UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 OR 15(d) of The Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): July 23, 2013

IMPRIMIS PHARMACEUTICALS, INC.

(Exact name of registrant as specified in its charter)

Delaware	**001-35814**	**45-0567010**
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

12626 High Bluff Dr. Ste 150	
San Diego, CA	**92130**
(Address of principal executive offices)	(Zip Code)

Registrant's telephone number, including area code: **(858) 704-4040**

N/A
(Former name or former address if changed since last report.)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

o Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

o Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

o Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

o Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Item 7.01. Regulation FD Disclosure

Attached as Exhibit 99.1 to this Item 7.01 is a presentation that is being used by the management of Imprimis Pharmaceuticals, Inc. (the “Company") in meetings describing the Company.

The information contained in Item 7.01 of this report and in Exhibit 99.1 shall not be deemed “filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the “Exchange Act"), or incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act, except as shall be expressly set forth by specific reference in such a filing.

Item 9.01. Financial Statements and Exhibits

(d) Exhibits

99.1 Presentation dated July 2013

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

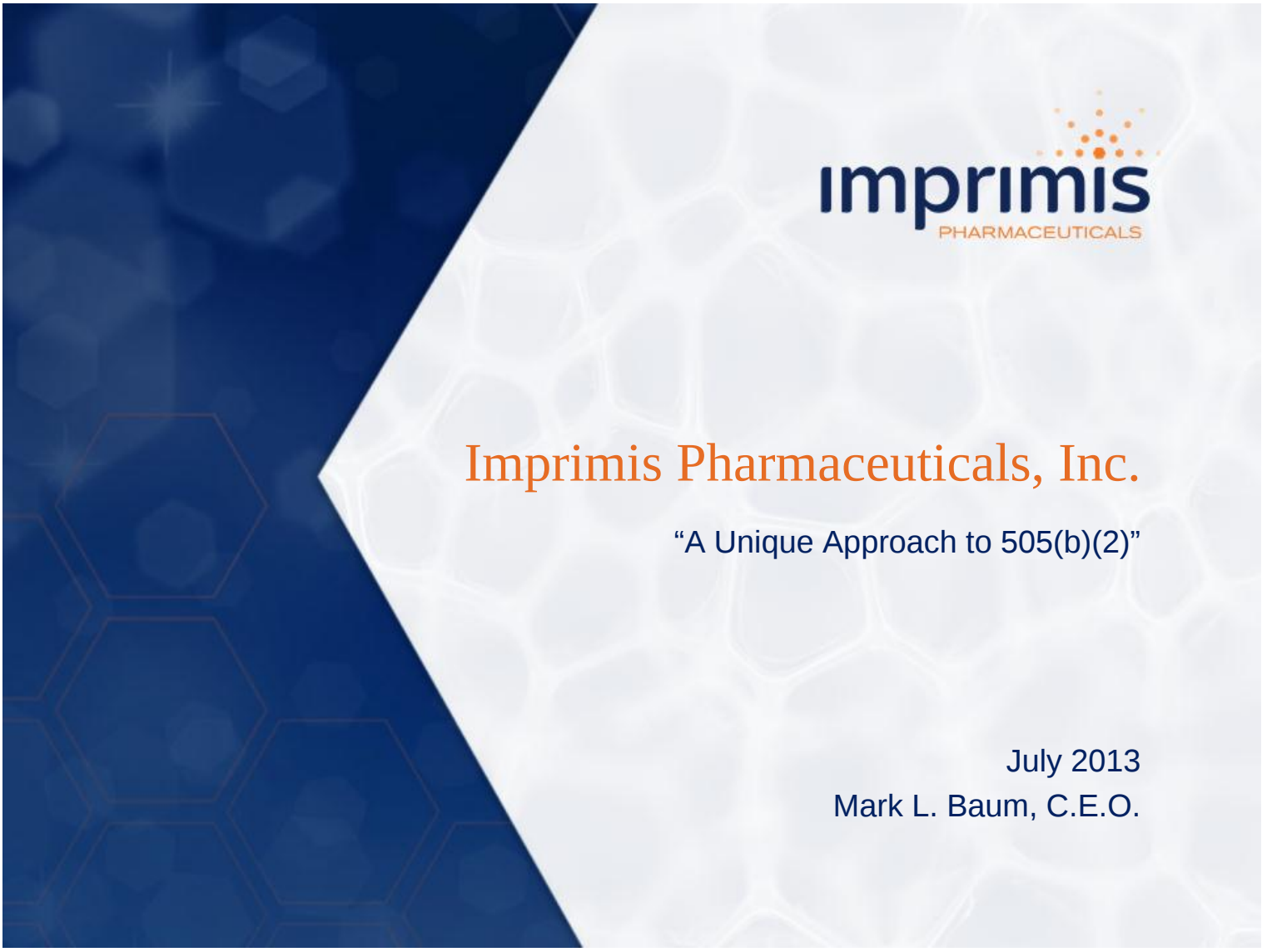
IMPRIMIS PHARMACEUTICALS, INC.

Dated: July 23, 2013

By: /s/ Andrew R. Boll
Name: Andrew R. Boll
Title: Vice President, Accounting and Public Reporting

EXHIBIT INDEX

99.1	Presentation dated July 2013


imprimis
PHARMACEUTICALS
Imprimis Pharmaceuticals, Inc.
“A Unique Approach to 505(b)(2)”
July 2013
Mark L. Baum, C.E.O.

Safe Harbor Statement

This presentation contains "forward-looking statements" as defined in the Private Securities Litigation Reform Act of 1995. You are cautioned not to rely on these forward-looking statements. These statements are based on current expectations of future events. If underlying assumptions prove inaccurate or unknown risks or uncertainties materialize, actual results could vary materially from our expectations and projections.

Some of the potential risks and uncertainties that could cause actual results to differ from those predicted include the difficulties related to the Company's ability to obtain regulatory approval to market Impracor™, capitalize on its perceived potential benefits arising from its relationship with Professional Compounding Centers of America, Inc., leverage compounded generic drugs to create a development pipeline and otherwise pursue its business plan, and leverage its Accudel technology in the development of potential product candidates. In addition, the outcome of the final analyses of the data from the past and future Phase 3 clinical trial may vary from the Company's initial conclusions, the FDA may not agree with the Company's interpretation of such results or may challenge the adequacy of the Company's future Impracor clinical trial design or the execution of the same clinical trials, the FDA may require the Company to complete additional clinical trials for Impracor before the Company can submit a 505(b)(2) NDA application, the results of any future clinical trials may not be favorable and the Company may never receive regulatory approval for Impracor™, the Company may be unable to raise additional funding to complete its product development plans, or be unable to acquire, develop or commercialize new products and or enter into strategic alliances and transactions. Other risks include uncertainties inherent in pre-clinical studies and clinical trials, difficulties in conducting its clinical trials, unexpected new data, safety and technical issues, competition and market conditions. More detailed information about the Company and the risk factors that may affect the realization of forward-looking statements is set forth in the Company's filings with the Securities and Exchange Commission, including its Annual Report on Form 10-K and its Quarterly Reports on Form 10-Q filed with the SEC. Such documents may be read free of charge on the SEC's web site at www.sec.gov.

You are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date hereof, given these risks and uncertainties. All forward-looking statements are qualified in their entirety by this cautionary statement and the Company undertakes no obligation to revise or update any forward-looking statements as a result of new information or future events or developments.

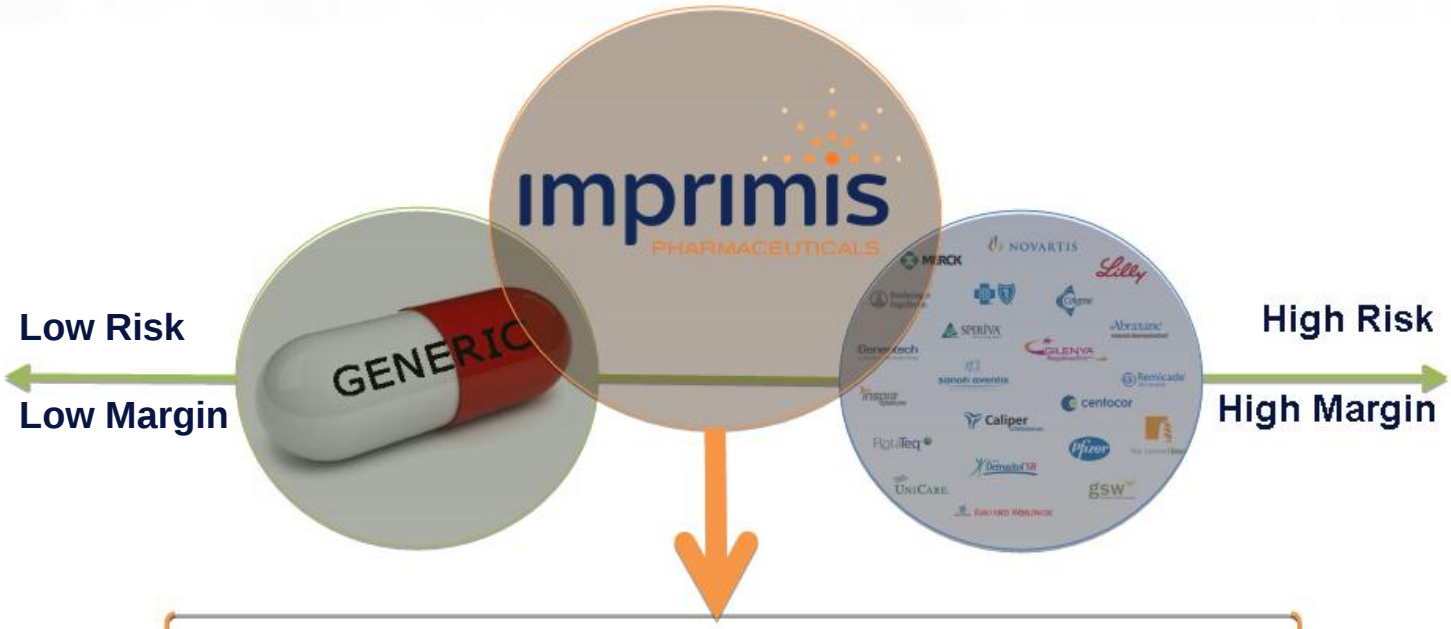
Imprimis Overview

Imprimis Snapshot

- Approx. $19.0M in cash as of 03/31/13
- Nominal debt; no preferred instruments
- Phase 3 topical NSAID pivotal to start in Q3 2013
- Exclusive commercial rights to PCCA development IP
  - 10,000+ drug formulations
  - 10+ drug delivery technologies
  - Vast market “unmet need” database
- Exclusive access to review PCCA member IP
- Experienced science and management teams

Imprimis Overview

Our mission is to develop proprietary drugs using the FDA 505(b)(2) drug development pathway



505(b)(2) … Lower Risk | Higher Margin

Less Development Time & Lower Cost

Application	505(b)(1) NDA	505(b)(2) NDA	505(j) ANDA
New Chemical Entity (NCE)	Yes	**Yes/No (Rely on RLD and Prior Investigation)**	No (RLD is off patent)
New Indication	Yes	**Yes**	No
New Form/Dose	Yes	**Yes**	No

Required Data for Approval	• Complete Pharmacology
	• Complete Preclinical Safety, including long term carcinogenicity in 2 species
	• Complete analytical development and quality manufacturing
	• Complete Phase 1-3 clinical trials
		• **Data from published literature**
		• **FDA findings on efficacy/safety of approved drug/formulation**
		• **Studies to support change**
		  • **Dermal/Eye Safety (topical drugs)**
		  • **Clinical Efficacy/Safety**
		  • **CMC (3 registration batches with stability data)**
			• Bioequivalence

- **505(b)(2) products** can have Orange Book-listed patents, can enjoy 30-month protection against generic competitors; NCE (5 yrs); Orphan Drug (7 yrs); Pediatric Extension (6 mos.)
- **505(b)(2) Development Budget Comparison: $2-7M versus $100M+ for (b)(1)**

Imprimis Development Model

Imprimis Brings *Innovation* from Pharmaceutical Compounders to the >$300B U.S. Pharmaceutical Industry

PCCA Strategic Relationship

- Professional Compounding Centers of America (PCCA) is the largest compounding pharmacy organization in North America

1. Supply chemicals, equipment, accredited training, software, and business/pharmacy consulting assistance

- Over 4,000 pharmacy businesses/chains worldwide
- PCCA relationship gives Imprimis <u>exclusive access</u> to:
    1. Proprietary and proven drug formulations
    2. Proprietary and proven drug delivery technologies (Lipoderm® and others)
    3. Market data (>100,000 inbound calls per year)
    4. Analytics (Eagle Analytics)
    5. Exclusive access to review PCCA member IP
- Our strategic relationship is exclusive
- PCCA invested $4M into Imprimis at $4.80 per share

+

imprimis PHARMACEUTICALS

505(b)(2) Focused Proprietary Drug Pipeline

Imprimis Vision

*Drive **Shareholder Value***

- Monetize vast 505(b)(2) development assets
  - Selectively internal development
  - Partner
  - Out-license

*Improve **Patient Care***

- Novel drug administration
  - Reduce or eliminate negative side effect profiles
  - Increase therapeutic benefit to patients

Monetizing the PCCA Relationship

Step 1: ***Opportunity Matrix***

X-Axis: Drug Administration

Y-Axis: Health Categories

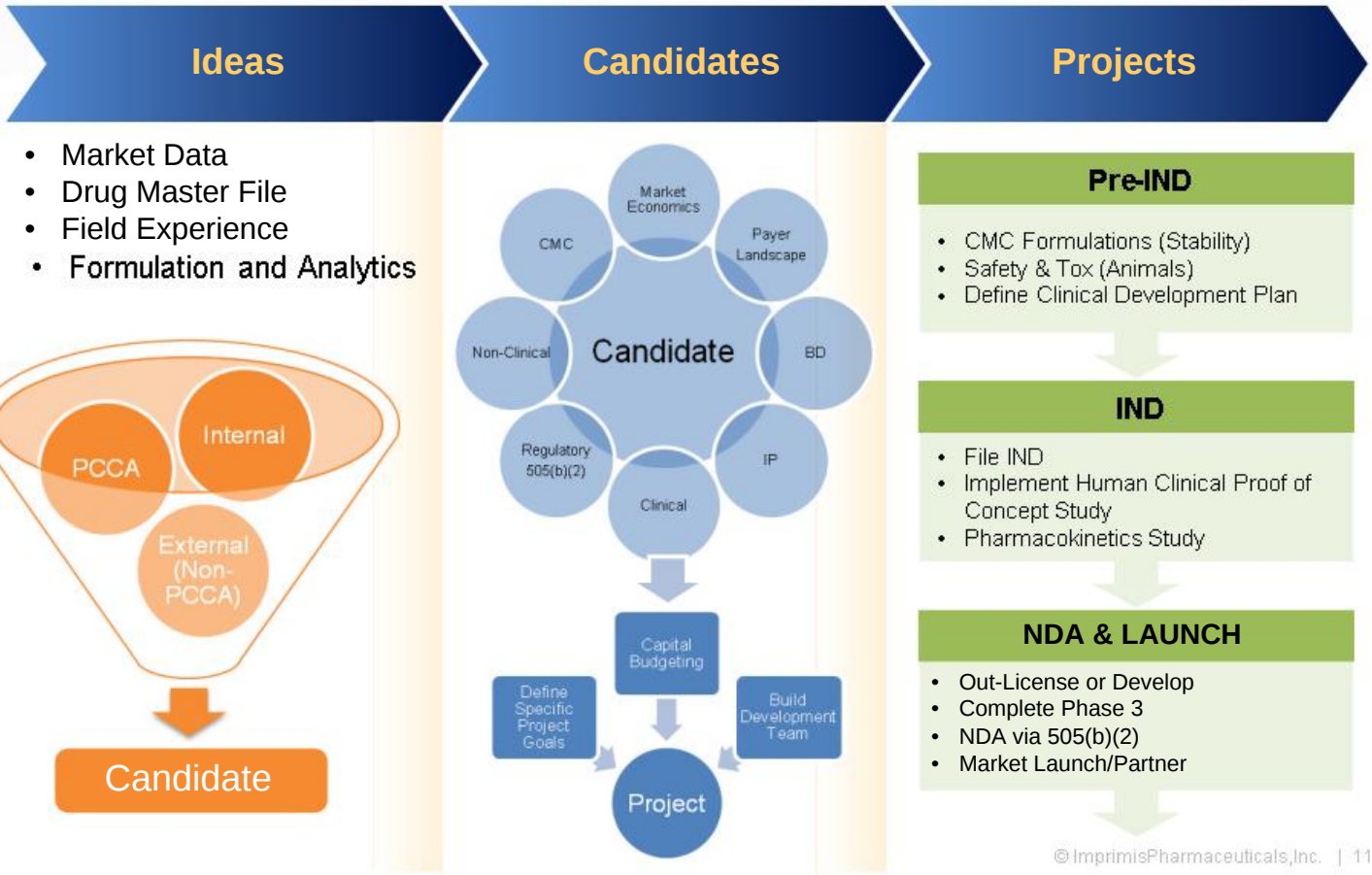
Step 2:

- **IP Considerations**
- **CMC and Drug Master File (DMF)**
- **Regulatory Climate**
- **Market Considerations**
  - Competition
  - Reimbursement Landscape
  - Dollar Size
  - Number of Annual RX
  - Refill Data
- **Trial Design and Execution**

Internally Develop

Partner, Out-License

Imprimis Growth & Development Process



Imprimis Pipeline

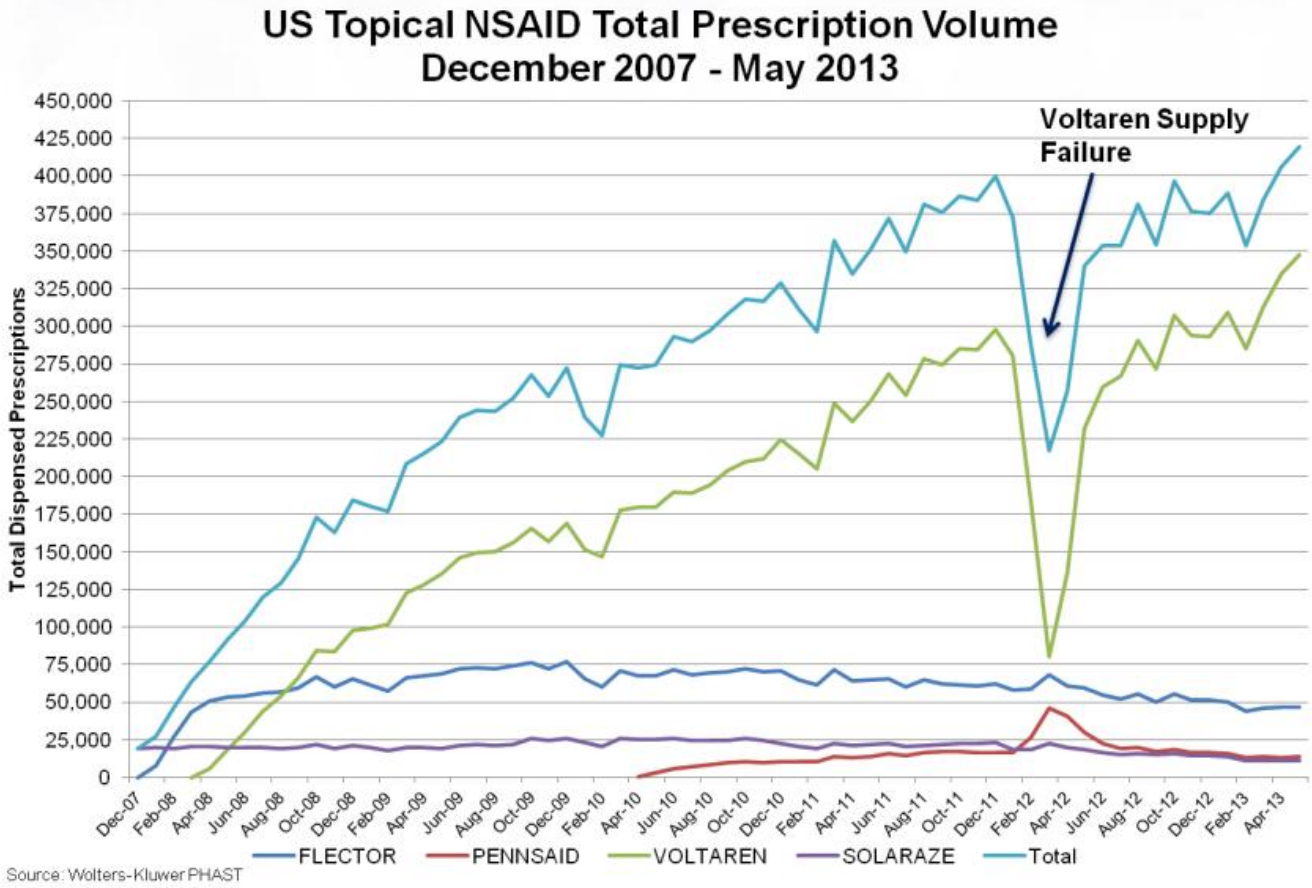
Imprimis Pipeline

Therapeutic Area	Compound	Indication	Market Analysis
PAIN	**IPI110** *Impracor™, Ketoprofen 10% Cream*	Sprains, Strains and Joint Pain	$10B US NSAID Market Transitioning to Topicals due to high incidence of AEs Voltaren Gel has 75% Rx Share Topical NSAID market may exceed $1B by 2015
OPHTHALMOLOGY	**IPI004**** Corticosteroid + Antibiotic	Prophylaxis of Post-Operative Complication following Cataract, Glaucoma, and Retinal Surgery	19M Global Cataract Surgeries (2011); $200-$300/drugs/US surgery Growing Market due to Aging Pop. and Demand to have surgery at an earlier age Combination (single injection) will minimize risk for injury and infection versus multiple injections
WOUND HEALING	**IPI120** Tranexamic Acid + Antibiotic	Topical wound care treatment of genetic and acquired bleeding disorders	$9B Global Bleeding and Clotting Disorders Market $17B US Wound Care Market 7M American suffering from chronic wound, annually
** Imprimis has an exclusive option and right to negotiate to acquire this drug formulation and intellectual property based on substantially prenegotiated terms.			

Additional compounds in late stage assessment are in the therapeutic areas of **Pain and Sexual Dysfunction**

Improving Patient Care:
Impracor™ Phase 3
Topical NSAID

The Topical NSAID Market



Source: Wolters-Kluwer PHAST

The Case for Impracor™

- Market Analysis:
  - The $10B+ US NSAID Market is Transitioning to Topicals
  - Voltaren Gel (1% diclofenac) has ~75% Rx share

Factor	Impracor™	Voltaren®
Delivery Technology	***Patented Accudel™ Micelles***	None; Alcohol
API	***10% Ketoprofen***	1% Diclofenac
COX Selectivity	***Cox 1***	Cox 2
Smell	***Neutral***	Insect Repellant
Tactile	***Smooth***	Greasy

- FDA Guidance: Voltaren™ generics must complete *clinical trials* prior to ANDA
- Despite Suboptimal Products, U.S. Topical NSAID Market is Growing
  - 2016 Topical NSAID Market Possibly >$1B
  - **There is a compelling unmet need for an effective semi-solid NSAID**

Impracor™ Phase 3 Program

Initial Phase 3 Trial

- mITT analysis: *p=0.038*
- Per protocol analysis: *p=0.034*

New Acute Pain Clinical Trials to Achieve FDA Approval

- Two adequate/well controlled acute pain trials (one in label)
- Leading pain trial experts have designed protocol
- Use proprietary tools to reduce placebo effect
- Seek “sprains, strains and joint pain” label
- Could be the only acute pain topical NSAID (if FDA approved)
- OA Flare trial protocol IRB Approved

Phase 3 Clinical Trials Planned - Q3 2013
Trial Data - 1H 2014

Executive Team and Select Financial Data

Management Team Snapshot

Strong operational and management experience within our leadership group
Compensation weighted in equity

Chief Executive Officer: **Mark L. Baum, J.D.**
15+ Years of Senior Executive Experience; **Founder/President**, YesRx.com (1999)
Founder of 3 private investment funds; Restructured numerous companies (private-to-public)
Responsible for Restructuring Imprimis, including ~$24M new equity investment and PCCA transaction

Senior Advisor, Pre-Clinical Services: **Balbir Brar, D.V.M., Ph.D.**
25 Years of Senior Drug Development Experience
Senior Positions: Lederle/Wyeth, SmithKline & Beckman, and Allergan
Drugs: ***Botox,*** Ketorolac (Cataracts), Restasis (Dry Eye), Lumigam, Latisse, Alphagan and ***8*** other drugs

Chief Medical Officer: **Joachim P.H. Schupp, M.D.**
Senior Positions: Ciba-Geigy, Novartis, ProSanos, Adventrx, Apricus Biosciences
Drugs: ***Voltaren line extensions***, Apligraf, Femara, Exjade and Sandoglobulin

VP, Accounting and Public Reporting: **Andrew R. Boll**
8+ years of experience in small capitalization company financial reporting; focus on restructured businesses; Led forensic-type accounting and financial reporting of historical Imprimis records during restructuring

VP, Corporate Development: **Gary Seelhorst, MS, MBA**
15+ years of clinical and corporate development experience with both large-cap pharmaceutical companies (e.g. Eli Lilly and Pfizer) as well as start-up ventures including extensive capital raising, licensing, and M&A transactions

Clinical and Regulatory Team Snapshot

Senior Regulatory Advisor: **Lee S. Simon, M.D.**

FDA Division Director of Analgesic, Anti-Inflammatory & Ophthalmologic Drug Products (2001-2003)
Served on multiple FDA advisory committees; 12 years as an NIH funded investigator
Senior consultant to Pharmacia/Searle on COX-2 development
Two terms on the BOD of the American College of Rheumatology; 110 Original Publications

Senior Clinical Advisor: **Roy D. Altman, M.D.**

Professor of Medicine, Division of Rheumatology/Immunology at UCLA ; 35+ yrs clinical experience
Founding Member/Past President of the Osteoarthritis Research Society International
Chairman for the Design and Conduct of Clinical Trials in Osteoarthritis as well as the Chairman on Clinical Trials in Osteoarthritis; Over 200 juried manuscripts and over 60 books
Edited the 4th edition of *Osteoarthritis: Diagnosis and Management*.
Co-editor:*Seminars in Arthritis and Rheumatism and Editor and Chief of Osteoarthritis and Cartilage*

Senior Clinical Advisor: **Marc C. Hochberg, M.D.**

Faculty, The Johns Hopkins University SOM & University of Maryland SOM
Head of the Division of Rheumatology and Clinical Immunology at University of Maryland SOM
Focus on clinical epidemiology of musculoskeletal diseases, osteoarthritis and osteoporosis
PI of NIH and Dep't Vet. Affairs funded studies, and is a Co-investigator on several other studies

Senior Regulatory Advisor: **Allan M. Green, M.D., PhD, J.D.**

Physician, Attorney, Inventor and Research Scientist
Operating and Management Experience with Numerous Biomedical Companies
Of Counsel to Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.
Teaches *Food and Drug Law* at Boston College Law School

Capital Structure

	Capital Structure March 31, 2013 (Unaudited)	**Percent**
Common Shares	8,888,250	82.72%
Total Restricted Stock Units	200,000	1.86%
Total Options & Warrants - Weighted Avg. Ex. Price $5.42	1,656,258	15.42%
Total Common Shares - Diluted	10,744,508	100.00%

Summary

- **Imprimis is a Company with Vision**
- **Unique Drug Development Model**
- **Near Term Catalysts**
- **Robust and Compelling Development Assets**
- **Key Strategic Relationships**
- **Cash Resources to Execute**
- **Highly Capable Team**

Questions & Discussion

Imprimis Pharmaceuticals, Inc.
Delivering Safe, Effective and Direct Solutions

FOR MORE INFORMATION CONTACT:

Mark L. Baum, J.D.
(858) 433-2816 - Direct
mark@imprimispharma.com

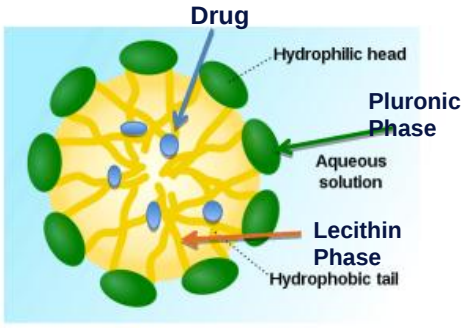
Appendix - Investment Summary & Support

Accudel™ Topical Delivery Technology

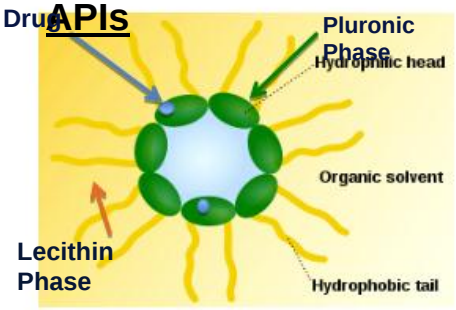
Introduction to Accudel™

Pluronic Lecithin Organogel (PLO) Platform

Lipophillic APIs



Hydrophillic APIs



- **Accudel™ is a cream that "carries" drugs through the skin,** *penetrating to the* ***problem site***
- Pluronic Lecithin Organogel (PLO) drug carrier
- Accommodates different size molecules and large quantities of active drugs
- Works with drugs with different physicochemical properties
- Quickly absorbed and aesthetically pleasing
- Low toxicity and biodegradable; components are non-immunogenic and are "Generally Regarded As Safe" (GRAS) by the US FDA
- Thermodynamically stable, insensitive to moisture and resistant to microbial contamination

Introduction to Accudel™

In Vitro Penetration Data for Impracor™ and European Marketed Products (Fastum®, Ketum®, Oruvail®)

- 63% - 70% of ketoprofen in Impracor that was available for release diffused through the membrane (0.45 m Nylon) of a Franz Cell Apparatus within 4 hours[i].
- (Fastum, Ketum, Oruvail) 2.5% topical ketoprofen were tested in a Franz Cell Apparatus (Silicon membrane). Less than 20% of ketoprofen present in the formulation was made available to diffuse out of the formulation into the receptor phase in the un-ionized form[ii].

i. DPT Study Report TC.0706.01

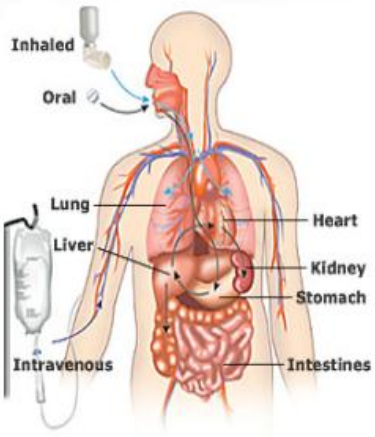
ii. Thesis Tettey-Amlalo, Dec 2005 Faculty of Pharmacy Rhodes University, Grahamstown

Impracor™ Topical NSAID

Competition and Market

The Problem With Oral NSAIDs

Widespread Usage With Serious Side Effects



Fact: Extremely Large Population Uses NSAIDs

- 70 Million prescriptions for NSAIDs each year in US (Wiegard in Medscape)
- Regularly used by more than 60M Americans (Arch Intern Med. 2005;165:171-177)
- 70% of all 65+ Year Olds Take NSAIDs Weekly
- Usage of oral NSAIDs is increasing

Result: Toxicity to Gastro Intestinal (GI) Tract, Kidneys and Liver

- Over 100,000 per year are **hospitalized** from NSAID complications
- Hospitalizations alone cost more than $2B per year
- Over 16,000 **deaths** every year from GI NSAID complications
- NSAID GI Toxicity - the **15th most common cause of death** in US

Solution is to deliver NSAIDs *topically* to the specific site of pain or inflammation

Competitive Landscape

IMPRACOR
(Imprimis)

10% Ketoprofen Cream

Proprietary

Safe / Cutaneous
Elegant Formulation
Convenient / Cream
Accudel Delivery System
Local AEs 1-2%

Seeking label sprains, strains, and joint pain

FLECTOR PATCH
(Pfizer/IBSA)

1.3% Diclofenac epolamine

10 x 14 cm patch
2 x per day

Fixed one size patch
Adherence issues
Not to be worn in water
Local AEs 11%

Acute soft tissue injury (positive data in ankle sprain)

VOLTAREN GEL
(Endo/Novartis)

1% Diclofenac sodium

2-4 gram
4 x per day =
16 grams/day

Large Quantities
Sticky / Greasy
Odor / Staining
Local AEs 7%

Chronic OA of hand and knee

PENNSAID
(Covidien/Nuvo)

1.5% Diclofenac sodium

40 drops of liquid
(10 drops to each of 4 sides of knee)
3-4 x per day =
160 drops/day

Dimethyl sulfoxide (DMSO); Safety concerns
Complicated application
Causes garlic taste/breath
Local AEs 47%

Chronic OA of knee

The Impracor Solution

Ketoprofen is a Superior Active Ingredient

Ketoprofen vs. Ibuprofen

"Meta-analysis of 26 trials (n=2,853) … showed that **Ketoprofen** was significantly better than all other topical NSAIDs. In terms of efficacy, **Ketoprofen** was significantly better than ibuprofen, felbinac, piroxicam and indomethacin."

Topical NSAIDs for acute pain: a meta-analysis
Lorna Mason**, **R Andrew Moore, **Jayne E Edwards**, **Sheena Derry** and **Henry J McQuay***
*BMC Family Practice 2004, **5**:10*

Ketoprofen vs. Diclofenac

The proportion of participants experiencing successful treatment with **topical ketoprofen in seven clinical studies was 73%** (251/346, range 57% to 89%)

The proportion of participants experiencing successful treatment with **topical diclofenac in three clinical studies was 52%** (166/319, range 39% to 92%)

Topical NSAIDs for acute pain in adults.
Massey T, Derry S, Moore RA, McQuay HJ
Cochrane Database Syst Rev. 2010;6:CD007402

Additional Impracor™ Clinical Materials

 | A9

Topical NSAIDs in Acute OA Knee Pain Model

	Ketoprofen 20% Patch (ENDO)	Ketoprofen Transfersome Gel, Diractin™ (IDEA)	Diclofenac Solution Pennsaid™ (Nuvo)
Phase	3	2/3	2
Study Dates	Aug 2006 - May 2007	Jul 2003 - Jan 2004	Jul 2010 - Mar 2011
# of Subjects/ Age	309 / above 18 years	397/ above 40 years	248 / 18 -80 years
Regimen/ Duration	Ketoprofen Patch applied o.d. **4 weeks**	110 mg ketoprofen b.i.d. (n=138) **6 weeks** (1 placebo capsule b.i.d. 100 mg celecoxib capsule b.i.d.)	1.3 mL applied to front, back and sides of knee b.i.d. (n=84) Vehicle and placebo controlled **4 weeks**
Selection	Diagnosis of knee (unilateral or bilateral), CRO: PPD	Morning stiffness < 30', crepitus, at least 3 on Likert's 5 point scale, not on NSAIDS	Patients using NSAIDs underwent a 1-week washout **This was a non-flare study**
Primary Endpoint	WOMAC (pain) week 2	WOMAC (pain) week 6•	WOMAC (pain) week 4
Secondary Endpoints	Pain Intensity/ relief (diary) WOMAC (function), Rescue Medication, quality of sleep, lost days of work. Pat./Phys. global assessment	WOMAC (function)-week 6. Patient global assessment (5 Point Likert)•	WOMAC (stiffness) , WOMAC (function), WOMAC (pain on walking) - - week 4 Patient global assessment Pain assessment 11 point scale
Conclusions	**ITT Primary Endpoint met**: Significant differences vs placebo (p=0.014). All secondary endpoints met. Previously **two Phase 3 sprain/strain trials failed, program discontinued.** *ENDO 10Q 2007*	WOMAC pain LS mean reduction - 18.2 (-22.1 to -14.3), -20.3 (-24.3 to -16.2) and -9.9 (-13.9 to -5.8) osteoarthritis (p <0.01) All WOMAC subscale scores were normalized to a scale of 0 to 100 by dividing the sum subscale score by the number of questions of each score. *Ann Rheum Dis. 2007; 66(9): 1178-83.* **Swissmedic approval** based on **single study**	WOMAC pain reduction (5-Point Likert) from baseline (-3.9 [- 4.8 to -2.9]) compared with vehicle -control solution (-2.5 [- 3.3 to -1.7]; p = 0.023) or the placebo solution (-2.5 [-3.3 to -1.7]; p = 0.016). *CMAJ • AUG. 17, 2004; 171 (4)* **5 Phase 3 trials have achieved all 3 primary end points in OA.**

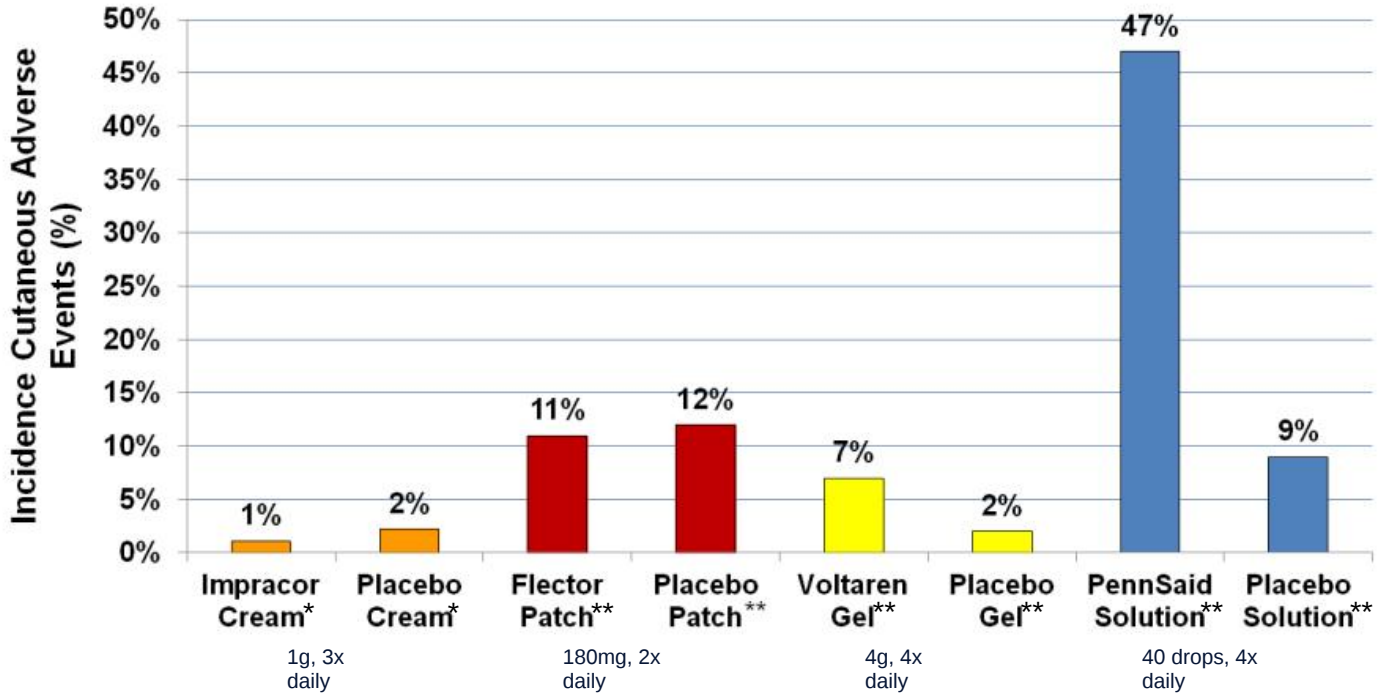
Initial Phase 3 Trial

Sprain-Strain Soft Tissue Study

Design:	**Randomized, double-blind, placebo-controlled at 26 sites**
Study Population:	**Efficacy, n = 361** Uncomplicated acute soft tissue injuries Ankle (n=97), Shoulder (n=87), Knee (n=59), Wrist (n=57), Elbow (n=30), Calf/Anterior Tibialis (n=11), Hamstring/Quadriceps (n=8), Forearm (n=5), Biceps/Triceps (n=3), Hand (n=3) **Safety, n = 364** Ranging in age from 18 - 75 years
Key Entry Criteria:	Injury occurred within ***72 hours***, pain intensity ≥ 60mm on 100 mm Visual Analogue Scale (VAS); no intake of unallowable medication
Dosing Regimen:	***Impracor vs. Placebo*** (Vehicle) cream, **1g t.i.d. x 7 days**
Primary Endpoint:	Change from baseline in **pain intensity during daily activities on Day 3** office visit (+1, +2 days) with 100 mm VAS measurement
Secondary Endpoints:	• Change from baseline in three times daily pain intensity immediately prior to medication • Various other treatment satisfaction and safety assessments • Pharmacokinetics in subset of patients

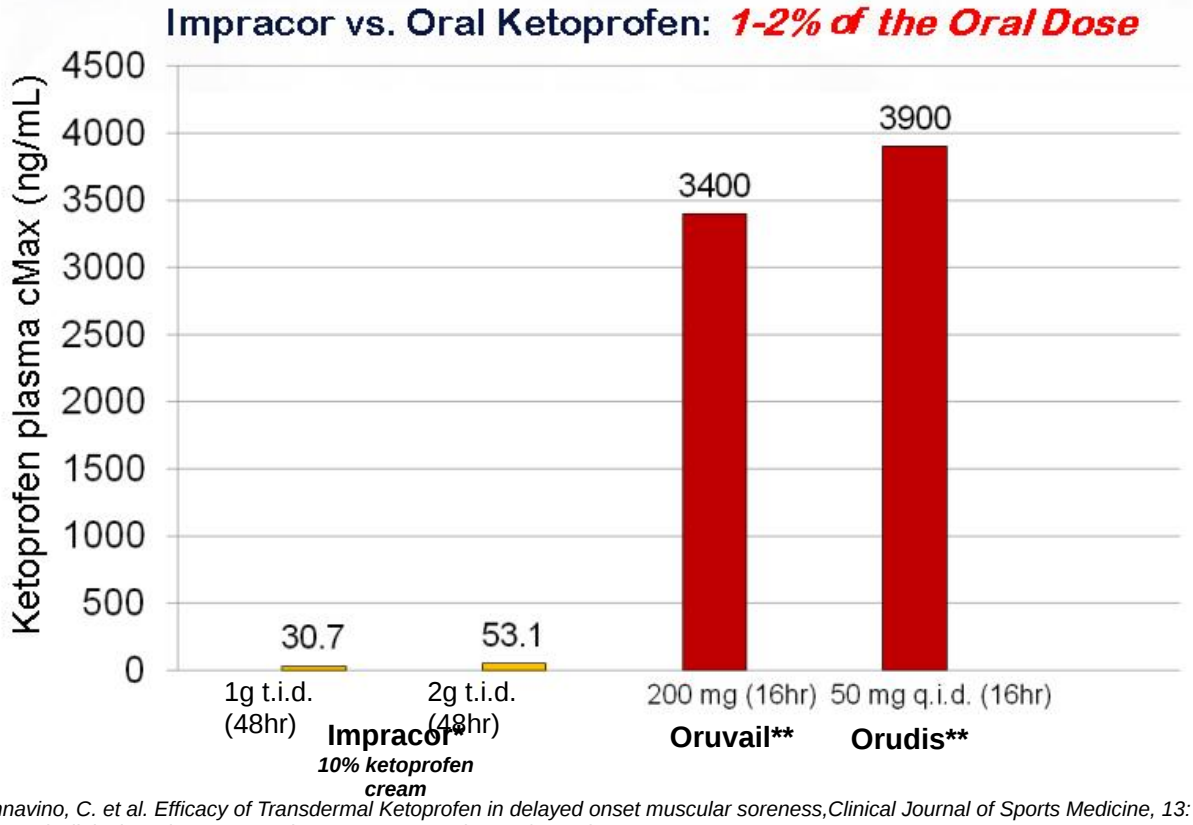
Safety: Low Incidence of Adverse Events

- **No related gastrointestinal (GI), cardiac, liver, or other serious AEs**
- **Low incidence of cutaneous AEs**



* Clinical Study Report: TDLP-110-001, September 2010
** Prescribing Information for Flector Patch, Voltaren Gel and Pennsaid Solution

Pharmacokinetics: Low Systemic Absorption



** Cannavino, C. et al. Efficacy of Transdermal Ketoprofen in delayed onset muscular soreness,Clinical Journal of Sports Medicine, 13: 200-208, 2003 and Clinical Study Report Project No. 990808, Phase 1/2 Study Report Aug 2007*

***Orudis ketoprofen extended release capsule/ Oruvail capsule prescription information*

Additional Corporate Information

Board of Directors

Robert J. Kammer, D.D.S. (Co-Founder)

Active Clinical Research & Consulting Practice; Diplomate, American Board of Orofacial Pain
Retired Associate Professor & Course Director - Orofacial Pain, University of Colorado

Mark L. Baum, J.D. (Co-Founder)

15+ Years of Senior Executive Experience
Founder of 3 private investment funds; Restructured numerous companies (private-to-public)
Responsible for Restructuring Imprimis, including $24M New Equity Investment and PCCA transaction

Paul Finnegan, M.D., M.B.A.

Senior Positions: Avalon Ventures, Alexion, Pharmacia/Searle); Univ. of Chicago MBA
Drugs: ***Celebrex***, Bextra, Arthrotec, Soliris, Inspra and Aldactone/Soldactone

Jeff Abrams, M.D.

Director since 1998; Co-developer of Accudel drug delivery technology and Impracor topical NSAID

Stephen Austin, C.P.A.

Audit Committee Chairman; Significant BOD Experience; Partner, Swenson Advisors, LLP since May 1998
Manages audit, SEC, Sarbanes-Oxley and business consulting engagements with a focus on technology, manufacturing, service, real estate, social media and non-profit organizations

Gus S. Bassani, Pharm.D

Shareholder in PCCA; Vice-President of Consulting, R&D and Formulations at PCCA
Member of the 2010 - 2015 United States Pharmacopeia (USP) Council of Experts

Balance Sheet

(Unaudited and Abbreviated)

ASSETS	March 31, 2013
Current Assets	
Cash and short term investments	$ 19,029,031
Other assets	217,540
TOTAL ASSETS	$ 19,246,579
LIABILITIES AND STOCKHOLDERS' EQUITY	
Accounts payable and other accruals	$ 848,549
TOTAL LIABILITIES	848,549
Stockholder's Equity	
Common stock, $0.001 par value, 395,000,000 shares authorized, 8,888,250 shares issued and outstanding	8,888
Additional paid-in capital	43,958,891
Deficit accumulated during the development stage	(25,569,749)
TOTAL STOCKHOLDERS' EQUITY	18,398,030
TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY	$ 19,246,579