

**BEFORE THE NORTH CAROLINA BOARD OF PHARMACY**

In the Matter of: )  
 )  
Independent Medical Supplies, Inc. ) VOLUNTARY SURRENDER  
(Permit No. 00837) ) OF DME PERMIT FOR CAUSE

The North Carolina Board of Pharmacy issued DME Permit No. 00837 to Independent Medical Supplies, Inc. located at 633 N. Brown Street, Chadbourn, North Carolina, 28431, on September 2, 2003.

The permit holder hereby voluntarily surrenders DME Permit No. 00837. The surrender of the permit is made voluntarily and without pressure, coercion, or the threat of force being made against the permit holder. As a result of the voluntary surrender, the permit holder may not dispense devices, medical oxygen, and/or medical equipment.

The permit holder understands and accepts that, at any point in the future, they may petition for reinstatement by submitting a request to the Board of Pharmacy, in writing. Upon a request for reinstatement, the Board will determine within sixty (60) days when it will schedule a hearing on the request for reinstatement. There is no presumption, guarantee or other implication intended within this document that the Board will reinstate the permit. The decision will be made by the Board based on consideration of all available evidence presented at a formal hearing before the Board. The permit will not be returned until and unless the Board issues a reinstatement order after a formal hearing.

This the 2<sup>nd</sup> day of December, 2014.

Sherwood Enzor  
Mr. Sherwood Enzor

**CERTIFICATE OF SERVICE**

The undersigned hereby certifies that on the 2<sup>nd</sup> day of December, 2014 a copy of this Voluntary Surrender, Permit No. 00837, was served upon Independent Medical Supplies, Inc.



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Maria Fabiano, Investigator  
North Carolina Board of Pharmacy

Mr. Sherwood Enzor, Person In Charge, does not wish to surrender DME Permit No. 00837.

\_\_\_\_\_  
Mr. Sherwood Enzor

\_\_\_\_\_  
Date

Device and Medical Equipment Registration - 2014

Attach Passport Photo of Person in Charge here

(Required)

Person In Charge Name and Home Address: (Please Print Legibly)

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number of Person in Charge: \_\_\_\_\_

Please note: A person in charge can only be assigned to one DME permit

00837

Mr. Sherwood Enzor  
Independent Medical Supplies, Inc.  
633 N. Brown Street  
Chadbourn, NC 28431

Date of Change: \_\_\_\_\_

Signature of Person In Charge of Permit (Required)

Email address of Person In Charge (Print Legibly)

Complete this section for changes to the Person in Charge and return to the Board's office (address at bottom of the form).

Permit No. 00837

NORTH  
BOARD OF



CAROLINA  
PHARMACY

This is to Certify that the  
**2014** Device and Medical Equipment Dispensing Permit  
Renewal to Operate

**Independent Medical Supplies, Inc.**

Located at Chadbourn, NC County of Columbus

Has been renewed for the year ending December 31, 2014

Countersigned Sherwood Enzor Person In Charge of Permit  
**Mr. Sherwood Enzor**

Issued 2/10/14

[Signature]  
President

[Signature]  
Executive Director