In the event contractor obtains, or is provided, supplemental criminal background information, including police reports and arrest information, which potentially disqualifies a person previously deemed eligible by contractor to provide services under this contract, contractor shall take immediate action to review the matter; however, during such review time and until a determination of eligibility is made by contractor based on the requirements of this Section, contractor shall immediately cease allowing the person to work on County Park Property. Additionally, contractor shall be required to inform any person background screened pursuant to this Section who is providing services under this contract, to notify contractor within forty-eight (48) hours of any arrest related to sexual misconduct which has occurred after the person was deemed eligible to work on County Park Property.
7. Contractor shall, by written contract, require its permitted subcontractors to agree to the requirements and obligations of this Section.
8. County may terminate this contract immediately for cause, with Notice provided to contractor, for a violation related to contractor's failure to perform the required background screening on its officers, employees, agents, independent contractors and volunteers who will be working under this Agreement on County Park Property. County may also terminate this contract immediately for cause, with Notice provided to contractor, if County determines contractor failed to ensure that its permitted subcontractors, as defined in Item 2 above, have been background screened as required in this section prior to performing any services under this Agreement on County Park Property. Contractor will not be subject to immediate termination in the event County determines a violation of this Section was outside the reasonable control of contractor and contractor has demonstrated to County compliance with the requirements of this Section.

9. County may terminate this contract for cause if contractor fails to provide the monthly Affidavit to County as provided for under Item 5 above, and contractor does not cure said breach within five (5) days of Notice provided to contractor.

Supplier: Advanced Pharmaceutical Consultants

STANDARD CERTIFICATIONS Request for Proposals, Request for Qualifications, or Request for Letters of Interest

Vendor should complete and acknowledge the standard certifications and submit with the solicitation response. If not submitted with solicitation response, it must be submitted within three business days of County's request. Failure to timely submit may affect Vendor's evaluation. It is imperative that the person completing the standard certifications be knowledgeable about the proposing Vendor's business and operations.

Cone of Silence Requirement Certification:

The Cone of Silence Ordinance, Section 1-266, Broward County Code of Ordinances prohibits certain communications among Vendors, Commissioners, County staff, and Selection or Evaluation Committee members. Identify on a separate sheet any violations of this Ordinance by any members of the responding firm or its joint ventures. After the application of the Cone of Silence, inquiries regarding this solicitation should be directed to the Director of Purchasing or designee. The Cone of Silence terminates when the County Commission or other awarding authority takes action which ends the solicitation.

The Vendor hereby certifies that: (check each box)

- The Vendor has read Cone of Silence Ordinance, Section 1-266, Broward County Code of Ordinances; and
- The Vendor understands that the Cone of Silence for this competitive solicitation shall be in effect beginning upon the appointment of the Selection or Evaluation Committee, for communication regarding this solicitation with the County Administrator, Deputy County Administrator, Assistant County Administrators, and Assistants to the County Administrator and their respective support staff or any person, including Evaluation or Selection Committee members, appointed to evaluate or recommend selection in this RFP/RLI process. For Communication with County Commissioners and Commission staff, the Cone of Silence allows communication until the initial Evaluation or Selection Committee Meeting.
- The Vendor agrees to comply with the requirements of the Cone of Silence Ordinance.

Drug-Free Workplace Requirements Certification:

Section 21.31.a. of the Broward County Procurement Code requires awards of all competitive solicitations requiring Board award be made only to firms certifying the establishment of a drug free workplace program. The program must consist of:

1. Publishing a statement notifying its employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the offeror's workplace, and specifying the actions that will be taken against employees for violations of such prohibition;
2. Establishing a continuing drug-free awareness program to inform its employees about:
 - a. The dangers of drug abuse in the workplace;
 - b. The offeror's policy of maintaining a drug-free workplace;
 - c. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
3. Giving all employees engaged in performance of the contract a copy of the statement required by subparagraph 1;
4. Notifying all employees, in writing, of the statement required by subparagraph 1, that as a condition of employment on a covered contract, the employee shall:
 - a. Abide by the terms of the statement; and
 - b. Notify the employer in writing of the employee's conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or of any state, for a violation occurring in the workplace NO later than five days after such conviction.

5. Notifying Broward County government in writing within 10 calendar days after receiving notice under subdivision 4.b above, from an employee or otherwise receiving actual notice of such conviction. The notice shall include the position title of the employee;
6. Within 30 calendar days after receiving notice under subparagraph 4 of a conviction, taking one of the following actions with respect to an employee who is convicted of a drug abuse violation occurring in the workplace:
 - a. Taking appropriate personnel action against such employee, up to and including termination; or
 - b. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency; and
7. Making a good faith effort to maintain a drug-free workplace program through implementation of subparagraphs 1 through 6.

The Vendor hereby certifies that: (check box)

- The Vendor certifies that it has established a drug free workplace program in accordance with the above requirements.

Non-Collusion Certification:

Vendor shall disclose, to their best knowledge, any Broward County officer or employee, or any relative of any such officer or employee as defined in Section 112.3135 (1) (c), Florida Statutes, who is an officer or director of, or has a material interest in, the Vendor's business, who is in a position to influence this procurement. Any Broward County officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement. Failure of a Vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the Broward County Procurement Code.

The Vendor hereby certifies that: (select one)

- The Vendor certifies that this offer is made independently and free from collusion; or
- The Vendor is disclosing names of officers or employees who have a material interest in this procurement and is in a position to influence this procurement. Vendor must include a list of name(s), and relationship(s) with its submittal.

Public Entities Crimes Certification:

In accordance with Public Entity Crimes, Section 287.133, Florida Statutes, a person or affiliate placed on the convicted vendor list following a conviction for a public entity crime may not submit on a contract: to provide any goods or services; for construction or repair of a public building or public work; for leases of real property to a public entity; and may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in s. 287.017 for Category Two for a period of 36 months following the date of being placed on the convicted vendor list.

The Vendor hereby certifies that: (check box)

- The Vendor certifies that no person or affiliates of the Vendor are currently on the convicted vendor list and/or has not been found to commit a public entity crime, as described in the statutes.

Scrutinized Companies List Certification:

Any company, principals, or owners on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List is prohibited from submitting a response to a solicitation for goods or services in an amount equal to or greater than \$1 million.

The Vendor hereby certifies that: (check each box)

- The Vendor, owners, or principals are aware of the requirements of Sections 287.135, 215.473, and 215.4275, Florida Statutes, regarding Companies on the Scrutinized Companies with Activities in Sudan List the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List; and

- The Vendor, owners, or principals, are eligible to participate in this solicitation and are not listed on either the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List; and
- If awarded the Contract, the Vendor, owners, or principals will immediately notify the County in writing if any of its principals are placed on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List.

I hereby certify the information provided in the Vendor Questionnaire and Standard Certifications:

BRIAN A BULFER

*AUTHORIZED SIGNATURE/NAME

FOUNDER

TITLE

6-16-2021

DATE

Vendor Name: **Advanced Pharmaceutical Consultants, Inc.**

* I certify that I am authorized to sign this solicitation response on behalf of the Vendor as indicated in Certificate as to Corporate Principal, designation letter by Director/Corporate Officer, or other business authorization to bind on behalf of the Vendor. As the Vendor's authorized representative, I attest that any and all statements, oral, written or otherwise, made in support of the Vendor's response, are accurate, true and correct. I also acknowledge that inaccurate, untruthful, or incorrect statements made in support of the Vendor's response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to Section 21.119 of the Broward County Procurement Code. I certify that the Vendor's response is made without prior understanding, agreement, or connection with any corporation, firm or person submitting a response for the same items/services, and is in all respects fair and without collusion or fraud. I also certify that the Vendor agrees to abide by all terms and conditions of this solicitation, acknowledge and accept all of the solicitation pages as well as any special instructions sheet(s).

Supplier: **Advanced Pharmaceutical Consultants**

LOBBYIST REGISTRATION REQUIREMENT CERTIFICATION

The completed should be submitted with the solicitation response but must be submitted within three business days of County's request. Vendor may be deemed non-responsive for failure to fully comply within stated timeframes.

The Vendor certifies that it understands if it has retained a lobbyist(s) to lobby in connection with a competitive solicitation, it shall be deemed non-responsive unless the firm, in responding to the competitive solicitation, certifies that each lobbyist retained has timely filed the registration or amended registration required under Broward County Lobbyist Registration Act, Section 1-262, Broward County Code of Ordinances; and it understands that if, after awarding a contract in connection with the solicitation, the County learns that the certification was erroneous, and upon investigation determines that the error was willful or intentional on the part of the Vendor, the County may, on that basis, exercise any contractual right to terminate the contract for convenience.

The Vendor hereby certifies that: (select one)

- It has not retained a lobbyist(s) to lobby in connection with this competitive solicitation; however, if retained after the solicitation, the County will be notified.
- It has retained a lobbyist(s) to lobby in connection with this competitive solicitation and certified that each lobbyist retained has timely filed the registration or amended registration required under Broward County Lobbyist Registration Act, Section 1-262, Broward County Code of Ordinances.

It is a requirement of this solicitation that the names of any and all lobbyists retained to lobby in connection with this solicitation be listed below:

Name of Lobbyist:

Lobbyist's Firm:

Phone:

E-mail:

Name of Lobbyist:

Lobbyist's Firm:

Phone:

E-mail: **Bbulfer@apcpharm.com**

Brian A Bulfer
Authorized Signature/Name

Founder
TITLE

Advanced Pharmaceutical Consultants, Inc
Vendor Name

6-16-2021
DATE

Revised May 1, 2021

Supplier: Advanced Pharmaceutical Consultants

CRIMINAL HISTORY SCREENING PRACTICES CERTIFICATION FORM

The completed and signed form should be returned with Vendor's submittal. If Vendor does not provide it with the submittal, Vendor must submit the completed and signed form within three business days after County's request. Vendor shall be deemed nonresponsive for failure to fully comply within stated timeframes.

Section 26-125(d) of the Broward County Code of Ordinances ("Criminal History Screening Practices") requires that a Vendor seeking a contract with Broward County, in the amount of \$100,000 or more, shall certify that it has implemented, or will implement upon award of the contract, policies, practices, and procedures regarding inquiry into the criminal history of an applicant for employment, including a criminal history background check of any such person, that preclude inquiry into an applicant's criminal history until the applicant is selected as a finalist and interviewed for the position. The failure of Vendor to comply with Section 26-125(d) at any time during the contract term shall constitute a material breach of the contract, entitling Broward County to pursue any remedy permitted under the contract and any other remedy provided under applicable law. If Vendor fails to comply with Section 26-125(d) at any time during the contract term, Broward County may, in addition to all other available remedies, terminate the contract and Vendor may be subject to debarment or suspension proceedings consistent with the procedures in Chapter 21 of the Broward County Administrative Code.

By signing below, Vendor certifies that it is aware of the requirements of Section 26-125(d), Broward County Code of Ordinances, and certifies the following: (check only one below).

Vendor certifies it has implemented, or will implement upon award of the contract, policies, practices, and procedures regarding inquiry into the criminal history of an applicant for employment, including a criminal history background check of any such person, that preclude inquiry into an applicant's criminal history until the applicant is selected as a finalist and interviewed for the position.

Vendor is exempt from the requirements of Section 26-125(d) of the Broward County Code of Ordinances because Vendor is required by applicable federal, state, or local law to conduct a criminal history background check in connection with potential employment at a time or in a manner that would otherwise be prohibited by this section, or because Vendor is a governmental agency.

AUTHORIZED SIGNATURE/ NAME: BRIAN A BULFER

VENDOR NAME: ADVANCED PHARMACEUTICAL CONSULTANTS, INC

TITLE: FOUNDER

DATE: ADVANCED PHARMACEUTICAL CONSULTANTS, INC

Revised May 1, 2021

Supplier: Advanced Pharmaceutical Consultants

LITIGATION HISTORY FORM

The completed form(s) should be returned with the Vendor’s submittal. If not provided with submittal, the Vendor must submit within three business days of County’s request. Vendor may be deemed non-responsive for failure to fully comply within stated timeframes.

- There are no material cases for this Vendor; or
- Material Case(s) are disclosed below:

Is this for a: (check type) <input type="checkbox"/> Parent, <input type="checkbox"/> Subsidiary, or <input type="checkbox"/> Predecessor Firm?	If Yes, name of Parent/Subsidiary/Predecessor: Or No <input type="checkbox"/>
Party	
Case Number, Name, and Date Filed	
Name of Court or other tribunal	
Type of Case	Bankruptcy <input type="checkbox"/> Civil <input type="checkbox"/> Criminal <input type="checkbox"/> Administrative/Regulatory <input type="checkbox"/>
Claim or Cause of Action and Brief description of each Count	
Brief description of the Subject Matter and Project Involved	
Disposition of Case (Attach copy of any applicable Judgment, Settlement Agreement and Satisfaction of Judgment.)	Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed <input type="checkbox"/> Judgment Vendor’s Favor <input type="checkbox"/> Judgment Against Vendor <input type="checkbox"/> If Judgment Against, is Judgment Satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Opposing Counsel	Name: Email: Bbulfer@apcpharm.com Telephone Number:

Vendor Name: ADVANCED PHARMACEUTICAL CONSULTANTS, INC

Revised May 1, 2021

Supplier: Advanced Pharmaceutical Consultants

AGREEMENT EXCEPTION FORM

The completed form(s) should be submitted with the solicitation response. If not submitted with solicitation response, it shall be deemed an affirmation by the Vendor that it accepts contract terms and conditions stated in the solicitation.

The Vendor must provide on the form below, any and all exceptions it takes to the contract terms and conditions stated in the solicitation, including all proposed modifications to the contract terms and conditions or proposed additional terms and conditions. Additionally, a brief justification specifically addressing each provision to which an exception is taken should be provided.

There are no exceptions to the contract terms and conditions state in this solicitation; or

The following exceptions are taken to the contract terms and conditions state in this solicitation:
(use additional forms as needed; separate each Article/ Section number)

Term or Condition Article / Section	Insert proposed modifications to the contract terms and conditions or proposed additional terms and condition	Provide brief justification for proposed modifications

Vendor Name: ADVANCED PHARMACEUTICAL CONSULTANTS, INC

Revised May 1, 2021

Supplier: **Advanced Pharmaceutical Consultants**

AFFILIATED ENTITIES OF THE PRINCIPAL(S) CERTIFICATION

The completed form should be submitted with the solicitation response. If not submitted with solicitation response, it must be submitted within three business days of County's request. Failure to timely submit may result in Vendor being deemed non-responsive.

- a. All Vendors are required to disclose the names and addresses of "affiliated entities" of the Vendor's principal(s) over the last five (5) years (from the solicitation opening deadline) that have acted as a prime Vendor with the County.
- b. The County will review all affiliated entities of the Vendor's principal(s) for contract performance evaluations and the compliance history with the County's Small Business Development Program, including County Business Enterprise (CBE), Disadvantaged Business Enterprise (DBE) and Small Business Enterprise (SBE) goal attainment requirements. "Affiliated entities" of the principal(s) are those entities related to the Vendor by the sharing of stock or other means of control, including but not limited to a subsidiary, parent or sibling entity.
- c. The County will consider the contract performance evaluations and the compliance history of the affiliated entities of the Vendor's principals in its review and determination of responsibility.

The Vendor hereby certifies that: (select one)

- No principal of the proposing Vendor has prior affiliations that meet the criteria defined as "Affiliated entities"
- Principal(s) listed below have prior affiliations that meet the criteria defined as "Affiliated entities"

Principal's Name: **ADVANCED PHARMACEUTICAL CONSULTANTS, INC**

Names of Affiliated Entities: **BARC**

Principal's Name:

Names of Affiliated Entities:

Principal's Name:

Names of Affiliated Entities:

Authorized Signature Name: **BRIAN A BULFER**

Title: **FOUNDER**

Vendor Name: **ADVANCED PHARMACEUTICAL CONSULTANTS, INC**

Date: **ADVANCED PHARMACEUTICAL CONSULTANTS, INC**

Revised May 1, 2021

Supplier: Advanced Pharmaceutical Consultants

DOMESTIC PARTNERSHIP ACT CERTIFICATION FORM (REQUIREMENT AND TIEBREAKER)

Refer to Special Instructions to identify if Domestic Partnership Act is a requirement of the solicitation or acts only as a tiebreaker. If Domestic Partnership is a requirement of the solicitation, the completed and signed form should be returned with the Vendor’s submittal. If the form is not provided with submittal, the Vendor must submit within three business days of County’s request. Vendor may be deemed non-responsive for failure to fully comply within stated timeframes. To qualify for the Domestic Partnership tiebreaker criterion, the Vendor must currently offer the Domestic Partnership benefit and the completed and signed form must be returned at time of solicitation submittal.

The Domestic Partnership Act, Section 16 ½ -157, Broward County Code of Ordinances, requires all Vendors contracting with the County, in an amount over \$100,000 provide benefits to Domestic Partners of its employees, on the same basis as it provides benefits to employees’ spouses, with certain exceptions as provided by the Ordinance.

For all submittals over \$100,000.00, the Vendor, by virtue of the signature below, certifies that it is aware of the requirements of Broward County’s Domestic Partnership Act, Section 16-½ -157, Broward County Code of Ordinances; and certifies the following: (check only one below).

- 1. The Vendor currently complies with the requirements of the County’s Domestic Partnership Act and provides benefits to Domestic Partners of its employees on the same basis as it provides benefits to employees’ spouses
- 2. The Vendor will comply with the requirements of the County’s Domestic Partnership Act at time of contract award and provide benefits to Domestic Partners of its employees on the same basis as it provides benefits to employees’ spouses.
- 3. The Vendor will not comply with the requirements of the County’s Domestic Partnership Act at time of award.
- 4. The Vendor does not need to comply with the requirements of the County’s Domestic Partnership Act at time of award because the following exception(s) applies: **(check only one below)**.
 - The Vendor is a governmental entity, not-for-profit corporation, or charitable organization.
 - The Vendor is a religious organization, association, society, or non-profit charitable or educational institution.
 - The Vendor provides an employee the cash equivalent of benefits. (Attach an affidavit in compliance with the Act stating the efforts taken to provide such benefits and the amount of the cash equivalent).
 - The Vendor cannot comply with the provisions of the Domestic Partnership Act because it would violate the laws, rules or regulations of federal or state law or would violate or be inconsistent with the terms or conditions of a grant or contract with the United States or State of Florida. Indicate the law, statute or regulation (State the law, statute or regulation and attach explanation of its applicability).

BRIAN A BULFER

FOUNDER

**ADVANCED
PHARMACEUTICAL
CONSULTANTS, INC**

Bbulfer@apcpharm.com

Authorized Signature/Name

Title

Vendor Name

Date

Supplier: Advanced Pharmaceutical Consultants

**VOLUME OF PREVIOUS PAYMENTS ATTESTATION
FORM**

The completed and signed form should be returned with the Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Failure to timely submit this form and supporting documentation may affect the Vendor's evaluation.

This completed form MUST be included with the Vendor's submittal at the time of the opening deadline to be considered for a Tie Breaker criterion (if applicable).

Points assigned for Volume of Previous Payments will be based on the amount paid-to-date by the County to a prime Vendor **MINUS** the Vendor's confirmed payments paid-to-date to approved certified County Business Enterprise (CBE) firms performing services as Vendor's subcontractor/subconsultant to obtain the CBE goal commitment as confirmed by County's Office of Economic and Small Business Development. Reporting must be within five (5) years of the current solicitation's opening date.

Vendor must list all received payments paid-to-date by contract as a prime vendor from Broward County Board of County Commissioners. Reporting must be within five (5) years of the current solicitation's opening date.

Vendor must also list all total confirmed payments paid-to-date by contract, to approved certified CBE firms utilized to obtain the contract's CBE goal commitment. Reporting must be within five (5) years of the current solicitation's opening date.

In accordance with Section 21.41(h)(4) and 21.42(d)(3) of the Broward County Procurement Code, the Vendor with the lowest dollar volume of payments previously paid by the County over a five-year period from the date of the submittal opening will receive the Tie Breaker.

The Vendor attests to the following:

Item No.	Project Title	Contract No.	Department/ Division	Date Awarded	Prime: Paid to Date	CBE: Paid to Date
1.	IN HOUSE PHARMACY MANAGEMENT	R1012809RL	BROWARD ADDICTION RECOVERY DIVIION	10/13/2014	\$1,505,498	
2.						
3.						
4.						
5.						
6.						
7.						

Grand Total **\$1,505,498**

Has the Vendor been a member/partner of a Joint Venture firm that was awarded a contract by the County?

Yes No

If Yes, Vendor must submit a **Joint Vendor Volume of Work Attestation Form**.

Vendor Name: ADVANCED PHARMACEUTICAL CONSULTANTS, INC

BRIAN A BULFER
Authorized Signature/Name

FOUNDER
Title

6-30-2021
Date

**VOLUME OF PREVIOUS PAYMENTS ATTESTATION
FORM FOR JOINT VENTURE**

If applicable, this form and additional required documentation should be submitted with the Vendor’s submittal. If not provided with submittal, the Vendor must submit within three business days of County’s request. Failure to timely submit this form and supporting documentation may affect the Vendor’s evaluation.

If a Joint Venture, the payments paid-to-date by contract provided must encompass the Joint Venture and each of the entities forming the Joint Venture.

Points assigned for Volume of Previous Payments will be based on the amount paid-to-date by contract to the Joint Venture firm **MINUS** all confirmed payments paid-to-date to approved certified CBE firms utilized to obtain the CBE goal commitment. Reporting must be within five (5) years of the current solicitation’s opening date. Amount will then be multiplied by the member firm’s equity percentage.

In accordance with Section 21.41(h)(4) and 21.42(d)(3) of the Broward County Procurement Code, the Vendor with the lowest dollar volume of payments previously paid by the County over a five-year period from the date of the submittal opening will receive the Tie Breaker.

The Vendor attests to the following:

Item No.	Project Title	Contract No.	Department/ Division	Date Awarded	JV Equity Percent	Prime: Paid to Date	CBE: Paid to Date
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Grand Total

Vendor is required to submit an executed Joint Venture agreement(s) and any amendments for each project listed above. Each agreement must be executed prior to the opening date of this solicitation.

Vendor Name:

Authorized Signature/Name

Title

Date

Revised May 1, 2021

Supplier: Advanced Pharmaceutical Consultants

SUBCONTRACTORS/SUBCONSULTANTS/SUPPLIERS REQUIREMENT

Request for Proposals, Request for Qualifications, or Request for Letters of Interest

The following forms and supporting information (if applicable) should be returned with Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Failure to timely submit may affect Vendor's evaluation.

- A. The Vendor shall submit a listing of all subcontractors, subconsultants and major material suppliers (firms), if any, and the portion of the contract they will perform. A major material supplier is considered any firm that provides construction material for construction contracts, or commodities for service contracts in excess of \$50,000, to the Vendor.
- B. If participation goals apply to the contract, only non-certified firms shall be identified on the form. A non-certified firm is a firm that is not listed as a firm for attainment of participation goals (ex. County Business Enterprise or Disadvantaged Business Enterprise), if applicable to the solicitation.
- C. This list shall be kept up-to-date for the duration of the contract. If subcontractors, subconsultants or suppliers are stated, this does not relieve the Vendor from the prime responsibility of full and complete satisfactory performance under any awarded contract.
- D. After completion of the contract/final payment, the Vendor shall certify the final list of non-certified subcontractors, subconsultants, and suppliers that performed or provided services to the County for the referenced contract.
- E. The Vendor has confirmed that none of the recommended subcontractors, subconsultants, or suppliers' principal(s), officer(s), affiliate(s) or any other related companies have been debarred from doing business with Broward County or any other governmental agency.

If none, check the box below on this form. Use additional form(s) in Periscope S2G.

None -

- 1. Subcontracted Firm's Name:
Subcontracted Firm's Address:
Subcontracted Firm's Telephone Number:
Contact Person's Name and Position:
Contact Person's E-Mail Address:
Estimated Subcontract/Supplies Contract Amount:
Type of Work/Supplies Provided:
- 2. Subcontracted Firm's Name:
Subcontracted Firm's Address:
Subcontracted Firm's Telephone Number:
Contact Person's Name and Position:
Contact Person's E-Mail Address:
Estimated Subcontract/Supplies Contract Amount:
Type of Work/Supplies Provided:
- 3. Subcontracted Firm's Name:
Subcontracted Firm's Address:
Subcontracted Firm's Telephone Number:
Contact Person's Name and Position:
Contact Person's E-Mail Address:
Estimated Subcontract/Supplies Contract Amount:

Type of Work/Supplies Provided:

4. Subcontracted Firm's Name:
Subcontracted Firm's Address:
Subcontracted Firm's Telephone Number:
Contact Person's Name and Position:
Contact Person's E-Mail Address: **Bbulfer@apcpharm.com**
Estimated Subcontract/Supplies Contract Amount:
Type of Work/Supplies Provided:

I certify that the information submitted in this report is in fact true and correct to the best of my knowledge.

BRIAN A BULFER
Authorized Signature/Name

FOUNDER
Title

**ADVANCED PHARMACEUTICAL CONSULTANTS,
INC**
Vendor Name

6-29-2021
Date

Revised May 1, 2021

Supplier: Advanced Pharmaceutical Consultants

Insurance Requirements: (Refer to the Insurance Requirement Form)

- A. The insurance requirement designated in the Insurance Requirement Form indicates the minimum coverage required for the scope of work, as determined by the Risk Management Division. Vendor shall provide verification of compliance such as a Certificate of Insurance, or a letter of verification from the Vendor's insurance agent/broker, which states the ability of the Vendor to meet the requirements upon award. The verification must be submitted within three business days of County's request. Vendor may be deemed non-responsive for failure to fully comply within stated timeframes. Final award shall be subject to receipt and acceptance by the County of proof of meeting all insurance requirements of the bid. A party may be debarred for failure of a vendor awarded a contract to provide the required insurance within ten (10) days after demand therefor by the Purchasing Division.
- B. Without limiting any of the other obligations or liabilities of Vendor, Vendor shall provide, pay for, and maintain on a primary basis in force until all of its work to be performed under this Contract has been completed and accepted by County (or for such duration specified), at least the minimum insurance coverage and limits set forth in the Insurance Requirement Form under the following conditions listed below. If a limit or policy is not indicated on Insurance Requirement certificate by a checked box, it is not required as a condition of this contract.
1. Commercial General Liability with minimum limits per occurrence, combined single limit for bodily injury and property damage, and when indicated a minimum limit per aggregate. County is to be expressly included as an Additional Insured in the name of Broward County arising out of operations performed for the County, by or on behalf of Vendor, or acts or omissions of Vendor in connection with general supervision of such operation. If Vendor uses a subcontractor, then Vendor shall require that subcontractor names County as an Additional Insured.
 2. Business Automobile Liability with minimum limits per occurrence, combined single limit for bodily injury and property damage. Scheduled autos shall be listed on Vendor's certificate of insurance. County is to be named as an additional insured in the name of Broward County.

Note: Insurance requirements for Automobile Liability are not applicable where delivery will be made by a third party carrier. All vendors that will be making deliveries in their own vehicles are required to provide proof of insurance for Automobile Liability and other pertinent coverages as indicated on the Insurance Requirement certificate, prior to award. If deliveries are being made by a third party carrier, other pertinent coverages listed on the Insurance Requirement certificate are still required.

Vendor should indicate how product is being delivered:

Vendor Name:

Company Vehicle: Yes or No

If Common Carrier (indicate carrier):

Other: **Bbulfer@apcpharm.com**

3. Workers' Compensation insurance to apply for all employees in compliance with Chapter 440, the "Workers' Compensation Law" of the State of Florida and all applicable federal laws. The policy must include Employers' Liability with minimum limits each accident. If any operations are to be undertaken on or about navigable waters, coverage must be included for the U.S. Longshoremen & Harbor Workers Act and Jones Act.

4. Excess Liability/Umbrella Insurance may be used to satisfy the minimum liability limits required; however, the annual aggregate limit shall not be less than the highest "each occurrence" limit for the underlying liability policy. Vendor shall endorse County as an Additional Insured unless the policy provides coverage on a pure/true "Follow-form" basis.
5. Builder's Risk or equivalent coverage (such as Property Insurance or Installation Floater) is required as a condition precedent to the issuance of the Second Notice to Proceed for projects involving but not limited to: changes to a building's structural elements, work compromising the exterior of the building for any extended period of time, installation of a large single component, or remodeling where the cost of remodeling is 20% or more the value of the property. Coverage shall be, "All Risks" Completed Value form with a deductible not to exceed Ten Thousand Dollars (\$10,000.00) each claim for all perils except for wind and flood.
6. For the peril of wind, the Vendor shall maintain a deductible that is commercially feasible which does not exceed five percent (5%) of the value of the Contract price. Such Policy shall reflect Broward County as an additional loss payee.
7. For the peril of flood, coverage must be afforded for the lesser of the total insurable value of such buildings or structures, and the maximum amount of flood insurance coverage available under the National Flood Program. Vendor shall maintain a deductible that is commercially feasible and does not exceed five percent (5%) of the value of the Contract price. Such Policy shall reflect Broward County as an additional loss payee.
8. The County reserves the right to provide Property Insurance covering the Project, materials, equipment and supplies intended for specific installation in the Project while such materials, equipment and supplies are located at the Project site, in transit, or while temporarily located away from the Project site. This coverage will not cover any of the Vendor's or subcontractors' tools, equipment, machinery or provide any business interruption or time element coverage to the Vendor(s).
9. If the County decides to purchase Property Insurance or provide for coverage under its existing insurance policy for this Project, then the insurance required to be carried by the Vendor may be modified to account for the insurance being provided by the County. Such modification may also include execution of Waiver of Subrogation documentation.
10. In the event that a claim occurs for this Project and is made upon the County's insurance policy, for other than a windstorm, Vendor will pay at least Ten Thousand Dollars (\$10,000.00) of the deductible amount for such claim.
11. Waiver of Occupancy Clause or Warranty: Policy must be specifically endorsed to eliminate any "Occupancy Clause" or similar warranty or representation that the building (s), addition(s) or structure(s) in the course of construction shall not be occupied without specific endorsement of the policy. The Policy must be endorsed to provide that the Builder's Risk coverage will continue to apply until final acceptance by County.
12. Pollution Liability or Environmental Impairment Liability: including clean-up costs, with minimum limits per claim, subject to a maximum deductible per claim. Such policy shall remain in force for the minimum length of time indicated, include an annual policy aggregate and name Broward County as an Additional Insured. Vendor shall be responsible for all deductibles in the event of a claim.
13. Professional Liability Insurance with minimum limits for each claim, subject to a maximum deductible per claim. Such policy shall remain in force for the minimum length of time indicated. Vendor shall notify County in writing within thirty (30) days of any claim filed or made against its Professional Liability Insurance policy. Vendor shall be responsible for all deductibles in the event of a claim. The deductible shall be indicated on the Vendor's Certificate of Insurance.

- C. Coverage must be afforded on a form no more restrictive than the latest edition of the respective policy form as filed by the Insurance Services Office. If the initial insurance expires prior to the completion and acceptance of the Work, renewal certificates shall be furnished upon expiration. County reserves the right to obtain a certified copy of any insurance policy required by this Section within fifteen (15) calendar days of a written request by County.
- D. Notice of Cancellation and/or Restriction: the policy(ies) must be endorsed to provide Broward County with at least thirty (30) days' notice of cancellation and/or restriction.
- E. The official title of the Certificate Holder is Broward County. This official title shall be used in all insurance documentation.
- F. Broward County's Risk Management Division reserves the right, but not the obligation, to review and revise any insurance requirements at the time of contract renewal and/or any amendments, not limited to deductibles, limits, coverages and endorsements based on insurance market conditions affecting the availability or affordability of coverage; or changes in the scope of work/specifications affecting the applicability of coverage.

Revised May 1, 2021

Supplier: **Advanced Pharmaceutical Consultants**



Summary of Vendor Rights Regarding Broward County Competitive Solicitations

The purpose of this document is to provide vendors with a summary of their rights to object to or protest a proposed award or recommended ranking of vendors in connection with Broward County competitive solicitations. These rights are fully set forth in the Broward County Procurement Code, which is available here: <https://www.broward.org/purchasing>.

1. Right to Object

The right to object is available for solicitations conducted through Requests for Proposals ("RFPs"), Requests for Letters of Interest ("RLIs"), or Requests for Qualifications ("RFQs"). In such solicitations, vendors may object in writing to a proposed recommendation of ranking made by an Evaluation Committee. Objections must be filed within three (3) business days after the proposed ranking is posted on the Purchasing Division's website. The contents of an objection must comply with the requirements set forth in Section 21.42(h) of the Procurement Code. Failure to timely and fully meet any requirement will result in a loss of the right to object.

2. Right to Protest

The right to protest is available for RFPs, RLIs, or RFQs and in solicitations conducted through Invitations to Bid ("ITBs") with a value equal to or greater than the Mandatory Bid Amount (i.e. \$100,000). In RFPs, RLIs, or RFQs, vendors may protest a proposed ranking made by an Evaluation Committee. In ITBs, vendors may protest a proposed award.

In all cases, protests must be filed in writing within five (5) business days after a proposed award or ranking is posted in Purchasing Division's website. Additional requirements for a protest are set forth in Part X of the Broward County Procurement Code. Failure to timely and fully meet any requirement will result in a loss of protest rights.

Vendors may appeal the denial of a protest. Appeals may require payment of an appeal bond. Additional requirements for an appeal are set forth in Part XII of the Broward County Procurement Code. Failure to timely and fully meet any requirement will result in a loss of appeal rights.

3. Cone of Silence: Right to Contact OESBD

Please be aware that a Cone of Silence remains in effect for competitive solicitations until a solicitation is completed or a contract is awarded. During that time period, vendors may not contact certain County officials and employees regarding a solicitation. Substantial penalties may result from even an unintentional violation. For further information, please contact the Purchasing Division at 954-357-6066 or refer to the Cone of Silence Ordinance which is available here: <http://www.broward.org/Purchasing/Documents/ConeofSilence.pdf>

Vendors may communicate with a representative of the Office of Economic and Small Business Development ("OESBD") at any time regarding a solicitation or regarding participation of Small Business Enterprises or County Business Enterprises in a solicitation. OESBD may be contacted at (954) 357-6400. The Cone of Silence also permits communication with certain other County employees (please see the Cone of Silence Ordinance at the above link for further details).

Revised May 1, 2021



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/7/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER Cothrom Risk & Insurance Services 440 N Andrews Ave Fort Lauderdale FL 33301	CONTACT NAME: PHONE (A/C, No, Ext): 954-368-2191 FAX (A/C, No):		
	E-MAIL ADDRESS: certificates@cothrom.com		
INSURED ADVAPHA-01 Advanced Pharmaceutical Consultants, Inc. 555 NE 15th Street Suite 200 Miami FL 33132	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Evanston Insurance Company		35378
	INSURER B : Scottsdale Insurance Company		41297
	INSURER C : North American Capacity Insurance Company		25038
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES CERTIFICATE NUMBER: 975124376 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	SM940021	3/13/2021	3/13/2022	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	SM940021	3/13/2021	3/13/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A C B	Professional Liability Cyber Security and Liability Cyber Excess Liability		Y Y	SM940021 C4LRU167135CYBER2021 EKS3371234	3/13/2021 3/13/2021 3/13/2021	3/13/2022 3/13/2022 3/13/2022	Each Claim & Agg Each Claim Limit of Liability 3,000,000 5,000,000 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is an additional insured under the general liability policy and auto liability per form MESM 1006 08 15 when required by written agreement subject to the terms and conditions of the policy. The general liability policy & auto liability policy is primary and will not seek contribution from the certificate holder's general liability policy & auto Liability when required by written agreement subject to the terms and conditions of the policy. A waiver of subrogation is provided in favor of the Certificate Holder under the general liability, auto liability and cyber liability when required by written agreement, subject to the terms and conditions of the policy.

CERTIFICATE HOLDER Broward County 115 S. Andrews Ave Fort Lauderdale FL 33301-1869	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

IN FAVOR OF:

Broward County
115 South Andrews Avenue
Fort Luaderdale, FL 33301

WORK PERFORMED BY CO-EMPLOYEES OF:

Advanced Pharmaceutical Consultants, Inc
555 NE 15 St Ste 200
Miami, FL 33132

ON THE FOLLOWING PROJECT:

Waiver of subrogation in favor of Broward County

FEE FOR THIS WAIVER IS:

Premium will be waived

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective: 04/01/2021

Policy No: WC 56-11-942-07

Endorsement No:

Insured: CoAdvantage Corporation Alt. Emp: Advanced Pharmaceutical Consultants, Inc

Premium: \$

Insurance Company: American Zurich Insurance Company

Countersigned By:



Authorized Representative

AC# 9280030

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
10/01/2019	PS 51215	317161

THE PHARMACIST

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: **SEPTEMBER 30, 2021**

TIMOTHY J RENER
475 CANAL POINT N
UNIT 111
DELRAY BEACH, FL - 33444



Ron DeSantis
GOVERNOR

Scott A. Rivkees, MD
State Surgeon General

AC# 10118943

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

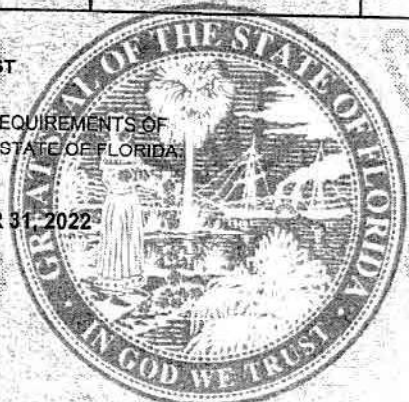
DATE	LICENSE NO.	CONTROL NO.
03/03/2021	PU 7634	34841

THE CONSULTANT PHARMACIST

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: **DECEMBER 31, 2022**

TIMOTHY J RENER
475 CANAL POINT N
UNIT 111
DELRAY BEACH, FL - 33444



Ron DeSantis
GOVERNOR

Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

AC#

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
09/03/2019	PS 27774	304189

THE PHARMACIST

QUALIFICATION(S):

Certified To Administer Immunizations

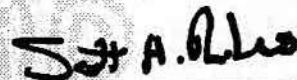
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: **SEPTEMBER 30, 2021**

SATPAL K SAUTMAN
325 SW 28TH STREET
FT LAUDERDALE, FL - 33315



Ron DeSantis
GOVERNOR



Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

AC#

10103405

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02/26/2021	PU 7264	34822

THE CONSULTANT PHARMACIST

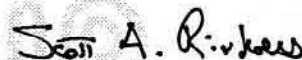
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: **DECEMBER 31, 2022**

SATPAL K SAUTMAN
9394 NW 49 PLACE
SUNRISE, FL - 33351



Ron DeSantis
GOVERNOR



Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

AC# 9277682

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

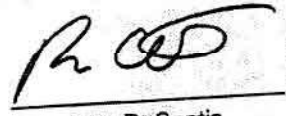
DATE	LICENSE NO.	CONTROL NO.
09/28/2019	PS 32004	316521

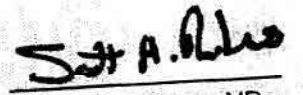
THE PHARMACIST

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: **SEPTEMBER 30, 2021**
RAIED SAWAGED
MIAMI BEACH COMMUNITY HEALTH C
11645 BISCAYNE BLVD.
SUITE 102
NORTH MIAMI, FL - 33181




Ron DeSantis
GOVERNOR


Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

C# 09957528

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

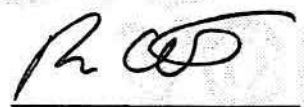
DATE	LICENSE NO.	CONTROL NO.
12/17/2020	RPT 41633	287556

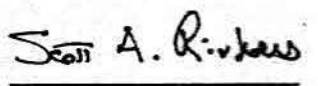
THE REGISTERED PHARMACY TECHNICIAN

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: **DECEMBER 31, 2022**
TAMARA DIANA TAYLOR
1851 1851 NW 46 AVE
APT F305
LAUDERHILL, FL - 33313




Ron DeSantis
GOVERNOR


Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

C# 9263650

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

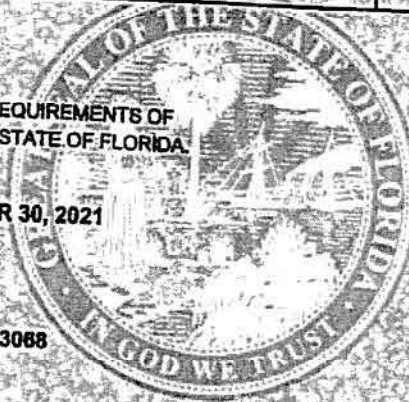
DATE	LICENSE NO.	CONTROL NO.
09/17/2019	PS 51058	310827


THE PHARMACIST


NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA

Expiration Date: **SEPTEMBER 30, 2021**
SHIVANNE BHAGWANDEEN
8000 HAMPTON BLVD
APT 214
NORTH LAUDERDALE, FL - 33068

QUALIFICATION(S):
Certified To Administer Immunizations




Ron DeSantis
GOVERNOR


Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

AC# 10426984

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

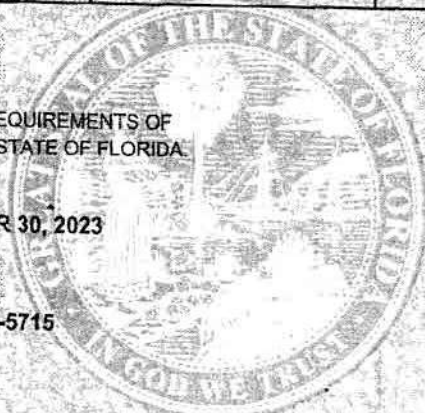
DATE	LICENSE NO.	CONTROL NO.
06/29/2021	PS 15889	327264


THE PHARMACIST

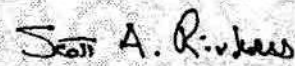
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA

Expiration Date: **SEPTEMBER 30, 2023**
JAMES FRANCIS COLONEL
4320 NE 28 AVE
FT LAUDERDALE, FL - 33308-5715

QUALIFICATION(S):
Certified To Administer Immunizations




Ron DeSantis
GOVERNOR


Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

AC#

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE**

DATE	LICENSE NO.	CONTROL NO.
08/30/2019	PS 58806	303701

THE PHARMACIST

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):

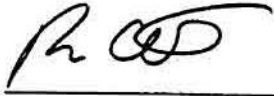
Certified To Administer Immunizations

Expiration Date: **SEPTEMBER 30, 2021**

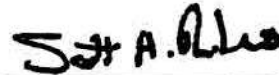
DIANE HUYNH-HOA

1041 E. HILLSBORO BLVD

DEERFIELD BEACH, FL - 33441



Ron DeSantis
GOVERNOR



Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW