## Time Organization, Inc. 2901 Druid ParkDr. Baltimore, MD 21215

Date: 1/9 15

Mitra Gavgani, Board President Maryland State Board of Pharmacy (the "Board") 4201 Patterson Avenue Baltimore, Maryland 21215-2299

RF.

Surrender of License (Pharmacy Waiver

Permit) License Number: PW0349

Case Number: 14-428

Dear Dr. Gavgani and Members of the Board:

Please be advised that Time Organization, Inc. of Baltimore, Maryland hereby voluntarily **SURRENDERS** its permit to operate as a waiver pharmacy in the State of Maryland, License Number PW0349, effective immediately.

I, Lamont Ellis, an authorized agent of Time Organization, Inc., understand that upon surrender of the permit, Time Organization, Inc. may not operate as a waiver pharmacy in the State of Maryland as it is defined in the Maryland Pharmacy Act (the "Act"), Md. Code Ann., Health Occ. §§ 12- 101 et seq., (2015) and other applicable laws.

The decision of Time Organization, Inc. to surrender its permit arises from a Board investigation concerning whether Time Organization, Inc. committed violations of the Act as described in the Board's charges, attached hereto and incorporated herein as Exhibit 1. Time returned its permit to the State of Maryland in December 2013. For purposes relevant to licensure in the State of Maryland, I stipulate that the allegations in the Board's charging document will be treated as if proven.

I understand that by executing this Letter of Surrender Time Organization, Inc. is waiving its right to a formal evidentiary hearing with all substantive and procedural protections provided by law, and any right to appeal.

I understand that this Letter of Surrender is a **PUBLIC DOCUMENT** pursuant to pursuant to Md. Code Ann., General Provisions, §§ 4-101 through 4-601 (2014), and that upon the Board's acceptance, becomes a final order of the Board.

Should the Board accept this Letter of Surrender, Time Organization, Inc. agrees not to operate in the State of Maryland unless and until it is subsequently reinstated or granted a new permit by the Board.

I recognize that by submitting this Letter of Surrender, the permit of Time Organization, Inc. in Maryland will remain surrendered for a minimum of three (3) yearsand until such time as it successfully applies for and is granted a reinstatement or a new permit by the Board. I also agree that: (1) no other Time Organization corporate shareholder will submit an application for a full-service or waiver pharmacy permit, or wholesale distributor permit, for a minimum of three (3) years; and (2)I will not submit an application for a full-service or waiver pharmacy permit, or wholesale distributor permit, under a different corporate name. I understand that when applying for reinstatement or a new permit, the Board shall have sole discretion to accept, deny, or to impose conditions of acceptance on the application.

I and Time Organization, Inc. have been advised by counsel regarding this Letter of Surrender. I understand its meaning and effect, and I acknowledge that I may not rescind it in part or in whole for any reason. I submit this Letter of Surrender voluntarily.

Upon the Board's acceptance of this Letter of Surrender, I shall remit or confirm remittance to the Board Time Organization, Inc.'s original Maryland permit number PW0349 and all other official indicia of licensure, if I have not done so already.

Very truly yours,

Signature of Authorized Agent

Lamont Ellis
Printed Name of Authorized Agent

## **NOTARY**

CITY/COUNTY OF Baltimore

I HEREBY CERTIFY that on this 9 day of Normber, before me, a Notary Public of the State and City/County aforesaid, personally appear (Authorized Agent), and declared and affirmed under the penalties of perjury that signing the foregoing Letter of Surrender was his voluntary act and deed.

AS WITNESS my hand and Notarial seal

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Notary Public

My Commission expires: \_\_\_\_

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## **BOARD ACCEPTANCE**

of Surrender of license number PW0349 of Time Organization, Inc.

Mitra Gavgani, Board President

Maryland State Board of Pharmacy Board Secretary