



10 May 2019

ABN 71 028 846 652

Level 1, 20 Hunter Street  
Sydney NSW 2000

**Commercial in confidence**

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Pharmacy Ownership  
Locked Bag 21  
FORTITUDE VALLEY QLD 4006

Dear Sir or Madam

**Acquisition of Taylor Centre Pharmacy by BCPharma Pty Ltd  
ACN 620 610 540 (BCPharma)**

We have been appointed as contact relating to the change of ownership notification to Queensland Health (*Qld Health*) regarding the purchase of Taylor Centre Pharmacy located at 1/40 Annerley Road, Woolloongabba (*Premises*).

**Contact**

Angela Harvey  
Partner

@swaab.com.au

**Change in interest in ownership of a pharmacy business**

We enclose the following documents:

Our ref

180855

By express post

- 1 Form 1 – change in interest in and ownership of a pharmacy business dated 3 April 2019 (*Notification*);
- 2 certified copies of the following:
  - (a) current and historical ASIC extract for BCPharma;
  - (b) certificate of incorporation for BCPharma;
  - (c) current company constitution for BCPharma;
  - (d) passport of Wendy Lea Dare, the sole director and shareholder of BCPharma;

3

4

5 Franchise Agreement dated 8 May 2019;

6 Business Security Agreement dated 8 May 2019;

7

8 letter from Swaab dated 30 April 2019 regarding the leasing arrangements for the Premises;

9

Member of



Medicines Regulation & Quality

REC'D 14 MAY 2019



10

### Confidentiality of Notification

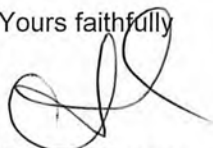
We note that this letter, its enclosures including the Notification and its supporting documents (together, the **Confidential Documents**) contain highly confidential and commercially sensitive information of BCPharma and its intended franchisor Ramsay Pharmacy Retail Services Pty Ltd ACN 169 850 131 (**RPRS**). In the circumstances, we request that Qld Health treat the Confidential Documents as commercial in confidence.

We also request that the Confidential Documents (including details such as their title, subject matter or terms) be kept confidential and not disclosed to anyone under any circumstances without the prior written consent of both BCPharma and RPRS. In the event that Qld Health receives a freedom of information or similar request relating to the Confidential Documents, we ask that both BCPharma and RPRS be advised of such a request and be given an opportunity to make submissions on whether the documents should be released prior to any such release.

We look forward to hearing from you and trust that the Notification will be considered by Qld Health as soon as possible.

Please contact Angela Harvey with any queries or if you require any further information.

Yours faithfully



**Angela Harvey**

enc



Queensland  
Government

Queensland Health

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# Change of Ownership Notification Form

Pharmacy Business Ownership Act 2001 (Qld)

## FORM 1 - Change in interest in and ownership of a pharmacy business

### Important Information

The legislation relating to pharmacy ownership is found in the *Pharmacy Business Ownership Act 2001 (Qld)* (the Act). Queensland Health requires documentary evidence that the proposed ownership complies with the requirements of the Act. Each Relevant Person should familiarise themselves with the Act prior to completing this Notification Form (Form) or obtain independent legal advice in relation to their obligations under the Act.

**NB:** Relevant Person means for a change of ownership of a pharmacy business:

- a person who starts to own the business; and
- a person who ceases to own the business,

as defined under Section 141A (2) of the Act.

A person includes a corporation as defined in Schedule 1 of the *Acts Interpretation Act 1954 (Qld)*.

The full copy of the legislation can be viewed at:  
<https://www.legislation.qld.gov.au/LEGISLTN/CURRENT/P/PharmRegA01.pdf>

### Use of this Form

This Form is to be used to notify Queensland Health when a Relevant Person:

- disposes of an interest in a pharmacy business;
- acquires an interest in a pharmacy business
- disposes of or acquires shares in a company which owns a pharmacy business;
- establishes a new pharmacy business;
- closes a pharmacy business.

### Timeframes

The Act requires that a Relevant Person notify Queensland Health about a change in ownership of or interest in a pharmacy business or of a change in pharmacy business particulars no later than 21 days after the change. Failure to do so may result in the imposition of a penalty.

For change in pharmacy business details, please use 'Change of Ownership Notification Form – Change in pharmacy business details (Form 2)' form which you can find at: <https://www.health.qld.gov.au/system-governance/licences/pharmacy>

### Completing this Form

Medicines Regulation & Quality

REC'D 14 MAY 2019

### Completing this Form

- Please complete this Form electronically, and then print.

If you are unable to complete this Form electronically

Please use **BLACK** or **BLUE** pen

- Print in **BLOCK LETTERS**
- Mark boxes like this  with a **✓** or **x**
- Where you see a box like this  **Go to 7**, please move to that section of the Form, ignoring the numbered sections which are not applicable

### Witnesses

This Form must be witnessed by an authorised person. An authorised person is either:

- a Justice of the Peace;
- a Commissioner of Declarations;
- a lawyer (certified to practise in Australia);
- a notary public;
- a licensed conveyancer; or
- another person who is authorised to administer an oath under relevant Commonwealth or State legislation.

### Withdrawal of notifications

If the proposed change in ownership does not occur, you must advise the Chief Executive of Queensland Health, in writing, within 14 days of this decision.

### Documentation List

This Form contains a documentation list (**List**) which may assist you in identifying and providing the supporting documentation. Please note that the List is not exhaustive, and you should familiarise yourself with your obligations under the Act and / or obtain independent legal advice in relation to your obligations under the Act.

The use of the List is a guide only.

*Continued overleaf*

## Change in interest in and ownership of a pharmacy business

### Returning the Form

Ensure you have checked and answered all sections of this Form correctly, including Annexures, and all appropriate supporting documents are attached. The entire Form should be sent to the nominated address below (even if pages were not completed and / or were not applicable).

Please post the Form, together with supporting documentation, to:

Pharmacy Ownership  
Locked Bag 21  
Fortitude Valley BC QLD 4006

Enquiries can be sent to:  
[PharmacyOwnership@health.qld.gov.au](mailto:PharmacyOwnership@health.qld.gov.au)

*Please note: a Form and supporting documentation that is received by email will be actioned, as if it was the original certified Form, provided that all relevant documentation is attached, and where applicable, certified.*


*In relation to the original Form and statutory declaration: we require these to be posted to Queensland Health at the above address immediately following transmission of the email attaching the Form and relevant supporting documentation.*

Please retain a copy of this Form and the supporting documentation for your records.

### Privacy notice

Queensland Health is collecting the personal information identified in this Form for the purpose of monitoring compliance with the Pharmacy Business Ownership Act 2001 (Qld). Personal information collected by Queensland Health is dealt with in accordance with the Information Privacy Act 2009 (Qld), the Hospital and Health Boards Act 2011 (Qld) and the Pharmacy Business Ownership Act 2001 (Qld). Personal information will be securely stored and only accessible by authorised persons. Personal information will not otherwise be disclosed to any other third parties without consent, unless the disclosure is authorised or required by or under law. For information about how Queensland Health protects personal information, or to learn about your right to access your own personal information, please see our website at [www.health.qld.gov.au](http://www.health.qld.gov.au).

## 1 Pharmacy Business Details

 Business details immediately prior to the change in this Form) or details of a brand-new pharmacy business

Registered Business Name

GEORGE PSALTIS AND MATINA KARANICOLAS TRADING AS TAYLOR CENTRE PHARMACY PARTNERSHIP

PBS Approval Number

Private/Non- PBS

Pharmacy Phone Number

07 3391 1396

Fax


07 3391 3558

Address

1/40 ANNERLEY ROAD  
WOOLLOONGABBA QLD 4102

Pharmacy Email Address

@

 See section 13 for required trade name documentation

## 2 Representative's Contact Details

Please direct all correspondence relating to this Form to the person or organisation noted below.

*Leave section blank if not applicable*

Name

ANGELA HARVEY

Solicitor / Law Firm / Organisation Name (if applicable)

SWAAB

Contact phone number

02 9233 5544

Email

@SWAAB.COM.AU

Mailing Address

LEVEL 1 / 20 HUNTER STREET  
SYDNEY NSW 2000

Relationship to pharmacist

## Change in interest in and ownership of a pharmacy business

**3 Relevant Person/Pharmacist Details**Miss  Mrs  Ms  Mr  Other: 

Name

WENDY LEA DARE

Date of Birth

Residential Address (not a PO Box)

Mailing Address (if different to residential or primary contact address)

Email

 I am a registered pharmacist (please provide your AHPRA Registration Number below).

AHPRA registration number:

PHA0001022548

 I am not a registered pharmacist; however, I am a relative of a pharmacist who owns, or is proposing to own, this pharmacy business.

If you are a relative, please Annexure F (Relationship Information)

 I confirm that I have the consent of other relevant individuals identified within this Form and / or relevant annexures, to disclose their personal information to the Chief Executive of Queensland Health.

You are required to submit proof of identity documents. A list acceptable documentation can be found in section 12 (Documentation List)

**4 Notification Type and Effective Date**

## Indicate the type of notification

Acquiring an interest in or buying an EXISTING pharmacy  **Go to 5**Disposing of an interest in or selling an EXISTING pharmacy  **Go to 6**Ownership Restructure (see notes)  **Go to 7**Opening a NEW pharmacy  **Go to 8**Closing an EXISTING pharmacy  **Go to 9**

'Ownership Restructure' section is to be used for restructures only (where the Relevant Persons (natural) has not changed). Under the Act, ALL owners are required to notify the Chief Executive, even if your interest is unaffected.

Example: Your business partner wishes to sell a portion of their shares/holdings in the business or if a company owns the pharmacy business and one shareholder wishes to sell their shares to another shareholder or issue new shares.

## Proposed/actual effective date of change

08/05/2019

**5 Acquiring an interest in or buying an EXISTING pharmacy business**

(5a) Are you acquiring an interest in or buying this pharmacy business as a shareholder in company (or companies) that is not a corporate trustee of a trust?

No  Yes 

If yes, please complete Annexure A (Company Details)

If you answered yes, are you a director of the company?

No  Yes  N/A 

(5b) Are you acquiring an interest in the pharmacy business as a beneficiary under a trust (i.e. discretionary family, unit trust or trading trust) That is, will the pharmacy business be owned by the trust?

No  Yes  N/A 

If yes, please complete Annexure B (Trust Details)

**Change in interest in and ownership of a pharmacy business**

(5b continued) Is the trustee of the trust a company?

No  Yes  N/A If yes, please complete Annexure B (Trust Details) and Annexure A (Company Details) for the corporate trustee (if it differs to the company in question 5a)

Is the Trustee of the trust an individual/s?

No  Yes  N/A If yes, please complete Annexure B

(5c) Are you acquiring an interest in or buying this pharmacy business as a partnership?

No  Yes 

If yes, please complete Annexure C (Partnership Details)

(5d) Are you acquiring an interest in or buying this pharmacy business as a sole trader?

No  Yes 

If yes, please provide your ABN number

ABN

(5e) Is any business arrangement changing as a result of this change? 'Business' includes trade name, address, approval number etc.

No  Yes 

If yes, please complete Annexure D (Business Particulars)

▶ **Go to 10****6 Disposing of an interest in or selling an EXISTING pharmacy business**

(6a) Is the Company disposing of an interest in or selling the pharmacy business?

No  Yes If yes, please complete Annexure A (Company Details)

(6b) Are you disposing of an interest in or selling this pharmacy business as a shareholder of a company (or companies) that owns the pharmacy business?

No  Yes 

If yes, please complete Annexure A (Company Details)

If you answered yes, are you a director of the company?

No  Yes  N/A 

(6c) Are you disposing of an interest in or selling this pharmacy business as a trustee under a trust?

No  Yes  N/A If yes, please complete Annexure B (Trust Details)

Is the trustee of the trust a company?

No  Yes 

(6d) Are you disposing of an interest in or selling a pharmacy business which is owned by a partnership?

No  Yes 

If yes, please complete Annexure C (Partnership Details)

(6e) Are you disposing of an interest in or selling this pharmacy business as a sole trader?

No  Yes  I hereby advise the Chief Executive of Queensland Health, that on the proposed/actual effective date of change, I will no longer have a beneficial interest in this pharmacy business.▶ **Go to 11**

## Change in interest in and ownership of a pharmacy business

### 7 Ownership restructures



This section is to be used for restructures only, such as change in:

- partnership arrangements
- company directors and/or shareholders
- trustee under trust
- beneficiaries under a fixed trust

(7a) Please indicate the resulting impact of your ultimate share/interest in the pharmacy business, because of this change:

- Share/interest in the business is remaining the same
- Share/interest in the business is increasing
- Share/interest in the business is decreasing

Current/Existing Share or Interest	New/Proposed Share/Interest
%	%

(7b) Will this restructure result in a company (or companies) of which you are a director and/or shareholder, owning this pharmacy business?

No  Yes

If yes, please complete Annexure A (Company Details)

(7c) Will the restructure result in a trustee of a trust owning this pharmacy business?

No  Yes

If yes, please complete Annexure B (Trust Details)

(7d) Will the restructure result in the pharmacy business being owned as a partnership?

No  Yes

If yes, please complete Annexure C (Partnership Details)

(7e) Will the restructure result in any business details changing including but not limited to: trade name, address for the premises, and approval number?

No  Yes

If yes, please complete Annexure D (Business Particulars)

▶ Go to 10

### 8 Opening a New Pharmacy Business

(8a) Will the pharmacy business be owned by a company (or companies) of which you are a shareholder?

No  Yes

If yes, please complete Annexure A (Company Details)

Are you a director of the company?

No  Yes  N/A

(8b) Will the pharmacy business be owned by a trustee under a trust?

No  Yes  N/A

If yes, please complete Annexure B (Trust Details)

If you answered yes, is the trustee a company?

No  Yes

(8c) Will the pharmacy business be owned by a partnership whether the partners are a company, trustee of a trust, individuals or a combination?

No  Yes

If yes, please complete Annexure C (Partnership Details)

(8d) Are you opening this pharmacy business as a sole trader?

No  Yes

If yes, please provide your ABN number

ABN

▶ Go to 10

## Change in interest in and ownership of a pharmacy business

### 9 Closing an Existing Pharmacy Business

I hereby advise the Chief Executive of Queensland Health, that on the proposed/actual effective date of change this pharmacy business will close.

▶Go to 11

### 10 Arrangements relating to the operation of the pharmacy business

Please provide the following Information, and associated documents, to enable Queensland Health to assess compliance of the pharmacy business.

Have you entered into any of the following arrangements in relation to the pharmacy business:

(10a) Franchise agreement or licence, or such other arrangement to use a third-party trade mark, banner or branding i.e. trading under a banner brand owned by a third party?

No  Yes

(10b) Service agreement or other contractual arrangement with any third parties for the provision of any goods or services?

No  Yes

(10c) Hire purchase or equipment lease agreement with any third party, for use by, and within, the pharmacy business?

No  Yes

(10d) Lease(s) or licence(s) in relation to the premises for the business?

No  Yes

(10e) Any licence(s) between the pharmacy business and any third party in relation to the operation of the pharmacy business i.e. software or system licence?

No  Yes

(10f) Any other agreement between the pharmacy business and any other third party in relation to the operation of the pharmacy business?

No  Yes

(10g) Are you employed by any third party which has an agreement of any kind (whether in writing or not) with a person or entity that owns the pharmacy business (i.e. company, trust, sole trader or partnership)?

No  Yes

(10h) Any security arrangement where an interest is registered on the Personal Property Securities Register (PPSR) against any plant, equipment, fixtures or stock-in-trade in the possession of, or under the control of, the pharmacy business, used for the purpose of running the pharmacy business?

No  Yes

(10i) Any plant, equipment and / or fixtures in the possession of, or under the control of, the pharmacy business that are subject to any finance?

No  Yes

If yes, to any of the above, you must provide certified copies of all documents relating to; agreements, leases, licences, contracts, and any other associated documentation which relates to this pharmacy business. We also ask you to provide a copy of any PPSR searches and ASIC searches (if applicable), however these documents do not need to be certified.

▶Go to 11

### 11 Pharmacy Business Ownership Interests

After the proposed/actual effective date of change noted in section 4, will you own or have a beneficial interest in any pharmacies in Queensland?

No  Yes

If yes, please complete Annexure E (Queensland Pharmacy Ownership Declaration)

▶Go to 12



Change in interest in and ownership of a pharmacy business

12 Declaration

STATUTORY DECLARATION

WENDY LEA DARE

(name of Relevant Person)

or

(address)

Do solemnly and sincerely declare that:

1. the information included in this Form and Annexures is true to the best of my knowledge and is in no way false, inaccurate or misleading, and I have not omitted any relevant Information.
2. I acknowledge that:
  - (a) it is my responsibility to understand my obligations under *Pharmacy Business Ownership Act 2001* (Qld) and the *Health Act 1973* (Qld) (**Relevant Legislation**);
  - (b) I am entitled to obtain independent legal advice in relation to those obligations; and
  - (c) I will take all reasonable steps to ensure compliance with the Relevant Legislation;
3. should the change under this Form not occur, I will advise the Chief Executive of Queensland Health, in writing, within 14 days of the decision that the change is not occurring;

and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1867* (Qld).

Signature of the declarer

Taken and declared before me at

this 3<sup>rd</sup> day of APRIL 20 19, before me



Justice of the Peace/Commissioner of Declarations

## Change in interest in and ownership of a pharmacy business

### 13 Documentation List

#### Section 1

Current business name holder (company, trust or individual) extract

#### Section 3

You are required to submit **certified copies** of the following documents:

*One document from Part A*

*OR*

*One document from Part B*

*AND*

*One document from Part C*

**Part A – Primary Photographic Identification Document**

- A driver's licence
- A current Australian passport (or one which has expired within the last 2 years)
- A current foreign passport (or similar document) issued by a government, the UN or an agency of the UN. The document must contain a photograph and signature of the Relevant Person
- A current Proof of Age card (issued by an Australian State or Territory)
- National Identity Card issued by a government, the UN or an agency of the UN. The document must contain a photograph and signature of the Relevant Person

**Part B – Primary Non-Photographic Identification Document**

- A driver's licence without a photo
- An Australian Birth Certificate or Birth Extract
- A foreign birth certificate issued by a government, the UN or an agency of the UN
- A citizenship certificate
- A current Centrelink Pension card

**Part C – Secondary Identification Document**

- A notice that was issued to the Relevant Person by the Australian Government

#### **Sections 5, 7 or 8 (where applicable)**

1. Annexure A (Company Details) (if applicable)
2. Annexure B (Trust Details) (if applicable)
3. Annexure C (Partnership Details) (if applicable)
4. Annexure D (Business Particulars) (if applicable)

#### **Section 9**

*Note this list is not an exhaustive list of the certified documents that may need to be provided:*

5. (10a) Franchise agreement
6. (10b) Service agreement or other contractual arrangement
7. (10c) Hire purchase or equipment lease agreement
8. (10d) Lease(s) or licence(s)
9. (10e) Lease(s) or licence(s) for the premises where the pharmacy business is located and operates / will operate
10. (10f) Any other agreement in relation to the operation of the pharmacy business
11. (10g) Employment agreement(s) or contract(s)
12. (10h) List of security interests for any plant, equipment, fixtures or stock-in-trade in the possession of, or under the control of, the pharmacy business and copies of any documentation associated with it
13. (10i) List of security interests for any plant, equipment, and / or fixtures and any documentation associated with it.  
Documentation must show the name of the financier(s) and specify the conditions of the finance arrangement

#### **Sections 10**

14. Annexure E (Queensland Pharmacy Ownership Declaration)

Change in interest in and ownership of a pharmacy business

# Annexure A Company Details

Company Name  
**BCPHARMA PTY LTD**

Australian Company Number (ACN)  
**620 610 540**

Registered Office  
[REDACTED]

Directors Details		
Name	Shares/Interest Held in Pharmacy Business (%)	Relationship to Pharmacist
WENDY LEA DARE	100	PHARMACIST (SOLE DIRECTOR AND SHAREHOLDER)


Shareholder Details		
Name	Shares/Interest Held in Pharmacy Business (%)	Relationship to Pharmacist
WENDY LEA DARE	100	PHARMACIST (SOLE DIRECTOR AND SHAREHOLDER)

- I confirm:
- all directors and shareholders are pharmacists or a combination of pharmacists and relatives of pharmacists, and the majority of shares in the company are held by pharmacists; and
  - only shares held by pharmacists hold voting rights

**Required Documentation**  
 Please provide certified copies of the following documents:

- company constitution; and
- Certificate of Incorporation

If the name on the constitution or Certificate of Incorporation differs to the Current Company Extract – please provide a certified copy of the passed resolution used to change the company's name.

 If you are the director or shareholder of multiple companies' subject to this change, or require more space– Please provide a separate Annexure A for each.

Change in interest in and ownership of a pharmacy business

# Annexure B Trust Details

Trust Name

N/A

Type of Trust

Unit       Discretionary       Other – Specify:

Trustee Details

Name	Shares/Interest Held in Pharmacy Business (%)	Relationship to Pharmacist


Beneficiary Details

Name or Class Description	Relationship to Pharmacist

**Required Documentation**

Please provide certified copies of the following documents:

- trust deed for the trust;
- where the trustee is a corporate trustee a copy of the company constitution including amendments (if any);
- amendments in writing to the trust deed (if any);
- where the trust is a unit trust, in addition to providing a copy of the trust deed, provide the names of all unit holders and a copy of each unit holders; drivers licence or passport or birth certificate.

 If multiple trusts exist– Please provide a separate Annexure B for each, including certified copies of the trust deed and amendments

Change in interest in and ownership of a pharmacy business

# Annexure C Partnership Details

Partner Details

Name of individual(s), company(s) (including ACN), and/or trustee of trust that Form the partnership	Interest Held in Pharmacy Business (%)	Relationship to Pharmacist (if any)
N/A		

Note: The Shares/Interest Held in Pharmacy Business Column (%) must equal 100%

Where the partners include a company and/or trustee of trust, in addition to completing Annexure C, complete Annexure A and Annexure as applicable.

I confirm that the partners are either: all pharmacists or a combination of pharmacists and the relatives of pharmacists

**Required Documentation**

Please provide certified copies of the following documents:

- Partnership agreement; and
- Where the partners are a company and/or trustee of a trust, the documents referred to in Annexure B and Annexure A

If a partnership agreement does not exist, please provide a letter on the pharmacy business' letterhead, detailing the partnership arrangement (signed by all partners to that agreement).

Change in interest in and ownership of a pharmacy business

**Annexure D Business Particulars**

**\*** This section is only required if you indicated changes to the pharmacy business particulars above. Change in pharmacy business particulars includes: address/location, PBS approval number, trade name, size (floor area)

New Pharmacy Name  
 \_\_\_\_\_

New Approval Number  
 \_\_\_\_\_ Private/Non- PBS

New Pharmacy Phone Number  
 \_\_\_\_\_

New Fax  
 \_\_\_\_\_

New/Proposed Address  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

New Pharmacy Email Address  
 \_\_\_\_\_  
 \_\_\_\_\_  
 @ \_\_\_\_\_

Change in size/floor area of pharmacy

Current/existing floor area	New/proposed floor area	No Change
m <sup>2</sup>	m <sup>2</sup>	<input type="checkbox"/>

I confirm:

- the business particulars noted above are accurate and are currently in effect or will be effective on the 'proposed/actual effective date of change' noted on page two of this Form.

**Required Documentation**

Please provide certified copies of the following documents:

- Title reference, or lot and plan description of the property/premises (if change in address/location); and
- Current business name holder (organisation or person) extract (if change in trade name).

## Change in interest in and ownership of a pharmacy business

**Annexure E** Queensland Pharmacy Ownership Declaration

Please provide details of every pharmacy in Queensland that you own/in which you have a beneficial interest in

Pharmacy Trade Name	Approval Number (if applicable)	Pharmacy Business Address	Your Ownership Interest <sup>1</sup>
Example Pharmacy Business Name	99999A Private/Non-PBS <input type="checkbox"/>	123 Example Ave Brisbane CBD 4000	Mr A Smith – 10% A Smith Pharmacy Pty Ltd (ACN 111 111 111) ATF Smith Family Trust – 80% A Smith Pharmacy No 2 Pty Ltd (ACN 222 222 222) – 10%
MALOUF PHARMACIES WYALLA	<input type="checkbox"/> Private/Non-PBS <input type="checkbox"/>	SHOP 14, WYALLA PLAZA SHOPPING CENTRE 238A TAYLOR STREET TOOWOOMBA QLD 4350	BCPHARMA PTY LTD (ACN 620 610 540) - 100%
RAMSAY PHARMACY MEDICAL ON MIAMI	Private/Non-PBS <input checked="" type="checkbox"/>	TENANCY 2, GROUND FLOOR MEDICAL ON MIAMI 2125 GOLDCOAST HIGHWAY MIAMI QLD 4220	BCPHARMA PTY LTD (ACN 620 610 540) - 100%
	Private/Non-PBS <input type="checkbox"/>		
	Private/Non-PBS <input type="checkbox"/>		
	Private/Non-PBS <input type="checkbox"/>		
	Private/Non-PBS <input type="checkbox"/>		

 I confirm:

- that after the proposed/actual effective date of change noted in section 4; I will continue to own the pharmacies; and
- the business structures noted above accurately reflect my ownership profile of the pharmacy business

<sup>1</sup>Important: If corporations and trusts exist in the partnership/ownership structure; you need to include the corporations name and ACN. Trust details also need to be included. You need only include pharmacy business(es) which you own or in which you have a beneficial interest.

## Change in interest in and ownership of a pharmacy business

**Annexure F** Relationship Information

This section is only required if you are a relative of a pharmacist (as defined under the Act).

**Important Information**

If the current or proposed ownership structure includes 'relatives' (as defined under the Act), the Relevant Person must provide further Information.

Name of registered pharmacist with whom you relate

N/A

AHPRA Registration Number (of the pharmacist)

Relationship

Spouse  - See the 'Spousal Relationship' section

Child

**Spousal Relationship**

The *Acts Interpretation Act 1954* (Qld) states a 'spouse' includes both a de facto partner and civil partner (a partnership registered under the *Civil Partnerships Act 2011* (Qld)). Please indicate your type spousal relationship with the registered pharmacist, and provide the required documentation for each

<input type="checkbox"/> Married	<input type="checkbox"/> Civil Partnership	<input type="checkbox"/> De facto
<ul style="list-style-type: none"> <li>Certified copy of your marriage certificate (commemorative certificates will <i>not be accepted</i>)</li> </ul>	<ul style="list-style-type: none"> <li>Certified copy of your civil partnership certificate (commemorative certificates will <i>not be accepted</i>)</li> </ul>	<ul style="list-style-type: none"> <li>Completion of the 'De facto' section below, and;</li> <li>Statutory declaration</li> </ul>

**De facto**

Further Information for de facto relationships

Section 32DA of the *Acts Interpretation Act 1954* (Qld) defines a de facto partner as a relationship between two persons who are living together as a couple on a genuine domestic basis, but who are not married or related by family. In deciding whether two persons are living together as a couple on a genuine domestic basis, any of the following circumstances may be considered:

- the nature and extent of their common residence;
- the length of their relationship;
- whether or not a sexual relationship exists or existed;
- the degree of financial dependence or interdependence and any arrangement for financial support;
- their ownership, use and acquisition of property;
- the degree of mutual commitment to a shared life, including the care and support of each other;
- the care and support of children;
- the performance of household tasks; and
- the reputation and public aspects of their relationship.

**Spousal Relationship Currency**

I am still married, in a civil partnership or in a de facto relationship (which meets the above criteria) with the registered pharmacist

No

Yes

Signature of relative (spouse/child)

Date

/ /

Signature of registered pharmacist

Date

/ /



ASIC EXTRACT SNAPSHOT

CURRENT ORGANISATION DETAILS

Date Extracted 09/05/2019  
 ACN 620 610 540  
 ABN 41 620 610 540  
 Current Name BCPHARMA PTY LTD  
 Registered In New South Wales  
 Registration Date 21/07/2017  
 Review Date 21/07/2019  
 Company Type ACN (Australian Company Number)  
 Current Directors 1  
 Company Type 1

Start Date 21/07/2017  
 Name BCPHARMA PTY LTD  
 Name Start Date 21/07/2017  
 Status Registered  
 Type Australian Proprietary Company  
 Class Limited By Shares  
 Sub Class Proprietary Company  
 Disclosing Entity No  
 Document No. 3E5374693

Share Structure (Displaying Top 1 Only)

Go to Full ASIC Results

Class	Class Type	Shares Issued	Amount Paid
ORD	ORDINARY SHARES	2	\$2.00

(creditor)watch - Credit Score (664)

Go to Full Credit Report



Risk Data Summary

Court Judgments 0    Payment Defaults 0    Insolvency Notices 0    Mercantile Enquiries 0    Credit Enquiries 22

REVEAL - Company Visualisation

Go to full workspace



I, John Trinh, Solicitor of Level 1, 20 Hunter Street, Sydney NSW 2000, hereby certify this and the following .....<sup>9</sup>..... pages to be a true and accurate copy of the original ....<sup>ASIC</sup>.....

.....<sup>extract</sup>.....  
 Signed *[Signature]* Date *9 May 2019*

InfoTrack  
1800 738 524

ASIC  
Current & Historical Organisation Extract

InfoTrack

ASIC Data Extracted 09/05/2019 at 10:46

This extract contains information derived from the Australian Securities and Investment Commission's (ASIC) database under section 1274A of the Corporations Act 2001. Please advise ASIC of any error or omission which you may identify.

**- 620 610 540 BCPHARMA PTY LTD -**

ACN (Australian Company Number): 620 610 540  
 ABN: 41 620 610 540  
 Current Name: BCPHARMA PTY LTD  
 Registered in: New South Wales  
 Registration Date: 21/07/2017  
 Review Date: 21/07/2019  
 Company Bounded By:

Document No.

**- Current Organisation Details -**

Name: BCPHARMA PTY LTD  
 Name Start Date: 21/07/2017  
 Status: Registered  
 Type: Australian Proprietary Company  
 Class: Limited By Shares  
 Sub Class: Proprietary Company

3E5374693

**- Company Addresses -**

**- Registered Office**

Address: [REDACTED]  
 Start Date: 21/07/2017

3E5374693

**- Principal Place of Business**

Address: [REDACTED]  
 Start Date: 21/07/2017

3E5374693

**- Company Officers -**

**Note:**

A date or address shown as UNKNOWN has not been updated since ASIC took over the records in 1991. For details, order the appropriate historical state or territory documents, available in microfiche or paper format.

\* Check documents listed under ASIC Documents Received for recent changes.

**Directors**

Name: WENDY LEA DARE 3E5374693  
 Address: [REDACTED]  
 Birth Details: [REDACTED]  
 Appointment Date: 21/07/2017  
 Cease Date: //

### Secretaries

Name: WENDY LEA DARE 3E5374693  
 Address: [REDACTED]  
 Birth Details: [REDACTED]  
 Appointment Date: 21/07/2017  
 Cease Date: //

### - Share Structure -

#### Current

Class: ORDINARY SHARES 3E5374693  
 Number of Shares Issued: 2  
 Total Amount Paid / Taken to be Paid: \$2.00  
 Total Amount Due and Payable: \$0.00

#### Note:

For each class of shares issued by a company, ASIC records the details of the twenty members of the class (based on shareholdings). The details of any other members holding the same number of shares as the twentieth ranked member will also be recorded by ASIC on the database. Where available, historical records show that a member has ceased to be ranked amongst the twenty members. This may, but does not necessarily mean, that they have ceased to be a member of the company.

### - Share/Interest Holding -

#### Current

#### - Holding -

Class: ORD Number Held: 2 3E5374693  
 Beneficially Owned: Yes Fully Paid: Yes

#### - Members -

Name: WENDY LEA DARE  
 Address: [REDACTED]  
 Joint Holding: No

### - External Administration Documents -

There are no external administration documents held for this organisation.

**- Charges -**

There are no charges held for this organisation.

**Notes:**

On 30 January 2012, the Personal Property Securities Register (PPS Register) commenced.

At that time ASIC transferred all details of current charges to the PPS Registrar.

ASIC can only provide details of satisfied charges prior to that date.

Details of current charges, or charge satisfied since 30 January 2012 can be found on the PPS Register, [www.ppsr.gov.au](http://www.ppsr.gov.au)

**- Document List -**

**Notes:**

\* Documents already listed under Registered Charges are not repeated here.

\* Data from Documents with no Date Processed are not included in this Extract.

\* Documents with '0' pages have not yet been imaged and are not available via DOCIMAGE. Imaging takes approximately 2 weeks from date of lodgement.

\* The document list for a current/historical extract will be limited unless you requested ALL documents for this extract.

Form Type	Date Received	Date Processed	No. Pages	Effective Date	Document No.
201	21/07/2017	21/07/2017	3	21/07/2017	3E5374693
201C	Application For Registration as a Proprietary Company				

**- Company Contact Addresses -**

\*\*\* End of Document \*\*\*

## Risk Data

### Summary

Court Actions:	0
Payment Defaults:	0
ASIC Published Notices:	0
Mercantile Enquiries:	0
Critical ASIC Documents:	0
Credit Score:	664
Credit Enquiries - Last 5 Years:	22
Credit Enquiries - Last 12 Months:	15

## Credit Report

### Court Actions

Plaintiff	Action	Action Amount	Action Date	Nature of claim	Proceeding #	Location
-----------	--------	---------------	-------------	-----------------	--------------	----------

There are currently no court actions registered.

Court action information is supplied to CreditorWatch by the courts. We rely on the courts to provide up to date and accurate information and therefore CreditorWatch cannot guarantee that all actions are included. This report includes action information from the Magistrates courts in NSW, QLD, SA, VIC, and WA.

### Payment Defaults

Default Posted By	Document Type	Amount Outstanding	Date Added	Payment Due Date	Part Payment Made	Default Settled
-------------------	---------------	--------------------	------------	------------------	-------------------	-----------------

There are currently no defaults registered.

### ASIC Published Notices

Date	Title
------	-------

There are currently no ASIC Published Notices registered.

### Registered Mercantile Enquiries

Enquiry Date	Mercantile Agent	Phone #
--------------	------------------	---------

There are no mercantile enquiries registered.

## Credit Score

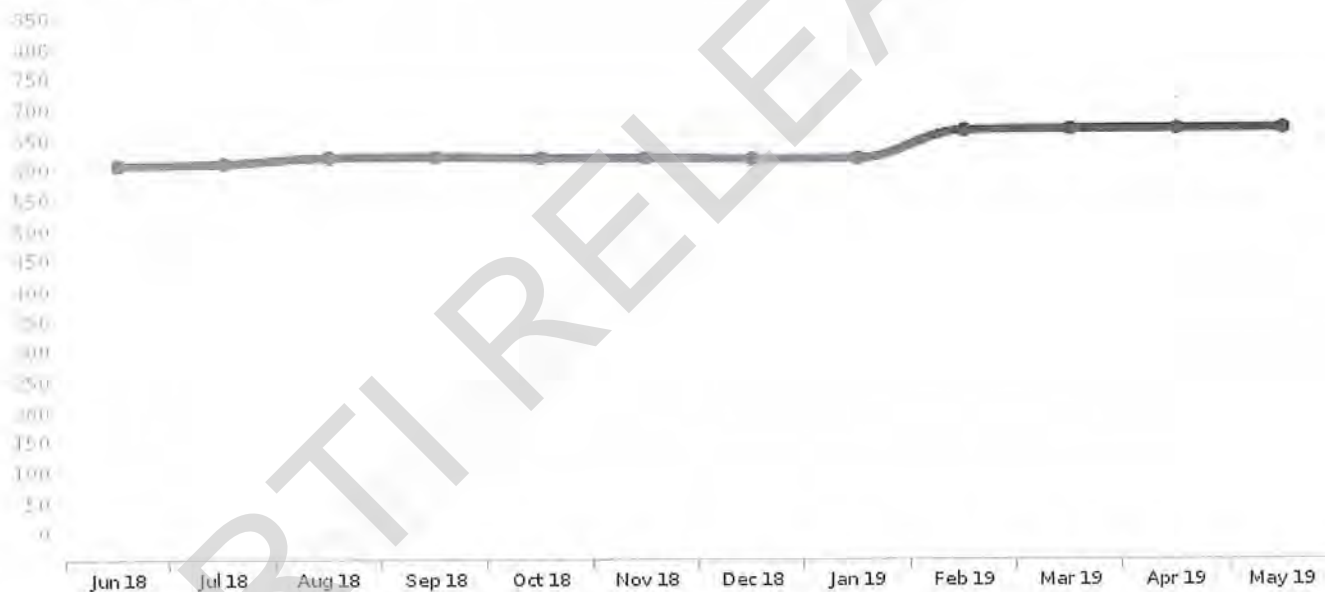
The score is a statistically based score indicating an entity's credit worthiness. The score ultimately ranks entities based on their riskiness and is designed to assist you in making more informed and consistent credit decisions.

The score is based between 0 and 850 index points with a higher score considered lower risk while lower scores are deemed to be riskier entities. It should be used in partnership with your internal credit procedures and policies.

Entity has acceptable creditworthiness. Extend terms within consideration.  
Entity has a 1.20% chance of failure within the next 12 months.



### Historical Credit Scores



### Recommendations

Range	Risk level	Recommendation
0	Critical	ACN deregistered or ABN cancelled.
1 - 125	Critical	Entity has a critical status and significant adverse information present. Trading eligibility must be considered.
126 - 250	Very High	Entity has multiple pieces of adverse information present. COD trading highly recommended.
251 - 450	High	Entity has a below average creditworthiness score and some adverse information may be present. Trade with caution, monitor closely and consider your payment terms.
451 - 550	Moderate	Entity has moderate creditworthiness with or without adverse information. Monitor ongoing payment behaviour.
551 - 850	Low	Entity has acceptable creditworthiness. Extend terms within consideration.

score v.20150123a

Please note that the score and recommendation should be used in partnership with your company's internal credit procedures and policies. The

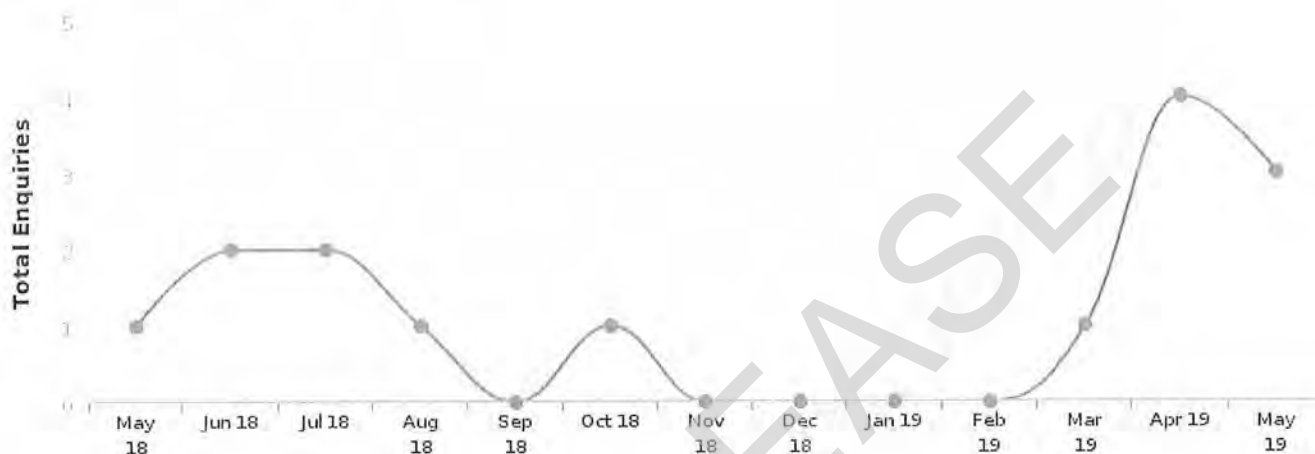
score should not be used as the sole reason in making a decision about the entity.

## Credit Enquiries

Entity has 22 credit enquiries within the last 5 years.

Entity has 15 credit enquiries within the last 12 months.

### Credit Enquiries (Last 12 Months)



### Ordered by Industry (Last 12 Months)

Industry	Number of Enquiries
Professional, Scientific and Technical Services (M)	4
Retail Trade (G)	3
Manufacturing (C)	3
Wholesale Trade (F)	2
Health Care and Social Assistance (Q)	2
Other Services (S)	1
<b>TOTAL ENQUIRIES</b>	<b>15</b>

### Ordered by Date (Last 12 Months)

Industry	Date
Professional, Scientific and Technical Services (M)	09-05-2019
Retail Trade (G)	01-05-2019
Wholesale Trade (F)	01-05-2019
Other Services (S)	18-04-2019
Health Care and Social Assistance (Q)	17-04-2019
Manufacturing (C)	02-04-2019

Industry	Date
Professional, Scientific and Technical Services (M)	01-04-2019
Manufacturing (C)	06-03-2019
Manufacturing (C)	24-10-2018
Health Care and Social Assistance (Q)	24-08-2018
Professional, Scientific and Technical Services (M)	18-07-2018
Wholesale Trade (F)	17-07-2018
Retail Trade (G)	22-06-2018
Retail Trade (G)	19-06-2018
Professional, Scientific and Technical Services (M)	17-05-2018

RTI RELEASE



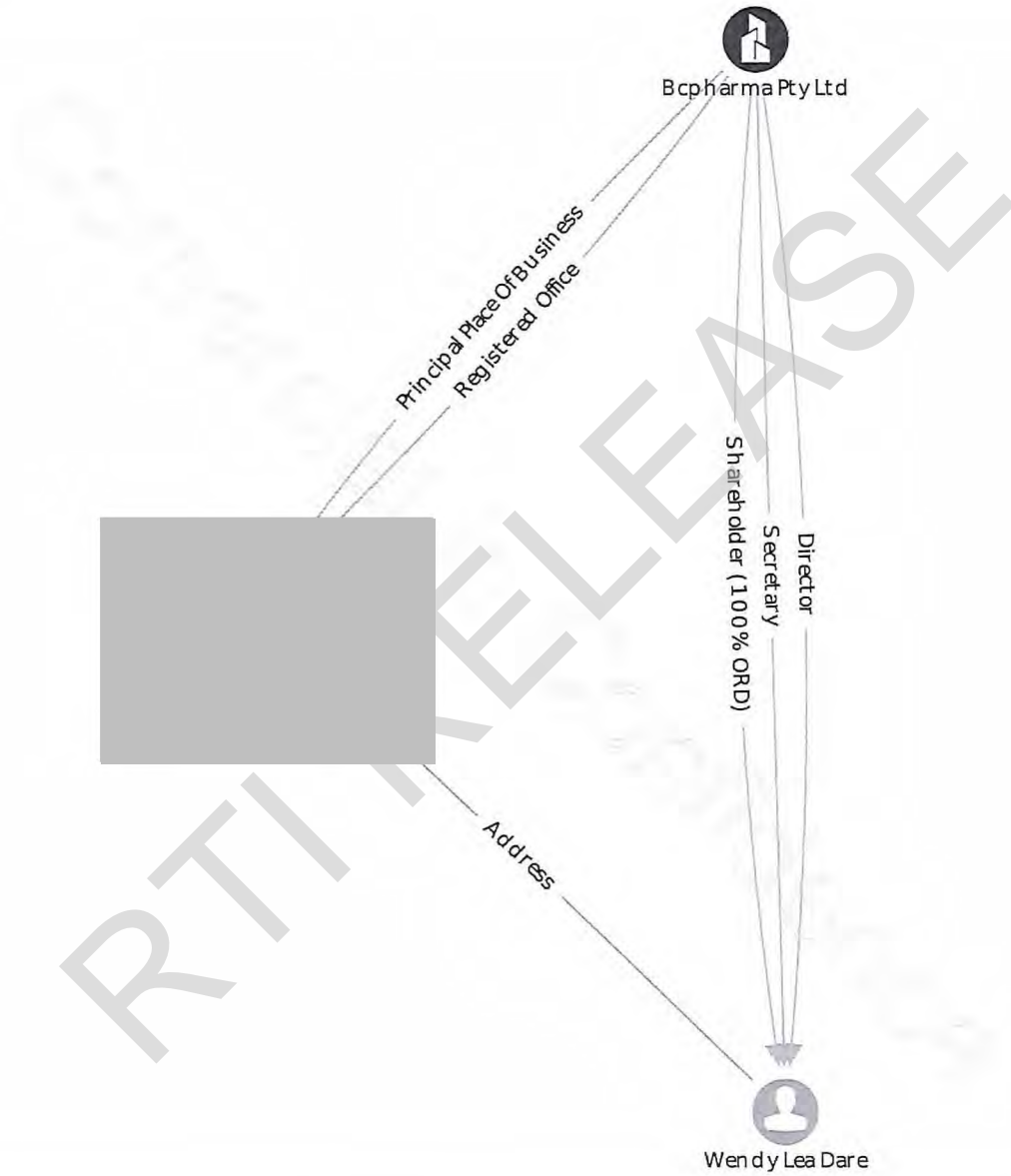
## Historical Timeline

Date	Type	Notes
10-04-2019	Business Name	The business name Ramsay Pharmacy Taylor Centre was added
08-06-2018	Business Name	The business name Ramsay Pharmacy Medical on Miami was added
17-05-2018	Business Name	The business name Ramsay Pharmacy Hornsby was added
11-12-2017	Business Name	The business name Malouf Pharmacies Wyalla was added
20-09-2017	Business Name	The business name Ramsay Pharmacy Wyalla Plaza was added
04-09-2017	Main Business Physical Address	The Main Business Physical Address was changed to QLD 4350 from QLD 4350
30-08-2017	Entity Status	The Entity Status was changed to Active
30-08-2017	Goods And Services Tax	The Goods and Services Tax was changed to Currently registered for GST
30-08-2017	Main Name	The Main Name was changed to BCPHARMA PTY LTD
30-08-2017	Main Business Physical Address	The Main Business Physical Address was changed to QLD 4350
21-07-2017	ASIC Document	#3E5374693 Form 201 Application For Registration as a Proprietary Company

## Disclaimer

CreditorWatch is committed to ensuring that the information provided is accurate and comprehensive however due to data being received from sources not controlled by CreditorWatch we cannot guarantee that it is complete, verified or free of errors. The information should therefore be used in conjunction with your own investigations and you should not rely solely on this information when making credit or financial decisions. To the extent permitted by law, CreditorWatch will not be held responsible for any errors or omissions therein concerning the information sourced and published in its publications, websites, API or emails.

10



# Certificate of Registration of a Company

This is to certify that

**BCPHARMA PTY LTD**

**Australian Company Number 620 610 540**

is a registered company under the Corporations Act 2001 and  
is taken to be registered in New South Wales.

The company **is limited by shares.**

The company is a **proprietary** company.

The day of commencement of registration is  
**the twenty-first day of July 2017.**



**ASIC**

Australian Securities & Investments Commission

I, John Trinh, Solicitor of Level 1, 20 Hunter  
Street, Sydney NSW 2000, hereby certify this  
and the following .....0..... pages to be a true  
and accurate copy of the original *certificate*  
.....*of registration of a company*.....  
Signed *[Signature]* Date *8 May 2019*

Issued by the  
Australian Securities and Investments Commission  
on this twenty-first day of July, 2017.

Greg Medcraft  
Chairman

## PharmacyOwnership

---

**From:** Angela Harvey [REDACTED]@swaab.com.au>  
**Sent:** Tuesday, 13 August 2019 11:32 AM  
**To:** PharmacyOwnership  
**Cc:** John Trinh  
**Subject:** E to QH: 13-8-19: Taylor Centre Pharmacy [SWA-AB.FID248160]  
**Attachments:** Letter to Qld Health 13-8-19.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

**Categories:** Brenton

Dear Brenton

Please see attached, our correspondence dated 13 August 2019. We note that our correspondence is bookmarked for ease of navigation.

Kind regards  
 Angela

### Angela Harvey

Partner

Swaab

D [REDACTED] | T +61 2 9233 5544 | F +61 2 9233 5400

E [REDACTED]@swaab.com.au | www.swaab.com.au | [Partner Profile](#) | [Linked in](#)



Level 1, 20 Hunter Street, Sydney NSW 2000 | DX 522 Sydney

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ISO 9001:2015 Certified

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**From:** PharmacyOwnership <[PharmacyOwnership@health.qld.gov.au](mailto:PharmacyOwnership@health.qld.gov.au)>

**Sent:** Wednesday, 26 June 2019 3:37 PM

**To:** Angela Harvey [REDACTED]@swaab.com.au>

**Subject:** Taylor Centre Pharmacy

Hi Angela,

I can confirm receipt of your letter dated 10 May 2019 and the supporting documentation in relation to the acquisition of Taylor Centre Pharmacy Woolloongabba.

I note in Section 5 – (5e), you have indicated 'YES' to changes in the business arrangement, however Annexure D is not populated.

Can you please confirm if any changes are occurring post settlement, and if so, please clarify what particulars are subject to change.

Additionally, some of the supporting documentation provided was not certified. Below are a list of the provided documents that we request are certified (electronic receipt is acceptable).

- 1) [Redacted]
- 2) [Redacted]
- 3) Franchise Agreement
- 4) [Redacted]
- 5) [Redacted]
- 6) [Redacted]
- 7) [Redacted]
- 8) [Redacted]

If you have any further questions, please don't hesitate to ask.

Thanks Angela,

**Brenton Gibbs**  
Project Officer

Phone: 07 3708 5258  
Mobile: [Redacted]  
Address: Locked Bag 21, Fortitude Valley BC QLD 4006  
Email: [Brenton.Gibbs@health.qld.gov.au](mailto:Brenton.Gibbs@health.qld.gov.au)

**Queensland Health**  
Pharmacy Inquiry Response Project, Chief Medical Officer and Healthcare Regulation Branch  
Department of Health



[www.health.qld.gov.au](http://www.health.qld.gov.au)



*Queensland's Health Vision: By 2026 Queenslanders will be among the healthiest people in the world.*

Queensland Health acknowledges the Traditional Owners of the land, and pays respect to Elders past, present and future.

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RTI RELEASE

13 August 2019

ABN 71 028 846 652

Level 1, 20 Hunter Street  
Sydney NSW 2000

DX 522 Sydney NSW

T +61 2 9233 5544  
F +61 2 9233 5400

swaab.com.au

Brenton Gibbs  
Queensland Health  
Locked Bag 21  
FORTITUDE VALLEY BC QLD 4006

Dear Brenton

**Acquisition of Taylor Centre Pharmacy (*Pharmacy*) by BCPharma Pty Limited (*BCPharma*)**

We refer to your email dated 26 June 2019 and your telephone call with Bill Lo of our office on 16 July 2019.

**Certified copies**

We enclose certified copies of the following documents:

- 1 [Redacted]
  - 2 Franchise Agreement dated 8 May 2019;
  - 3 [Redacted]
  - 4 letter from Swaab to Queensland Health dated 30 April 2019;
  - 5 [Redacted]
  - 6 [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

**Contact**

Angela Harvey  
Partner  
[Redacted]@swaab.com.au

Our ref  
180855

By email  
Brenton.Gibbs@health.qld.  
gov.au

Member of



**Changes post settlement**

The changes to the business particulars are set out in the table below.



---

Item	Details
Pharmacy name	Ramsay Pharmacy Taylor Centre
PBS approval number	[REDACTED]
Phone number	07 3391 1396
Fax	07 3391 3558
Email	[REDACTED].com.au

---

We also enclose an copy of the business name holder extract for BCPharma from the Australian Securities and Investments Commission. As this extract was obtained online, we are unable to provide a certified copy.

We confirm that there is no change to the Pharmacy address nor the size and floor area of the Pharmacy and the address remains as 1/40 Annerley Road, Woolloongabba.

#### Confidentiality

We refer to our letter to Queensland Health dated 10 May 2019 and repeat our request for you to treat this letter and its enclosures as commercial in confidence and to advise the relevant parties of any freedom of information or similar request and prior to any release, provide such parties with an opportunity to make submissions as to whether this letter and its enclosures should be released.

Please contact Angela Harvey with any queries.

Yours sincerely



**Angela Harvey**

enc



Extracted from ASIC's database at AEST 11:45:25 on 05/08/2019

<p>Name: BCPHARMA PTY LTD</p> <p>ACN/ARBN: 620 610 540</p> <p>ABN: 41 620 610 540</p> <p>Regulator: Australian Securities and Investments Commission</p> <p>Business name(s): Ramsay Pharmacy Wyalla Plaza</p> <p>Malouf Pharmacies Wyalla</p> <p>Ramsay Pharmacy Hornsby</p> <p>Ramsay Pharmacy Medical on Miami</p> <p>Ramsay Pharmacy Taylor Centre</p> <p>Taylor Centre Pharmacy</p>
--