



Queensland
Government

Department of Health

Pharmacy Change of Ownership Notification Form

IMPORTANT INFORMATION:

The legislation relating to Pharmacy Ownership is found in the *Pharmacy Business Ownership Act 2001*. The Department of Health requires documentary evidence that the proposed ownership complies with the requirements of this legislation.

The full copy of the legislation can be view at:

<https://www.legislation.qld.gov.au/LEGISLTN/CURRENT/P/PharmRegA01.pdf>

This form contains **nine sections** which must be fully completed. If a section is not applicable, put a single line through the section and write "N/A".

1. To enable processing and advice to Medicare Australia, forms should be received by the Queensland Department of Health at least six weeks prior to an upcoming change in ownership.

It should also be noted that the legislation requires notification about change in ownership or the change in particulars about a pharmacy ownership no later than 21 days after such changes. Failure to do so might result in a penalty.
2. The Queensland Department of Health will advise Medicare Australia of the new ownership profile if the proposed change complies with the ownership provisions of the Act.
3. This form is to be witnessed by a Justice of the Peace or a Commissioner for Declarations.
4. Each relevant pharmacist (a person who starts to own the business or a person who ceases to own the business) involved in the pharmacy business, or where particulars of the ownership have changed, then the owner, is to complete and return a separate form (including those whose profile is not changing).
5. If this proposed change in ownership does not occur, you are to advise the Queensland Department of Health in writing, within 14 days to ensure that your correct ownership information is held.
6. Please direct all enquiries relating to pharmacy ownership to email:
PharmacyOwnership@health.qld.gov.au.

UM

AM

Section 1

Details of the Pharmacy which is subject to the proposed change

Pharmacy Name (current): Cairns Apothecary

Pharmacy Approval Number: Irrelevant information under s73 of the RTI Act Tick if pharmacy is PBS or Non-PBS

Pharmacy Address (current): 160 Grafton Street, Cairns, QLD 4870

Pharmacy Phone number 07 4031 8411

If the above Pharmacy (or approval number) is being moved and/or renamed, please provide the details below. The address must correspond with details lodged with Medicare Australia.

Pharmacy Name (new): Ramsay Pharmacy Cairns Medical Centre

Pharmacy Address (new): _____

Pharmacy Phone number _____

Date of proposed change (if approved) Irrelevant information under s73 of the RTI Act

Section 2

Your full Name: Nigel David McFadden

Your mailing address: Irrelevant information under s73 of the RTI Act

Your contact phone number: Irrelevant information under s73 of the RTI Act

Registration Number*: PHA 000 1051480

*Can be accessed on the Pharmacy Board of Australia website, <http://www.pharmacyboard.gov.au>

Section 3

This change is occurring as (please tick the relevant box below):

- (a) I am selling my current pharmacist % to a pharmacist
- (b) I am selling my current pharmacist % to a company
- (c) I am selling my current company % to a pharmacist
- (d) I am selling my current company % to a company
- (e) I am buying a % as a pharmacist
- (f) I am buying a % as a company
- (g) I am amending my current % from myself to a company in which I hold a share
- (h) I am closing an existing pharmacy
- (i) I am opening a new pharmacy
- (j) I am relocating the address of the pharmacy
- (k) I am not changing my ownership profile however a partner is;
- (l) I am relocating an approval number.
- (m) I am undertaking a combination of _____ and _____ above.
- (n) I am increasing/decreasing the size of the pharmacy area
- (o) Other

MM
AM.

Section 4

Details of % change in a pharmacy

- (a) increasing ownership % from ...0...% to ...100...%
- (b) decreasing ownership % from% to%
- (c) ownership % staying the same%

Section 5

Both parts below must be completed.

(a) All current owners:

(Company names where applicable)

Irrelevant information under s73 of the RTI Act

(b) All proposed owners:

(Company names where applicable)

Pharmire Pty Ltd
ACN 610 583 358

(If this change affects a "large" partnership, e.g. limited partnership, please attach a copy of the complete pharmacy ownership profile to this form.)

Section 6

If you ticked **f, g or i (and i includes a company)** in Section 4 you will be required to provide **certified copies** of the following documentation with this application:

1. Certificate of Incorporation
2. a **current** ASIC historical extract detailing all shareholders [together with the size of their shareholdings (percentages owned)] and directors of the company
3. the corporation's current Constitution detailing the voting rights of all shareholders so that the Board can be satisfied only registrants have voting rights.

PLEASE NOTE: If the Corporation's Constitution does not **clearly** detail the voting rights of all shareholders, you must provide a letter from your solicitor, accountant etc outlining the voting rights of all shareholders. If your submitted documentation does not **clearly** detail the voting rights of all shareholders, your application will be delayed.

NM
A.M

Section 7

If the new ownership structure includes *relatives* (as defined by the *Pharmacy Business Ownership Act 2001*), you **must** also provide the following documentation with this application:

1. a **certified copy** of your marriage certificate
2. a statutory declaration stating that you are still married to the person named on the marriage certificate (if in a de facto relationship, please read below for statutory declaration requirements**)
3. the birth certificate/s of children (if children are shareholders/directors) **Please note: children must be at least 18 years of age.** If a child shareholder/director has a different name than stated on their birth certificate (e.g: married daughter) a statement advising that the person named on the birth certificate and the ASIC historical extract are the same.

Please note:

1. If in a de facto relationship, section 32DA of the *Acts Interpretation Act 1954 (Qld)* defines such as a relationship between two persons who are living together as - a couple on a genuine domestic basis, but who are not married to each other or related by family.
2. The term *relative* is defined in the *Pharmacy Business Ownership Act 2001* as:
relative, of a pharmacist, means—
 - (a) the pharmacist's spouse or
 - (b) a child of the pharmacist who is at least 18 years of age.

In deciding whether two persons are living together as a couple on a genuine domestic basis, any of the following circumstances may be taken into account:

1. the nature and extent of their common residence
2. the length of their relationship
3. whether or not a sexual relationship exists or ever existed
4. the degree of financial dependence or interdependence and any arrangement for financial support
5. their ownership, use and acquisition of property
6. their degree of mutual commitment to a shared life, including the care and support of each other
7. the care and support of children
8. the performance of household tasks and
9. the reputation and public aspects of their relationship.

*Accordingly, if a relative is a de facto, a separate statutory declaration from both registrant and de facto stating that their relationship meets the above criteria is required.

Section 8 Company Details

Please use a separate page for each company.

If purchasing a pharmacy as a company you **must** provide us with the following information:

Please detail all shareholders and directors and the current percentage they own in the **company**.

Name of Director/Shareholder	Pharmacists Registration No. (if applicable)	Relationship to Pharmacist. (i.e. wife, husband, sibling etc.)	Percentage of company owned.
Nigel David McFadden Director <input checked="" type="checkbox"/> Shareholder <input checked="" type="checkbox"/>	PHARM 1051480	Pharmacist Sole Director + Shareholder	100%
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			

RTI RELEASES

From the date of the proposed change, my ownership in Queensland Pharmacies will be as follows: 100%
 NB. If you will no longer hold an ownership interest in a Queensland Pharmacy write "NIL".

AM KM

Section 9 Ownership Details

Pharmacy Name Please write the correct and full Pharmacy name. This must be the same as provided to Medicare Australia.	Pharmacy Address Please write the correct and full address of the Pharmacy including postcode. This must be the same as provided to Medicare Australia.	Full Ownership Profile Include owners' names (registrant name or corporation name) and relevant percentages owned. Percentages <u>must total 100%</u>
Cairns Apothecary Approval Number <small>Irrelevant information *under s73 of the RTI Act</small>	160 Grafton street Cairns QLD 4870	Pharmire Pty Ltd ACN 610 533 358 100%
..... Approval Number *
..... Approval Number *
..... Approval Number *
..... Approval Number *

RTI RELEASED

*If available

Name of Pharmacist: Nigel David McFadden

Signature of Pharmacist: N. McFadden Date: 10/2/17

Name of JP/Comm.Dec: Alexander Maddel - solicitor

Signature of JP/Comm.Dec: A Maddel Date: 12/2/17

I, Alexander Madde
Solicitor of Level 1, 20 Hunter Street,
Sydney, 2000, hereby certify this
and the following.....0.....pages
to be a true and correct copy of
the original Certificate of
registration
Signed Madde Dated 10.2.17

Certificate of Registration of a Company

This is to certify that

PHARMIRE PTY LTD

Australian Company Number 610 533 358

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 third day of February 2016.



ASIC

Australian Securities & Investments Commission

RTI RELEASED

CERTIFICATE

Issued by the
Australian Securities and Investments Commission
on this third day of February, 2016.

Greg Medcraft
Chairman

ASIC
Current Organisation Extract

ASIC Data Extracted 05/10/2016 at 11:46

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.

- 610 533 358 PHARMIRE PTY LTD -

ACN (Australian Company Number): 610 533 358
ABN: 33 610 533 358
Current Name: PHARMIRE PTY LTD
Registered in: New South Wales
Registration Date: 03/02/2016
Review Date: 03/02/2017
Company Bounded By:

Document No.

I, ANUELA HARVEY, solicitor of Level 1, 20 Hunter Street, Sydney, 2000, hereby certify this and the following 2 pages to be a true and correct copy of the original ASIC extract.
Signed: [Signature] Dated: 10.2.17

- Current Organisation Details -

Name: PHARMIRE PTY LTD
Name Start Date: 03/02/2016
Status: Registered
Type: Australian Proprietary Company
Class: Limited By Shares
Sub Class: Proprietary Company

2E3077979

- Company Addresses -

- Registered Office

Address: 23A COOPERNOOK AVENUE GYMEA BAY NSW 2227
Start Date: 03/02/2016

2E3077979

- Principal Place of Business

Address: 23A COOPERNOOK AVENUE GYMEA BAY NSW 2227
Start Date: 03/02/2016

2E3077979

- 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: NIGEL DAVID MCFADDEN
Address: 23A COOPERNOOK AVENUE GYMEA BAY NSW 2227
Birth Details: 09/05/1980 IRELAND
Appointment Date: 03/02/2016

2E3077979

Secretaries

Name: NIGEL DAVID MCFADDEN
Address: 23A COOPERNOOK AVENUE GYMEA BAY NSW 2227
Birth Details: 09/05/1980 IRELAND
Appointment Date: 03/02/2016

2E3077979

- Share Structure -

Current

Class: ORDINARY
Number of Shares Issued: 100
Total Amount Paid / Taken to be Paid: \$100.00
Total Amount Due and Payable: \$0.00

2E3077979

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:** 100
Beneficially Owned: Yes **Fully Paid:** Yes

2E3077979

- Members -

Name: NIGEL DAVID MCFADDEN
Address: 23A COOPERNOOK AVENUE GYMEA BAY NSW 2227
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

- 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	03/02/2016	03/02/2016	3	03/02/2016	2E3077979
201C	Application For Registration as a Proprietary Company				

- Company Contact Addresses -

*** End of Document ***

RTI Release

Pages 11 through 56 redacted for the following reasons:

s47(3)(b) - exempt in full



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Department of Health

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Pharmacy Phone number _____

Date of proposed change (if approved) Irrelevant information under s73 of the RTI Act

Section 2

Your full Name: Nigel David McFadden

Your mailing address: Irrelevant information under s73 of the RTI Act

Your contact phone number : Irrelevant information under s73 of the RTI Act

Registration Number*: PHA 000 1051480

*Can be accessed on the Pharmacy Board of Australia website, <http://www.pharmacyboard.gov.au>

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Section 4

Details of % change in a pharmacy

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Both parts below must be completed.

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(Company names where applicable)

Irrelevant information under s73 of the RTI Act

(b) All proposed owners:

(Company names where applicable)

Pharmire Pty Ltd

ACN 610 583 358

(If this change affects a "large" partnership, e.g. limited partnership, please attach a copy of the complete pharmacy ownership profile to this form.)

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PLEASE NOTE: If the Corporation's Constitution does not **clearly** detail the voting rights of all shareholders, you must provide a letter from your solicitor, accountant etc outlining the voting rights of all shareholders. If your submitted documentation does not **clearly** detail the voting rights of all shareholders, your application will be delayed.

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2. a statutory declaration stating that you are still married to the person named on the marriage certificate (if in a de facto relationship, please read below for statutory declaration requirements**)
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 - (b) a child of the pharmacist who is at least 18 years of age.

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2. the length of their relationship
3. whether or not a sexual relationship exists or ever existed
4. the degree of financial dependence or interdependence and any arrangement for financial support
5. their ownership, use and acquisition of property
6. their degree of mutual commitment to a shared life, including the care and support of each other
7. the care and support of children
8. the performance of household tasks and
9. the reputation and public aspects of their relationship.

*Accordingly, if a relative is a de facto, a separate statutory declaration from both registrant and de facto stating that their relationship meets the above criteria is required.

Section 8 Company Details

Please use a separate page for each company.

If purchasing a pharmacy as a company you **must** provide us with the following information:

Please detail all shareholders and directors and the current percentage they own in the **company**.

Name of Director/Shareholder	Pharmacists Registration No. (if applicable)	Relationship to Pharmacist. (i.e. wife, husband, sibling etc.)	Percentage of company owned.
Nigel David McFadden Director <input checked="" type="checkbox"/> Shareholder <input checked="" type="checkbox"/>	PHARM 1051480	Pharmacist Sole Director + Shareholder	100%
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			

RTI RELEASES

From the date of the proposed change, my ownership in Queensland Pharmacies will be as follows: 100%
NB. If you will no longer hold an ownership interest in a Queensland Pharmacy write "NIL".

AM KM

Section 9 Ownership Details

Pharmacy Name Please write the correct and full Pharmacy name. This must be the same as provided to Medicare Australia.	Pharmacy Address Please write the correct and full address of the Pharmacy including postcode. This must be the same as provided to Medicare Australia.	Full Ownership Profile Include owners' names (registrant name or corporation name) and relevant percentages owned. Percentages <u>must total 100%</u>
Cairns Apothecary Approval Number <small>Irrelevant information *under s73 of the RT Act</small>	160 Grafton street Cairns QLD 4870	Pharmire Pty Ltd ACN 610 533 358 100%
..... Approval Number *
..... Approval Number *
..... Approval Number *
..... Approval Number *

RTI RELEASED

*If available

Name of Pharmacist: Nigel David McFadden

Signature of Pharmacist: N. McFadden Date: 10/2/17

Name of JP/Comm.Dec: Alexander Maddel - solicitor

Signature of JP/Comm.Dec: A Maddel Date: 12/2/17

I, Alexander Madde
Solicitor of Level 1, 20 Hunter Street,
Sydney, 2000, hereby certify this
and the following.....0.....pages
to be a true and correct copy of
the original Certificate of
registration
Signed Madde Dated 10.2.17

Certificate of Registration of a Company



ASIC

Australian Securities & Investments Commission

This is to certify that

PHARMIRE PTY LTD

Australian Company Number 610 533 358

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 third day of February 2016.

RTI RELEASED

CERTIFICATE

Issued by the
Australian Securities and Investments Commission
on this third day of February, 2016.

Greg Medcraft
Chairman

ASIC
Current Organisation Extract

ASIC Data Extracted 05/10/2016 at 11:46

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.

- 610 533 358 PHARMIRE PTY LTD -

ACN (Australian Company Number): 610 533 358
ABN: 33 610 533 358
Current Name: PHARMIRE PTY LTD
Registered in: New South Wales
Registration Date: 03/02/2016
Review Date: 03/02/2017
Company Bounded By:

Document No.

I, ANUELA HARVEY, solicitor of Level 1, 20 Hunter Street, Sydney, 2000, hereby certify this and the following 2 pages to be a true and correct copy of the original ASIC extract.
Signed: [Signature] Dated: 10.2.17

- Current Organisation Details -

Name: PHARMIRE PTY LTD
Name Start Date: 03/02/2016
Status: Registered
Type: Australian Proprietary Company
Class: Limited By Shares
Sub Class: Proprietary Company

2E3077979

- Company Addresses -

- Registered Office

Address: 23A COOPERNOOK AVENUE GYMEA BAY NSW 2227
Start Date: 03/02/2016

2E3077979

- Principal Place of Business

Address: 23A COOPERNOOK AVENUE GYMEA BAY NSW 2227
Start Date: 03/02/2016

2E3077979

- 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: NIGEL DAVID MCFADDEN
Address: 23A COOPERNOOK AVENUE GYMEA BAY NSW 2227
Birth Details: 09/05/1980 IRELAND
Appointment Date: 03/02/2016

2E3077979

Secretaries

Name: NIGEL DAVID MCFADDEN
Address: 23A COOPERNOOK AVENUE GYMEA BAY NSW 2227
Birth Details: 09/05/1980 IRELAND
Appointment Date: 03/02/2016

2E3077979

- Share Structure -

Current

Class: ORDINARY
Number of Shares Issued: 100
Total Amount Paid / Taken to be Paid: \$100.00
Total Amount Due and Payable: \$0.00

2E3077979

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:** 100
Beneficially Owned: Yes **Fully Paid:** Yes

2E3077979

- Members -

Name: NIGEL DAVID MCFADDEN
Address: 23A COOPERNOOK AVENUE GYMEA BAY NSW 2227
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

- 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	03/02/2016	03/02/2016	3	03/02/2016	2E3077979
201C	Application For Registration as a Proprietary Company				

- Company Contact Addresses -

*** End of Document ***

RTI Release

Pages 67 through 112 redacted for the following reasons:

s47(3)(b) - exempt in full

2036

22 March 2017



Medicines Regulation and Quality
Chief Health Officer Branch
Locked Bag 21
FORTITUDE VALLEY BC QLD
4006

SWAAB Attorneys

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

www.swaab.com.au

Dear Sirs

Acquisition of Channon Street Pharmacy by Pharmire Pty Ltd ACN 610 533 358 to be known as Ramsay Pharmacy Gympie

We act for the applicant, Pharmire Pty Ltd ACN 610 533 358 in relation to the purchase of Channon Street Pharmacy, 15 Channon Street, Gympie QLD 4570.

We enclose the following documents in relation to this application:

1. Pharmacy Change of Ownership Notification Form signed on behalf of Pharmire Pty Ltd (the Purchaser);
2. Certified Copy of ASIC Certificate of Registration of a Company of Pharmire Pty Ltd;
3. Certified Copy of a current ASIC extract detailing all shareholders and directors of Pharmire Pty Ltd; and
4. Certified Copy of the Constitution of Pharmire Pty Ltd and resolutions varying same.

We would be grateful if you would please consider this application at your earliest convenience, noting completion is scheduled for 31 March 2017.

Please contact us if you have any queries.

Yours faithfully

Angela Harvey

Contact

Angela Harvey
Partner

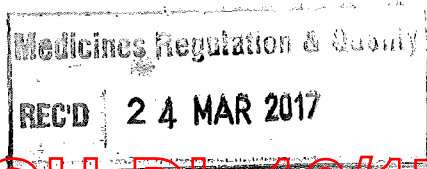
+61 2 9777 8360

axh@swaab.com.au

Our ref

161406

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Queensland
Government

Department of Health

Pharmacy Change of Ownership Notification Form

IMPORTANT INFORMATION:

The legislation relating to Pharmacy Ownership is found in the *Pharmacy Business Ownership Act 2001*. The Department of Health requires documentary evidence that the proposed ownership complies with the requirements of this legislation.

The full copy of the legislation can be view at:

<https://www.legislation.qld.gov.au/LEGISLTN/CURRENT/P/PharmRegA01.pdf>

This form contains **nine sections** which must be fully completed. If a section is not applicable, put a single line through the section and write "N/A".

1. To enable processing and advice to Medicare Australia, forms should be received by the Queensland Department of Health at least six weeks prior to an upcoming change in ownership.

It should also be noted that the legislation requires notification about change in ownership or the change in particulars about a pharmacy ownership no later than 21 days after such changes. Failure to do so might result in a penalty.

2. The Queensland Department of Health will advise Medicare Australia of the new ownership profile if the proposed change complies with the ownership provisions of the Act.
3. This form is to be witnessed by a Justice of the Peace or a Commissioner for Declarations.
4. Each relevant pharmacist (a person who starts to own the business or a person who ceases to own the business) involved in the pharmacy business, or where particulars of the ownership have changed, then the owner, is to complete and return a separate form (including those whose profile is not changing).
5. If this proposed change in ownership does not occur, you are to advise the Queensland Department of Health in writing, within 14 days to ensure that your correct ownership information is held.
6. Please direct all enquiries relating to pharmacy ownership to email:

PharmacyOwnership@health.qld.gov.au.

Section 1

Details of the Pharmacy which is subject to the proposed change

Pharmacy Name (current): Channon Street Pharmacy

Pharmacy Approval Number: Irrelevant information under s73 of the RTI Act _____ Tick if pharmacy is PBS or Non-PBS

Pharmacy Address (current): 15 Channon Street, Gympie QLD 4570

Pharmacy Phone number (07) 5482 7200 _____

If the above Pharmacy (or approval number) is being moved and/or renamed, please provide the details below. The address must correspond with details lodged with Medicare Australia.

Pharmacy Name (new): Ramsay Pharmacy Gympie

Pharmacy Address (new): N/A

Pharmacy Phone number _____

Date of proposed change (if approved) Irrelevant information under s73 of the RTI Act _____

Section 2

Your full Name: Nigel David McFadden

Your mailing address: Irrelevant information under s73 of the RTI Act

Your contact phone number: Irrelevant information under s73 of the RTI Act _____

Registration Number*: PHA 0001051480

*Can be accessed on the Pharmacy Board of Australia website, <http://www.pharmacyboard.gov.au>

Section 3

This change is occurring as (please tick the relevant box below):

- (a) I am selling my **current pharmacist** % to a pharmacist
- (b) I am selling my **current pharmacist**% to a company
- (c) I am selling my **current company** % to a pharmacist
- (d) I am selling my **current company** % to a company
- (e) I am buying a % as a pharmacist
- (f) I am buying a % as a company
- (g) I am amending my current % from myself to a company in which I hold a share
- (h) I am closing an existing pharmacy
- (i) I am opening a new pharmacy
- (j) I am relocating the address of the pharmacy
- (k) I am not changing my ownership profile however a partner is
- (l) I am relocating an approval number
- (m) I am undertaking a combination of _____ and _____ above
- (n) I am increasing/decreasing the size of the pharmacy area
- (o) Other

Section 4

Details of % change in a pharmacy

- (a) increasing ownership % from 0 % to 100 %
- (b) decreasing ownership % from % to %
- (c) ownership % staying the same %

Section 5

Both parts below must be completed.

(a) All current owners:

Irrelevant information under s73 of the RTI Act

(Company names where applicable)

(b) All proposed owners:

Pharmire Pty Ltd (ACN 610 533 358)

(Company names where applicable)

(If this change affects a "large" partnership, e.g. limited partnership, please attach a copy of the complete pharmacy ownership profile to this form.)

Section 6

If you ticked **f, g or i (and i includes a company)** in Section 4 3 you will be required to provide **certified copies** of the following documentation with this application:

1. Certificate of Incorporation
2. a **current** ASIC historical extract detailing all shareholders [together with the size of their shareholdings (percentages owned)] and directors of the company
3. the corporation's current Constitution detailing the voting rights of all shareholders so that the Board can be satisfied only registrants have voting rights.

PLEASE NOTE: If the Corporation's Constitution does not **clearly** detail the voting rights of all shareholders, you must provide a letter from your solicitor, accountant etc outlining the voting rights of all shareholders. If your submitted documentation does not **clearly** detail the voting rights of all shareholders, your application will be delayed.

Section 7

NOT APPLICABLE

If the new ownership structure includes relatives (as defined by the *Pharmacy Business Ownership Act 2001*), you **must** also provide the following documentation with this application:

1. a **certified copy** of your marriage certificate
2. a statutory declaration stating that you are still married to the person named on the marriage certificate (if in a de facto relationship, please read below for statutory declaration requirements**)
3. the birth certificate/s of children (if children are shareholders/directors) **Please note: children must be at least 18 years of age.** If a child shareholder/director has a different name than stated on their birth certificate (e.g: married daughter) a statement advising that the person named on the birth certificate and the ASIC historical extract are the same.

Please note:

1. If in a de facto relationship, section 32DA of the *Acts Interpretation Act 1954 (Qld)* defines such as a relationship between two persons who are living together as - a couple on a genuine domestic basis, but who are not married to each other or related by family.
2. The term relative is defined in the *Pharmacy Business Ownership Act 2001* as:
relative, of a pharmacist, means—
 - (a) the pharmacist's spouse or
 - (b) a child of the pharmacist who is at least 18 years of age.

In deciding whether two persons are living together as a couple on a genuine domestic basis, any of the following circumstances may be taken into account:

1. the nature and extent of their common residence
2. the length of their relationship
3. whether or not a sexual relationship exists or ever existed
4. the degree of financial dependence or interdependence and any arrangement for financial support
5. their ownership, use and acquisition of property
6. their degree of mutual commitment to a shared life, including the care and support of each other
7. the care and support of children
8. the performance of household tasks and
9. the reputation and public aspects of their relationship.

**Accordingly, if a relative is a de facto, a separate statutory declaration from both registrant and de facto stating that their relationship meets the above criteria is required.

Section 8 Company Details

Please use a separate page for each company.

If purchasing a pharmacy as a company you must provide us with the following information:

Please detail all shareholders and directors and the current percentage they own in the company.

Name of Director/Shareholder	Pharmacists Registration No. (if applicable)	Relationship to Pharmacist. (i.e. wife, husband, sibling etc.)	Percentage of company owned.
Nigel David McFadden (sole director and shareholder) Director <input checked="" type="checkbox"/> Shareholder <input checked="" type="checkbox"/>	PHA 0001051480	Pharmacist (sole director and shareholder)	100%
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			

RTI Released

From the date of the proposed change, my ownership in Queensland Pharmacies will be as follows:
NB. If you will no longer hold an ownership interest in a Queensland Pharmacy write "NIL".

Section 9 Ownership Details

Pharmacy Name Please write the correct and full Pharmacy name. This must be the same as provided to Medicare Australia.	Pharmacy Address Please write the correct and full address of the Pharmacy including postcode. This must be the same as provided to Medicare Australia.	Full Ownership Profile Include owners' names (registrant name or corporation name) and relevant percentages owned. Percentages must total 100%
Ramsay Pharmacy Cairns Medical Centre Approval Number *	160 Grafton Street Cairns QLD 4870	Pharmire Pty Ltd ACN 610 533 358 100% owned
Ramsay Pharmacy Channon Street Gympie Approval Number *	15 Channon Street Gympie QLD 4570	Pharmire Pty Ltd ACN 610 533 358 100% owned
..... Approval Number *
..... Approval Number *
..... Approval Number *

RETRIEVED

*If available

Name of Pharmacist: Nigel David McFadden

Signature of Pharmacist N. McFadden Date: 20/03/2017

Name of JP/Comm.Dec: NICHOLAS ANDREWS

Signature of JP/Comm.Dec. N.A. Date: 20 MARCH 2017

COMPLETION CHECKLIST

Have you completed the form correctly?

- Completed all sections (or ruled them 'not applicable')
- If you ticked **f, g or i (and i includes a company)** in **Section 4 3** have you provided **certified copies** of the following documentation with this application:
 - Certificate of Incorporation
 - a **current** ASIC historical extract detailing all shareholders [together with the size of their shareholdings (percentages owned)] and directors of the company
 - the corporation's current Constitution detailing the voting rights of all shareholders so that the Board can be satisfied only registrants have voting rights.
- If the company structure above includes any relatives or family members, have you provided
 - copies of birth certificates
 - copies of marriage certificates

Yes, I have included all the required documentation

**INCOMPLETE OR INCORRECT NOTIFICATIONS
WILL NOT BE PROCESSED
AND
WILL BE RETURNED**

Please forward the completed form and accompanying documentation to:

Medicines Regulation and Quality
Chief Health Officer Branch
Locked Bag 21
FORTITUDE VALLEY BC QLD 4006

Tel: 07 3328 9808

ASIC Data Extracted 22/03/2017 at 10:57

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.

- 610 533 358 PHARMIRE PTY LTD -

ACN (Australian Company Number): 610 533 358
ABN: 33 610 533 358
Current Name: PHARMIRE PTY LTD
Registered in: New South Wales
Registration Date: 03/02/2016
Review Date: 03/02/2018
Company Bounded By:

Document No.

- Current Organisation Details -

Name: PHARMIRE PTY LTD
Name Start Date: 03/02/2016
Status: Registered
Type: Australian Proprietary Company
Class: Limited By Shares
Sub Class: Proprietary Company

2E3077979

- Company Addresses -

- Registered Office

Address: 23A COOPERNOOK AVENUE GYMEA BAY NSW 2227
Start Date: 03/02/2016

2E3077979

- Principal Place of Business

Address: 23A COOPERNOOK AVENUE GYMEA BAY NSW 2227
Start Date: 03/02/2016

2E3077979

- 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: NIGEL DAVID MCFADDEN
Address: 23A COOPERNOOK AVENUE GYMEA BAY NSW 2227
Birth Details: 09/05/1980 IRELAND
Appointment Date: 03/02/2016

2E3077979

Secretaries

Name: NIGEL DAVID MCFADDEN
Address: 23A COOPERNOOK AVENUE GYMEA BAY NSW 2227
Birth Details: 09/05/1980 IRELAND
Appointment Date: 03/02/2016

2E3077979

- Share Structure -

Current

Class: ORDINARY
Number of Shares Issued: 100
Total Amount Paid / Taken to be Paid: \$100.00
Total Amount Due and Payable: \$0.00

2E3077979

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
Beneficially Owned: Yes
Number Held: 100
Fully Paid: Yes

2E3077979

- Members -

Name: NIGEL DAVID MCFADDEN
Address: 23A COOPERNOOK AVENUE GYMEA BAY NSW 2227
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

- Document List -

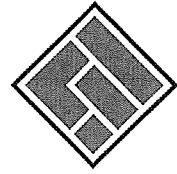
Notes:

- * 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	03/02/2016	03/02/2016	3	03/02/2016	2E3077979
201C	Application For Registration as a Proprietary Company				

- Company Contact Addresses -

*** End of Document ***



Certificate of the Registration of a Company

Corporations Act 2001 Paragraph 1274 (2) (b)

This is to certify that

PHARMIRE PTY LTD

Australian Company Number 610 533 358

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

The company is **limited by shares**.

The company is a **proprietary** company.

The day of commencement of registration is **the third day of February 2016**.

Issued by the
Australian Securities and Investments Commission
on this twenty-seventh day of October 2016.

Greg Medcraft
Chairman

RTT Release

CERTIFICATE

I, Alexander Modell
Solicitor of Level 1, 20 Hunter Street,
Sydney, 2000, hereby certify this
and the following.....0.....pages
to be a true and correct copy of
the original Certificate of
Registration of a Company
Signed [Signature].....Dated 17.3.17

Pages 125 through 170 redacted for the following reasons:

s47(3)(b) - exempt in full



HEALTH PROTECTION DIRECTORATE

Change of ownership profile in a Queensland Pharmacy

Important Information:

The legislation relating to Pharmacy Ownership is found in the *Pharmacists Registration Act 2001* Part 4. Queensland Health requires documentary evidence that the proposed ownership complies with the requirements of this legislation.

Incomplete forms will not be processed and will be returned.

1. This form contains 9 sections over 8 pages (including this page) which must be fully completed. If a section is not applicable, put a single line through the section and write "N/A".
2. To enable processing and advice to Medicare Australia, forms must be received by the Queensland Health at least six (6) weeks prior to an upcoming change in ownership. It should also be noted that the legislation requires notification about change in ownership or the change in particulars about a pharmacy ownership no later than 21 days after such changes. Failure to do so may result in penalty.
3. Medicare Australia **WILL NOT** provide you with an Approval Number for the proposed change until it has received confirmation from Queensland Health that the proposed change will not breach the ownership provisions of the *Pharmacists Registration Act 2001*.
4. This form must be witnessed by a Justice of the Peace, or a Commissioner for Declarations.
5. Each relevant person (a person who starts to own the business or a person who ceases to own the business) involved in the pharmacy, or where particulars of the ownership have changed, then the owner, **MUST** complete and return a separate form (including those whose profile is not changing).
6. Please forward this completed form (and accompanying documentation if required) to:

Pharmacy Ownership Section
Drugs and Poisons Policy and Regulation Unit
Division of the Chief Health Officer
PO Box 2368
FORTITUDE VALLEY DC QLD 4008
7. If this proposed change in ownership does not occur, you **MUST** advise Queensland Health, in writing, within 14 days to ensure that your correct ownership information is held.
8. Please direct all enquiries relating to Pharmacy Ownership to (07) 392 89228 or to PharmacyOwnership@health.qld.gov.au.

Section 3

Details of the Pharmacy which is subject to the proposed change

Pharmacy Name (current): JOHN FLYNN HOSPITAL PHARMACY

Pharmacy Approval Number: Irrelevant information under s73 of the RTI Act

Pharmacy Address (current): Ground floor, 42 INLAND DRIVE
TUGUN, QLD, 4224

If the above Pharmacy (or approval number) is being moved and/or renamed, please provide the details below

Pharmacy Name (new): RAMSAY PHARMACY JOHN FLYNN PRIVATE HOSPITAL

Pharmacy Address (new): AS ABOVE

Section 4

Date of proposed change (if approved) Irrelevant information under s73 of the RTI Act

Section 5

Your full Name: PETER GIANNPOULOS

Your mailing address: Irrelevant information under s73 of the RTI Act

Registration Number*: PHA0000948671
*Can be accessed on the Pharmacy Board of Australia website, <http://www.pharmacyboard.gov.au>

Section 4

This change is occurring as (please tick the relevant box below):

- (a) I am selling my current pharmacist % to a pharmacist;
- (b) I am selling my current pharmacist % to a company;
- (c) I am selling my current company % to a pharmacist;
- (d) I am selling my current company % to a company;
- (e) I am buying a % as a pharmacist;
- (f) I am buying a % as a company; 100%
- (g) I am amending my current % from myself to a company in which I hold a share;
- (h) I am closing an existing pharmacy;
- (i) I am opening a new pharmacy;
- (j) I am relocating a pharmacy;
- (k) I am not changing my ownership profile however a partner is;
- (l) I am relocating an approval number.
- (m) I am undertaking a combination of _____ and _____ above.
- (n) Other

Queensland Health – Ownership Profile Declaration

Information involving a business, trade or industry is not to be released under the RTI Act

Section 6

Details of % change in a pharmacy

- (a) increasing ownership % from ... 0 ... % to ... 100 ... %;
- (b) decreasing ownership % from % to %.
- (c) ownership % staying the same %

RTI

Section 7

Both parts below must be completed.

(a) All current owners:

Irrelevant information under s73 of the RTI Act

[Redacted box]

(b) All proposed owners:

LEKARNA PTY LTD

(If this change affects a "large" partnership, e.g. limited partnership, please attach a copy of the complete pharmacy ownership profile to this form.)

Section 7

If you ticked f, g or i (and / includes a company) in Section 4 you will be required to provide certified copies of the following documentation with this application:

1. Certificate of Incorporation; and
2. a current ASIC historical extract detailing all shareholders (together with the size of their shareholdings (percentages owned)) and directors of the company; and
3. the corporation's current Constitution detailing the voting rights of all shareholders so that the Board can be satisfied only registrants have voting rights.

Please note: If the Corporation's Constitution does not clearly detail the voting rights of all shareholders, you must provide a letter from your solicitor, accountant etc outlining the voting rights of all shareholders. If your submitted documentation does not clearly detail the voting rights of all shareholders, your application will be delayed.



If the new ownership structure includes *relatives* (as defined by the *Pharmacists Registration Act 2001*), you **MUST** also provide the following documentation with this application:

1. a **certified copy** of your marriage certificate; and
2. a statutory declaration stating that you are still married to the person named on the marriage certificate (if in a de facto relationship, please read below for statutory declaration requirements**); and
3. the birth certificate/s of children (if children are shareholders/directors) **Please note: children must be at least 18 years of age.** If a child shareholder/director has a different name than stated on their birth certificate (e.g. married daughter) a statement advising that the person named on the birth certificate and the ASIC historical extract are the same.

Please note:

1. If in a de facto relationship, section 32DA of the *Acts Interpretation Act 1954 (Qld)* defines such as a relationship between two persons who are living together as - a couple on a genuine domestic basis, but who are not married to each other or related by family.
2. The term *relative* is defined in the *Pharmacists Registration Act 2001* as:
relative, of a pharmacist, means—
(a) the pharmacist's spouse, or
(b) a child of the pharmacist who is at least 18 years of age.

In deciding whether two persons are living together as a couple on a genuine domestic basis, any of the following circumstances may be taken into account:

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

**Accordingly, if a relative is a de facto, a separate statutory declaration from both registrant and de facto stating that their relationship meets the above criteria is required.



Lekarna Pty Ltd

Please use a separate page for each company.

If purchasing a pharmacy as a company you must provide us with the following information:

Please detail all shareholders and directors and the current percentages they own in the company.

Name of Director/Shareholder	Pharmacists Registration No. (if applicable)	Relationship to Pharmacist (i.e. wife, husband, sibling etc.)	Percentage of company owned.
PETER GIANNOLOULOS Director <input checked="" type="checkbox"/> Shareholder <input checked="" type="checkbox"/>	PHA0000948671		100%
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			

Section B - Ownership Details

Director Shareholder

From the date of the proposed change, my ownership in Queensland Pharmacies will be as follows:
 NB. If you will no longer hold an ownership interest in a Queensland Pharmacy write "NIL".

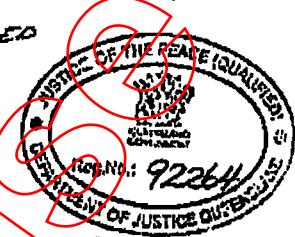
Pharmacy Name Please write the correct and full Pharmacy name. This must be the same as provided to Medicare Australia.	Pharmacy Address Please write the correct and full address of the Pharmacy including postcode. This must be the same as provided to Medicare Australia.	Full Ownership Profile Include owners' names (registrant name or corporation name) and relevant percentages owned. Percentages must total 100%.
JOHN FLYNN..... HOSPITAL..... PHARMACY..... Approval Number* <small>Irrelevant information under s73 of the RTI Act</small>	Ground floor 42 INLAND DRIVE TUVEN QLD..... 4224	PETER GIANNOPoulos AS SOLE SHAREHOLDER OF LAKARNA PTY LTD
RAMSAY PHARMACY CAIRNS..... Approval Number* <small>Irrelevant information under s73 of the RTI Act</small>	1193 LAKE ST CAIRNS QLD 4870	PETER GIANNOPoulos AS SOLE SHAREHOLDER OF LAKARNA PTY LTD
Approval Number*		
Approval Number*		
Approval Number*		

*If available

Signature of Pharmacist:  Date: 06/11/14

Signature of Witness:  Date: 6/11/14

Witness Occupation: JUSTICE OF THE PEACE QUALIFIED



RTI Released

Robert James Lawyers



19 November 2013

Our Ref: OS:ATC:125081-5

Pharmacy Ownership Section
Drugs and Poisons Policy and Regulation Unit
Division of the Chief Health Officer
PO Box 2368
FORTITUDE VALLEY DC QLD 4006

BY POST

Dear Sir/Madam,

Queensland Pharmacy Ownership - Lekarna Pty Ltd

We act for Lekarna Pty Ltd, the operator of the new pharmacy business to be established at the Sunshine Coast University Hospital, 3 Doherty Street, Birtinya, Queensland.

Please find enclosed:

1. Queensland Health – Ownership Profile Declaration Form;
2. Certificate of Incorporation – Lekarna Pty Ltd;
3. Current ASIC historical extract detailing all shareholders and directors of Lekarna Pty Ltd;
4. Company Constitution for Lekarna Pty Ltd; and
5. Letter from the writer confirming that Mr Giannopoulos (a registered pharmacist) holds all issued shares in Lekarna Pty Ltd and therefore is the only person with voting rights in relation to the company.

We look forward to receiving Queensland Health's approval of the pharmacy as a matter of urgency.

Yours faithfully,
ROBERT JAMES


Olivia Smith
Lawyer
Direct line: 8628-2035
Email: olivia@robertjames.com.au

Liability limited by a scheme approved under Professional Standards Legislation. Legal practitioners who are directors of Robert James Lawyers Pty Ltd or are employed by Robert James Lawyers Pty Ltd are members of the scheme.

OS-125081-5-84-V1



Queensland
Government

HEALTH PROTECTION DIRECTORATE

Change of ownership profile in a Queensland Pharmacy

Important Information:

The legislation relating to Pharmacy Ownership is found in the *Pharmacists Registration Act 2001* Part 4. Queensland Health requires documentary evidence that the proposed ownership complies with the requirements of this legislation.

Incomplete forms will not be processed and will be returned.

1. This form contains 9 sections over 6 pages (including this page) which must be fully completed. If a section is not applicable, put a single line through the section and write "N/A".
2. To enable processing and advice to Medicare Australia, forms must be received by the Queensland Health at least six (6) weeks prior to an upcoming change in ownership. It should also be noted that the legislation requires notification about change in ownership or the change in particulars about a pharmacy ownership no later than 21 days after such changes. Failure to do so may result in penalty.
3. Medicare Australia **WILL NOT** provide you with an Approval Number for the proposed change until it has received confirmation from Queensland Health that the proposed change will not breach the ownership provisions of the *Pharmacists Registration Act 2001*.
4. This form must be witnessed by a Justice of the Peace, or a Commissioner for Declarations.
5. Each relevant person (a person who starts to own the business or a person who ceases to own the business) involved in the pharmacy, or where particulars of the ownership have changed, then the owner, **MUST** complete and return a separate form (including those whose profile is not changing).
6. Please forward this completed form (and accompanying documentation if required) to:

Pharmacy Ownership Section
Drugs and Poisons Policy and Regulation Unit
Division of the Chief Health Officer
PO Box 2368
FORTITUDE VALLEY DC QLD 4006
7. If this proposed change in ownership does not occur, you **MUST** advise Queensland Health, in writing, within 14 days to ensure that your correct ownership information is held.
8. Please direct all enquiries relating to Pharmacy Ownership to (07) 332 89228 or to PharmacyOwnership@health.qld.gov.au.

Queensland Health – Ownership Profile Declaration

Section 1

Details of the Pharmacy which is subject to the proposed change

Pharmacy Name (current): RAMSAY PHARMACY SUNSHINE COAST UNIVERSITY PRIVATE HOSPITAL
Pharmacy Approval Number: NOT YET ISSUED AS ITS A NEW PHARMACY
Pharmacy Address (current): 3 DOHERTY STREET BIRTINYA QLD 4575

If the above Pharmacy (or approval number) is being moved and/or renamed, please provide the details below

Pharmacy Name (new): SEE ABOVE FOR DETAILS OF NEW PHARMACY BEING ESTABLISHED
Pharmacy Address (new): _____

Section 2

Date of proposed change (if approved) _____

Section 3

Your full Name: PETER GIANNOPoulos (M. SOLE DIRECTOR & SHAREHOLDER OF LEKARNA PTY LTD ACN 164 104 161)
Your mailing address: 815 HEIDELBERG RD ALPHINGTON VIC 3078
Registration Number*: PIA 0000948671

*Can be accessed on the Pharmacy Board of Australia website, <http://www.pharmacyboard.gov.au>

Section 4

This change is occurring as (please tick the relevant box below):

- (a) I am selling my current pharmacist % to a pharmacist;
- (b) I am selling my current pharmacist % to a company;
- (c) I am selling my current company % to a pharmacist;
- (d) I am selling my current company % to a company;
- (e) I am buying a % as a pharmacist;
- (f) I am buying a % as a company;
- (g) I am amending my current % from myself to a company in which I hold a share;
- (h) I am closing an existing pharmacy;
- (i) I am opening a new pharmacy;
- (j) I am relocating a pharmacy;
- (k) I am not changing my ownership profile however a partner is;
- (l) I am relocating an approval number.
- (m) I am undertaking a combination of _____ and _____ above.
- (n) Other

If this change involves a company please ensure you read the requirements of Section 7.

Section 5

Details of % change in a pharmacy

- (a) increasing ownership % from% to%;
- (b) decreasing ownership % from% to%.
- (c) ownership % staying the same%

N/A

Section 6

Both parts below must be completed.

(a) All current owners:

N/A

(b) All proposed owners:

(If this change affects a "large" partnership, e.g. limited partnership, please attach a copy of the complete pharmacy ownership profile to this form.)

Section 7

YES - COMPANY IS LEKARNA PTY LTD
ACN 164 104 161

If you ticked f, g or i (and i includes a company) in Section 4 you will be required to provide certified copies of the following documentation with this application:

1. Certificate of Incorporation; and
2. a current ASIC historical extract detailing all shareholders [together with the size of their shareholdings (percentages owned)] and directors of the company; and
3. the corporation's current Constitution detailing the voting rights of all shareholders so that the Board can be satisfied only registrants have voting rights.

Please note : If the Corporation's Constitution does not clearly detail the voting rights of all shareholders, you must provide a letter from your solicitor, accountant etc outlining the voting rights of all shareholders. If your submitted documentation does not clearly detail the voting rights of all shareholders, your application will be delayed.

Section 8

If the new ownership structure includes relatives (as defined by the *Pharmacists Registration Act 2001*), you **MUST** also provide the following documentation with this application: N/A

1. a **certified copy** of your marriage certificate; **and**
2. a statutory declaration stating that you are still married to the person named on the marriage certificate (if in a de facto relationship, please read below for statutory declaration requirements**); **and**
3. the birth certificate/s of children (if children are shareholders/directors) **Please note: children must be at least 18 years of age.** If a child shareholder/director has a different name than stated on their birth certificate (e.g. married daughter) a statement advising that the person named on the birth certificate and the ASIC historical extract are the same.

Please note:

1. If in a de facto relationship, section 32DA of the *Acts Interpretation Act 1954 (Qld)* defines such as a relationship between two persons who are living together as - a couple on a genuine domestic basis, but who are not married to each other or related by family.
2. The term relative is defined in the *Pharmacists Registration Act 2001* as:
relative, of a pharmacist, means—
 - (a) the pharmacist's spouse; or
 - (b) a child of the pharmacist who is at least 18 years of age.

In deciding whether two persons are living together as a couple on a genuine domestic basis, any of the following circumstances may be taken into account:

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

**Accordingly, if a relative is a de facto, a separate statutory declaration from both registrant and de facto stating that their relationship meets the above criteria is required.

Section 9 - Company Details

Please use a separate page for each company.

If purchasing a pharmacy as a company you **must** provide us with the following information:

Please detail all shareholders and directors and the current percentage they own in the **company**.

Name of Director/Shareholder	Pharmacists Registration No. (if applicable)	Relationship to Pharmacist. (i.e. wife, husband, sibling etc.)	Percentage of company owned.
PETER GIANNODOULOS Sole Director <input checked="" type="checkbox"/> Shareholder <input checked="" type="checkbox"/>	PHA 0000 948671	SAME PERSON	100%
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			

Section 9 – Ownership Details

Director Shareholder

From the date of the proposed change, my ownership in Queensland Pharmacies will be as follows:
NB. If you will no longer hold an ownership interest in a Queensland Pharmacy write "NIL".

Pharmacy Name Please write the correct and full Pharmacy name. This must be the same as provided to Medicare Australia.	Pharmacy Address Please write the correct and full address of the Pharmacy including postcode. This must be the same as provided to Medicare Australia.	Full Ownership Profile Include owners' names (registrant name or corporation name) and relevant percentages owned. Percentages must total 100%
RAMSAY PHARMACY SUNSHINE COAST UNIVERSITY PRIVATE HOSPITAL Approval Number * NOT YET KNOWN	3 DOWRY ST BIRTINYA QLD	PETER GIANNOPoulos 100% SHAREHOLDING IN LEKARNA PTY LTD
Approval Number *		
Approval Number *		
Approval Number *		
Approval Number *		

*If available

Signature of Pharmacist: Date: 15/11/2013

Signature of Witness: Date: 15/11/2013

Witness Occupation: BILL BRANDI

SIGNATURE OF AUTHORIZED WITNESS:

[Handwritten signature]

Date: 15/11/2013

AUTHORIZED WITNESS OCCUPATION:

ANTHONY CANNIZZO

Robert James Lawyers

Level 10, 200 Queen Street, Melbourne VIC

An Australian Legal practitioner within the meaning of the Legal Profession Act 2004

RTI Release

Certificate of Registration of a Company

This is to certify that

LEKARNA PTY LTD

Australian Company Number 164 104 161

is a registered company under the Corporations Act 2001 and
is taken to be registered in Victoria.

The company is limited by shares.

The company is a proprietary company.

The day of commencement of registration is
the fourth day of June 2013.



CERTIFICATE

Issued by the
Australian Securities and Investments Commission
on this fourth day of June, 2013.

A handwritten signature in black ink, appearing to read 'Greg Medcraft'.

Greg Medcraft
Chairman

RTI Release

LEKARNA PTY LTD 164 104 161
ASIC - Current & Historical Extract - LEKARNA PTY LTD ACN: 164 104 161

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.

IDENTIFICATION

ACN: 164 104 161
ABN: 19 164 104 161
Current Company Name: LEKARNA PTY LTD
Registered in: Victoria
Place of Registration:
Registration Date: 04/06/2013
Previous State Number:
Governance Type:
Review Date: 04/06/2014

CURRENT COMPANY DETAILS

Name: LEKARNA PTY LTD
Period from: 04/06/2013
Name Start: 04/06/2013
Status: REGISTERED
Type: AUSTRALIAN PROPRIETARY COMPANY
Class: LIMITED BY SHARES
Subclass: PROPRIETARY COMPANY
Disclosing Entity: N

Doc# 1E9435375

CURRENT COMPANY ADDRESS

Address Type: Registered Office
Address: 815 HEIDELBERG ROAD
ALPHINGTON VIC 3078
Period from: 04/06/2013
Address Type: Principal Place of Business
Address: 815 HEIDELBERG ROAD
ALPHINGTON VIC 3078
Period from: 04/06/2013

Doc# 1E9435375

Doc# 1E9435375

CURRENT COMPANY OFFICERS

Role: Director
Name: GIANNOPOULOS, PETER
Address: 815 HEIDELBERG ROAD
ALPHINGTON VIC 3078
Date of Birth: 16/10/1974
Place of Birth: MELBOURNE VIC
Appointment Date: 04/06/2013
Cease Date:

Doc# 1E9435375

Role: Secretary
Name: GIANNOPOULOS, PETER
Address: 815 HEIDELBERG ROAD
ALPHINGTON VIC 3078
Date of Birth: 16/10/1974
Place of Birth: MELBOURNE VIC
Appointment Date: 04/06/2013
Cease Date:

Doc# 1E9435375

CURRENT SHARE CAPITAL

Class: ORD ORDINARY SHARES

Doc# 1E9435375

Number of Issued "Shares" : 12

Amount Paid: \$12.00

Amount Due: \$0.00

Note: For each class of shares issued by a proprietary 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.

CURRENT(SHAREHOLDERS/MEMBER)

Class: ORD

Doc# 1E9435375

Number of Shares Held: 12

Beneficially Owned: Y

Fully Paid: Y

Name: GIANNOPOULOS, PETER

Address: 815 HEIDELBERG ROAD
ALPHINGTON VIC 3078

Joint Holding: N

DOCUMENTS RELATING TO EXTERNAL ADMINISTRATION AND/OR APPOINTMENT OF CONTROLLER

Note: This extract may not list all documents relating to this status. State and Territory records should be searched.

No record

SATISFIED CHARGES

Note: On January 30, 2012 the Personal Property Securities Register (PPS Register) has commenced. The details of current charges will only be available from the PPS Register and the details of satisfied charges (as at 30th January 2012) can be obtained from ASIC. Further information can be obtained from www.ppsr.gov.au.

No record

ASIC DOCUMENTS (except charges)

Notes:

- A date or address shown as UNKNOWN has not been updated since the ASIC took over the records in 1991.
- Data from Documents with no Date Processed are not included in the Extract.
- Documents with "****" pages have not yet been imaged and are not available via DOCIMAGE. Imaging takes approximately 2 weeks from date of lodgement.
- Documents already listed under charges are not repeated here.

Form Type	Date Received	Date Processed	Effective Date	Pages	Doc No
201 Application For Registration as a Proprietary Company	04/06/2013	04/06/2013	04/06/2013	3	1E9435375

PRE-ASIC DOCUMENTS

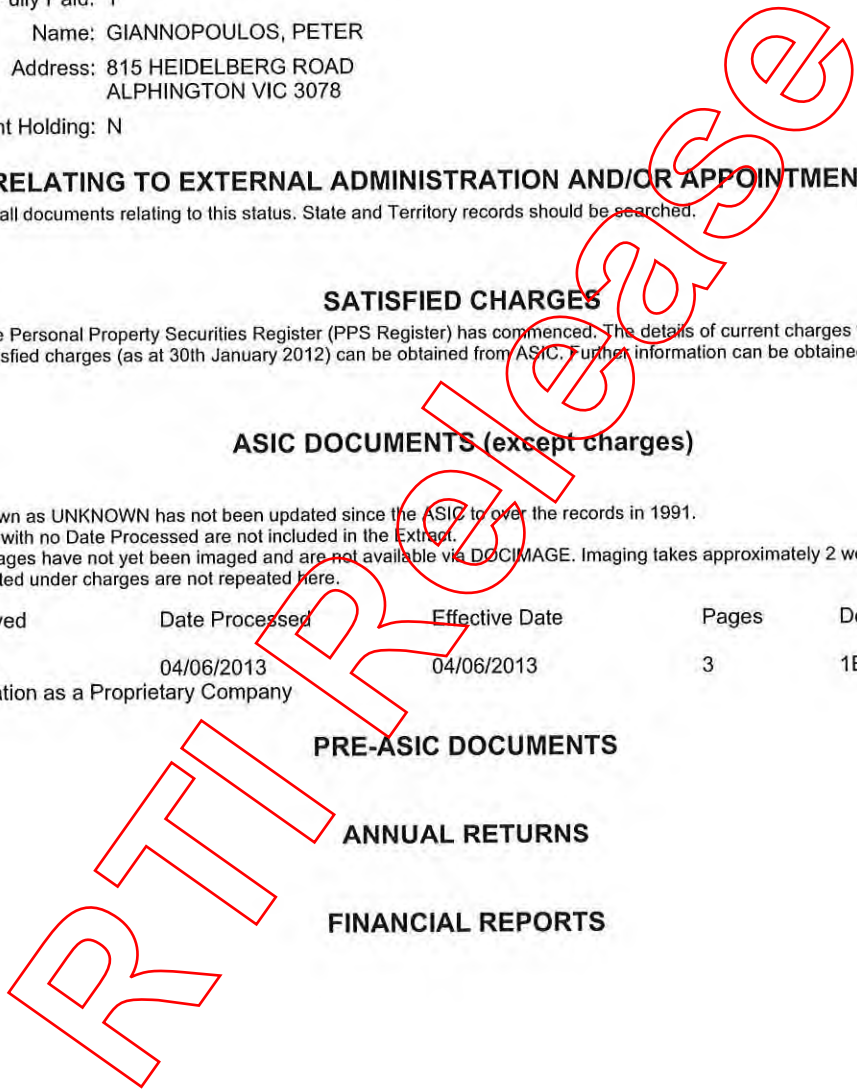
No record

ANNUAL RETURNS

No record

FINANCIAL REPORTS

No record



Pages 189 through 239 redacted for the following reasons:

s47(3)(b) - exempt in full

Robert James Lawyers

19 November 2013

Our Ref: OS:ATC:125081-5

Pharmacy Ownership Section
Drugs and Poisons Policy and Regulation Unit
Division of the Chief Health Officer
PO Box 2368
FORTITUDE VALLEY DC QLD 4006

BY POST

Dear Sir/Madam,

Queensland Pharmacy Ownership - Lekarna Pty Ltd

We act for Lekarna Pty Ltd, the operator of the new pharmacy business to be established at the Sunshine Coast University Hospital, 3 Doherty Street, Birtinya, Queensland.

A copy of Lekarna Pty Ltd's constitution ("Constitution") has been provided. To assist the Board, we confirm that:

1. Peter Giannopoulos (PHA 0000948671) owns 100% of the shares in Lekarna Pty Ltd (i.e. Mr Giannopoulos is the only "member" of the company). The only shares issued in Lekarna Pty Ltd are ordinary "A" class shares.

2. ^{s47(3)(b)}



We trust that this is sufficient to demonstrate that Mr Giannopoulos (a registered pharmacist) holds all issued shares in Lekarna Pty Ltd and is therefore the only person with voting rights in relation to the company.

Yours faithfully,
ROBERT JAMES

A blue ink signature of Olivia Smith.

Olivia Smith

Lawyer

Direct line: 8628-2035

Email: olivia@robertjames.com.au

Liability limited by a scheme approved under Professional Standards Legislation. Legal practitioners who are directors of Robert James Lawyers Pty Ltd or are employed by Robert James Lawyers Pty Ltd are members of the scheme.

OS-125081-5-75-V1

Section 1

Details of the Pharmacy which is subject to the proposed change

Pharmacy Name (current): WHITES HILL DISCOUNT DRUG STORE (WHITES HILL)

Pharmacy Approval Number: Irrelevant information under s73 of the RTI Act _____ Tick if pharmacy is PBS or Non-PBS

Pharmacy Address (current): SHOPS 748 25 SAMUEL STREET, CAMP HILL 4152

Pharmacy Phone number (07) 3398 7725

If the above Pharmacy (or approval number) is being moved and/or renamed, please provide the details below. The address must correspond with details lodged with Medicare Australia.

Pharmacy Name (new): _____

Pharmacy Address (new): _____

Pharmacy Phone number _____

Date of proposed change (if approved) _____

Section 2

Your full Name: PETER GIANNIPOULOS

Your mailing address: Irrelevant information under s73 of the RTI Act _____

Your contact phone number: Irrelevant information under s73 of the RTI Act _____

Registration Number*: PNA 0000 94 86 71

*Can be accessed on the Pharmacy Board of Australia website, <http://www.pharmacyboard.gov.au>

Section 3

This change is occurring as (please tick the relevant box below):

- (a) I am selling my current pharmacist % to a pharmacist
- (b) I am selling my current pharmacist % to a company
- (c) I am selling my current company % to a pharmacist
- (d) I am selling my current company % to a company
- (e) I am buying a % as a pharmacist
- (f) I am buying a % as a company 100%
- (g) I am amending my current % from myself to a company in which I hold a share
- (h) I am closing an existing pharmacy
- (i) I am opening a new pharmacy
- (j) I am relocating the address of the pharmacy
- (k) I am not changing my ownership profile however a partner is;
- (l) I am relocating an approval number.
- (m) I am undertaking a combination of _____ and _____ above.
- (n) I am increasing/decreasing the size of the pharmacy area
- (o) Other

Section 4

Details of % change in a pharmacy

- (a) Increasing ownership % from0....% to ..100.....%
- (b) decreasing ownership % from% to%
- (c) ownership % staying the same%

Section 5

Both parts below must be completed.

(a) All current owners:

(Company names where applicable)

Irrelevant information under s73 of the RTI Act

(b) All proposed owners:

(Company names where applicable)

LEKARNA PTY LTD 100%

(If this change affects a "large" partnership, e.g. limited partnership, please attach a copy of the complete pharmacy ownership profile to this form.)

Section 6

If you ticked f, g or l (and l includes a company) in Section 4 you will be required to provide certified copies of the following documentation with this application:

1. Certificate of Incorporation
2. a current ASIC historical extract detailing all shareholders (together with the size of their shareholdings (percentages owned)) and directors of the company
3. the corporation's current Constitution detailing the voting rights of all shareholders so that the Board can be satisfied only registrants have voting rights.

PLEASE NOTE: If the Corporation's Constitution does not clearly detail the voting rights of all shareholders, you must provide a letter from your solicitor, accountant etc outlining the voting rights of all shareholders. If your submitted documentation does not clearly detail the voting rights of all shareholders, your application will be delayed.

Section 7

If the new ownership structure includes relatives (as defined by the *Pharmacy Business Ownership Act 2001*), you must also provide the following documentation with this application:

1. a **certified copy** of your marriage certificate
2. a statutory declaration stating that you are still married to the person named on the marriage certificate (if in a de facto relationship, please read below for statutory declaration requirements^{**})
3. the birth certificate/s of children (if children are shareholders/directors) *Please note: children must be at least 18 years of age.* If a child shareholder/director has a different name than stated on their birth certificate (e.g: married daughter) a statement advising that the person named on the birth certificate and the ASIC historical extract are the same.

Please note:

1. If in a de facto relationship, section 32DA of the *Acts Interpretation Act 1954 (Qld)* defines such as a relationship between two persons who are living together as - a couple on a genuine domestic basis, but who are not married to each other or related by family.
2. The term relative is defined in the *Pharmacy Business Ownership Act 2001* as:
relative, of a pharmacist, means—
 - (a) the pharmacist's spouse or
 - (b) a child of the pharmacist who is at least 18 years of age.

In deciding whether two persons are living together as a couple on a genuine domestic basis, any of the following circumstances may be taken into account:

1. the nature and extent of their common residence
2. the length of their relationship
3. whether or not a sexual relationship exists or ever existed
4. the degree of financial dependence or interdependence and any arrangement for financial support
5. their ownership, use and acquisition of property
6. their degree of mutual commitment to a shared life, including the care and support of each other
7. the care and support of children
8. the performance of household tasks and
9. the reputation and public aspects of their relationship.

^{**}Accordingly, if a relative is a de facto, a separate statutory declaration from both registrant and de facto stating that their relationship meets the above criteria is required.

Section 8 Company Details

Please use a separate page for each company.

If purchasing a pharmacy as a company you must provide us with the following information:

Please detail all shareholders and directors and the current percentage they own in the company.

Name of Director/Shareholder	Pharmacists Registration No. (if applicable)	Relationship to Pharmacist (i.e. wife, husband, sibling etc.)	Percentage of company owned.
PETER GIANNOPoulos Director <input checked="" type="checkbox"/> Shareholder <input type="checkbox"/>	PNA 0000 948671	SELF	100%
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Director <input type="checkbox"/> Shareholder <input type="checkbox"/>			

From the date of the proposed change, my ownership in Queensland Pharmacies will be as follows:
NB. If you will no longer hold an ownership interest in a Queensland Pharmacy write "NIL".

Section 9 Ownership Details

Pharmacy Name Please write the correct and full Pharmacy name. This must be the same as provided to Medicare Australia.	Pharmacy Address Please write the correct and full address of the Pharmacy including postcode. This must be the same as provided to Medicare Australia.	Full Ownership Profile Include owners' names (registrant name or corporation name) and relevant percentages owned. Percentages <u>must total 100%</u>
WHITES HILL DISCOUNT DRUG STORE... (WHITES HILL) Approval Number * TBA	SHOPS 7+8, 25 SAMUEL ST. CAMP HILL QLD 4152	LEKARNA PTY LTD..... 100% PETER GIANNIPOULOS AS SOLE SHARE HOLDER
JOHN FLYNN HOSPITAL PHARMACY Approval Number <small>Irrelevant information under s73 of the RTI Act</small>	GROUND FLOOR, 42 INKAMP DRIVE, TUGUN QLD 4229	AS ABOVE
RAMSAY PHARMACY CAIRNS Approval Number <small>Irrelevant information under s73 of the RTI Act</small>	1193 LAKE ST CAIRNS QLD 4870	AS ABOVE
RAMSAY PHARMACY SUNSHINE COAST Approval Number <small>Irrelevant information under s73 of the RTI Act</small>	3 DOHERTY STREET BIRTINYA QLD 4575	AS ABOVE
..... Approval Number *

*if available

Name of Pharmacist: PETER GIANNIPOULOS

Signature of Pharmacist: *[Signature]* Date: _____

Name of JP/Comm.Dec: HAYLEY WALTERS

Signature of JP/Comm.Dec: *[Signature]* Date: _____

