

NORTH CAROLINA BOARD OF PHARMACY

In Re:)
)
Enuda Healthsource, Inc.) ORDER SUMMARILY
(Permit No. 00836)) SUSPENDING PERMIT

Pursuant to G.S. § 150B-3(c) and 21 N.C.A.C. 46.2006(b), the North Carolina Board of Pharmacy ("Board"), vis Members Rebecca W. Chater, L. Stan Haywood, J. Parker Chesson, Jr., Betty H. Dennis, Wallace E. Nelson and Robert (Joey) McLaughlin, Jr. find that the protection of the public health, safety and welfare requires emergency action. Accordingly, the Board hereby Summarily Suspends Device and Medical Equipment (DME) Permit No. 00836 issued to Enuda Healthsource, Inc. ("Respondent DME"), effective upon service of this Order. Respondent DME shall immediately cease the dispensing of devices and medical equipment in North Carolina pending issuance by the Board of a Final Agency Decision.

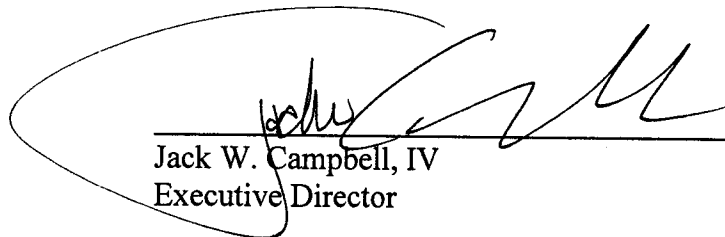
Respondent DME may request a hearing on the charges against the permit by submitting a written request within sixty (60) days of service of this order, pursuant to 21 N.C.A.C. 46.2004. Within sixty (60) days of receipt of a written request, the Board will issue a notice of hearing with respect to whether the summary suspension should be continued. That notice will advise Respondent DME of the date and time of the hearing, which will be set within the discretion of the Board. In the event that Respondent DME requests a hearing, this summary suspension remains in effect until the issuance of a further decision by the Board.

If Respondent DME does not request a hearing as set forth above, the Respondent DME waives the right to contest the Board's decision and the suspension imposed upon the permit by this order. However, the Respondent DME retains the right to file a written petition for reinstatement of the permit at any time following this order.

The Board will set a hearing at a time and place within its discretion and will rule on the petition for reinstatement in its discretion under its duty to consider the public health, safety and welfare.

By Order of the Board, this 15th day of September, 2009.

NORTH CAROLINA BOARD OF PHARMACY

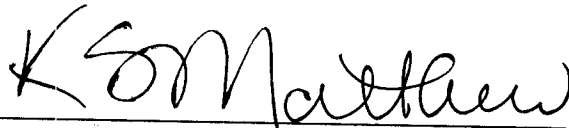


Jack W. Campbell, IV
Executive Director

CERTIFICATE OF SERVICE

I hereby certify that I am an employee of the North Carolina Board of Pharmacy and that on the 3, day of November 2009, I served the foregoing Order on Permit 00836 by mailing a true copy by Certified Mail and Return Receipt to:

Enuda Healthsource, Inc.
c/o Kecia Kalu
1502 Brown Owl Drive
Raleigh, N.C. 27610



Karen S. Matthew Director Investigations and Inspections
North Carolina Board of Pharmacy

STATE OF NORTH CAROLINA
NORTH CAROLINA BOARD OF PHARMACY
COMPLAINT NO. 200900218

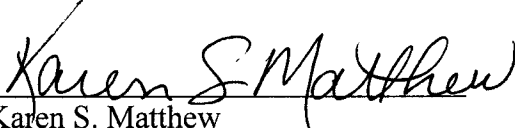
IN THE MATTER OF)
)
Enuda Healthsource, Inc.) AFFIDAVIT OF SERVICE
(DME Permit No. 00836)

Karen S. Matthew, Director of Investigations and Inspections for the North Carolina Board of Pharmacy, being duly sworn, deposes and says:

Defendant Enuda Healthsource, Inc. was served an Order Summarily Suspending DME Permit No. 00836 informing them of a suspension executed on September 15, 2009, by Jack W. Campbell, IV, Executive Director of the North Carolina Board of Pharmacy in this matter by Certified Mail, Return Receipt Requested, delivered on November 6, 2009, as evidenced by the domestic return receipt attached as Exhibit A.


FURTHER AFFIANT SAYETH NOTHING.

This the 23 day of November, 2009.


Karen S. Matthew
Director of Investigations and Inspections
North Carolina Board of Pharmacy

Sworn to and subscribed before me
This the 23rd day of November, 2009.

North Carolina Board of Pharmacy
Post Office Box 4560
Chapel Hill, NC 27515-4560


Notary Public Name


Notary Public Signature

My Commission Expires: 09-03-2012

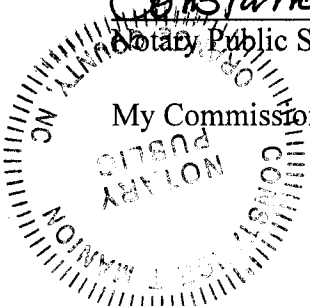


EXHIBIT A

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p style="text-align: center;">A.B.C</p> <p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p>	<p>B. Received by (Printed Name) C. Date of Delivery Kahn Kahn 11/6</p>
<p>Enuda Health Source, Inc. c/o Kecia Kalu 1502 Brown Owl Drive Raleigh, N.C. 27610</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p>	<p style="text-align: center;">RECEIVED NOV 9 - 2009</p> <p style="text-align: center;">N.C. Board of Pharmacy</p> <p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>PS Form 3811, February 2004</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7007 0710 0002 6514 8037 37</p> <p style="text-align: right;">102595-02-M-1540</p>