DEF	PARTMENT OF HE	ALTH AND HUMAN SE	RVICES	
	FOOD AND DE	RUG ADMINISTRATION		12.2.2
DISTRICT ADDRESS AND PHONE NUMBER 555 Winderley Place, Suite 200 Maitland, FL 32751		7/	DATE(S) OF INSPECTION 7/12-15/16	
(407) 475-4700 Fax:(407) 475-4768 Industry Information: www.fda.gov/oc/industry			3012384835	
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS TO: Alex (NMI) Chervinsky, Preside				
FIRM NAME Sincerus Florida, LLC		street address 3265 W McNab Road		
ctry, state, zip code, country Pompano Beach, FL 33069	TYPE ESTABLISHM Outsourcing F			
information to FDA at the address above dress above. The labels of your outsourcing facility'				
The date the drug was compounded, o statement "Office use only" are not on not contain the aforementioned: I. Item# (0 (a)) - ROSACEA SILICOP POTASSIUM AZELOYL DIGLYCIN	your drug product l	abels. For example, labe CTIN 1% / METRONID	Is for the following drug p	roducts do
2. Item# (b)(a) CONAZOLE 1% / TERBINAFINE 4%	IL SOLUTION **	15ML**(FLUCONAZO	LE 4% / IBUPROFEN 2%	/ITRA-
3. Item# (b) (a) ROSACEA SILICO 15%), lot PC060616NP15	NE GEL (NIACINA	AMIDE 2% / POTASSIU	M AZELOYL DIGLYCI	NATE
4. Item# (b) (a) MELASMA EMULS TRETINOIN 0.025%), lot PC0601316	ION (HYDROCOR HH8K4T	TISONE 0.5% / HYDRO	QUINONE 8% / KOJIC .	ACID 4%/
5. Item# (b) (a) -MELASMA EMULS TRETINOIN 0.025% / VITAMIN E 1			OQUINONE 4% / КОЛС	ACID 6% /
Your firm has produced approximately registering as an outsourcing facility of		ct formulations and shipp	ed approximately (b) (4)	units since
SEE REVERSE OF THIS PAGE	form, Lato	STEPHENERO A	westigator	DATE ISSUED 7/15/16 2/15/16
FORM FDA 483 (09/08) PREVIOUS EDITIC PAGES		INSPECTIONAL OBSERVATI		PAGE1 OF 1