

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG PROVIDER
CORPORATION

OK
01/24/11

FEE: \$500.00 (non-refundable and not transferable) - Application must be printed legibly

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New MDEG Ownership Change Name Change Location Change

FACILITY INFORMATION

Facility Name: American HomePatient, Inc.

Physical Address: 5213 LinBar Dr. suite 400 Nashville, TN 37211
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5200 Maryland Way, suite 400

City: Brentwood State: TN Zip Code: 37027

Telephone Number: 866-775-1959 Fax Number: 615-224-2394

E-mail: Jason.Bullock@ahom.com Website: www.ahom.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7:30 to 8 pm Tue: 7:30 to 8 pm Wed: 7:30 to 8 pm Thu: 7:30 to 8 pm
Fri: 7:30 to 8 pm Sat: — to — Sun: — to — Holidays: — to —

FACILITY ADMINISTRATOR INFORMATION (Person who is on site on a daily basis.)

Name: Leslie Sperrazza

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- Medical Gases**
- ~~Respiratory Equipment**~~
- Life-sustaining equipment**
- Diabetic Supplies
- Assistive Equipment
- Parenteral and Enteral Equipment**
- Orthotics and Prosthesis
- Other: CPAP + Bifal Supplies

** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes No If yes please provide name and telephone number of a Nevada contact.

Name: _____ Telephone: _____ Page 1-2010

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1240

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG PROVIDER WHOLESALER CORPORATION

FEE: \$500.00 (non-refundable and not transferable) - Application must be printed legibly

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New MDEG [checked] Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: Astra Tech Inc

Physical Address: 590 Lincoln Street, Waltham MA 02451 (This must be a business address, we can not issue a license to a home address)

Mailing Address: 590 Lincoln Street

City: Waltham State: MA Zip Code: 02451

Telephone Number: 781-890-6800 Fax Number: 781-890-6808

E-mail: ricky.lopez@astratech.com Website: www.astratech.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 8pm Tue: 8am to 8pm Wed: 8am to 8pm Thu: 8am to 8pm Fri: 8am to 8pm Sat: to Sun: to Holidays: to

FACILITY ADMINISTRATOR INFORMATION (Person who is on site on a daily basis.)

Name: Jim Bailey, CFO

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- Medical Gases** Assistive Equipment
Respiratory Equipment** Parenteral and Enteral Equipment**
Life-sustaining equipment** Orthotics and Prosethics
Diabetic Supplies Other: Urinary Catheters

** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes [] No []

Name: Telephone: Page 1-2010

56033
1236

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New MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: CPAP Care Club, LLC

Physical Address: 10840 Carothers Pkwy, Suite 110
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same

City: Franklin State: TN Zip Code: 37067

Telephone Number: 800-487-5564 Fax Number: 800-494-3535

E-mail: asmith@simplexhealthcare.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5

Fri: 8 to 5 Sat: to Sun: to Holidays: to

FACILITY ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)

Name: Andrew Smith

Address: 10840 Carothers Pkwy, Suite 110

City: Franklin State: TN Zip Code: 37067

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- Medical Gases**
- Respiratory Equipment**
- Life-sustaining equipment**
- Diabetic Supplies
- Assistive Equipment
- Parenteral and Enteral Equipment**
- Orthotics and Prosthesis
- CPAP/BiPAP supplies

** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes No If yes please provide name and telephone number of a Nevada contact.

Name: _____ Telephone: _____ Page 1-2010

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1224

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| | | | |
|--|---|--------------------------------------|--|
| New MDEG <input checked="" type="checkbox"/> | Ownership Change <input type="checkbox"/> | Name Change <input type="checkbox"/> | Location Change <input type="checkbox"/> |
|--|---|--------------------------------------|--|

FACILITY INFORMATION

Facility Name: HANGER PROSTHETICS + ORTHOTICS WEST, INC.

Physical Address: 4445 N. 7TH ST.
(This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME

City: PHOENIX State: AZ Zip Code: 85014

Telephone Number: 602-274-3625 Fax Number: 602-274-4310

E-mail: BBOSTOCK@HANGER.COM Website: HANGER.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 to 5 Tue: 8:30 to 5 Wed: 8:30 to 5 Thu: 8:30 to 5

Fri: 8:30 to 5 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

FACILITY ADMINISTRATOR INFORMATION (Person who is on site on a daily basis.)

Name: BRET BOSTOCK

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthetics |
| <input type="checkbox"/> Diabetic Supplies | <input type="checkbox"/> Other: _____ |

** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes No If yes please provide name and telephone number of a Nevada contact.

Name: BRET BOSTOCK Telephone: 602-274-3625 Page 1-2010

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OK
2/15/11

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG WHOLESALER CORPORATION

FEE: **\$500.00** (non-refundable and not transferable) - Application must be printed legibly

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New MDEG Ownership Change Name Change Location Change

FACILITY INFORMATION

Facility Name: Medtronic USA, Inc. DBA Medtronic Heart Valve

Physical Address: 1851 East Deere Avenue Santa Ana CA 92705
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 710 Medtronic Parkway LS245

City: Minneapolis State: MN Zip Code: 55432

Telephone Number: 763-514-1734 Fax Number: 763-514-2439

E-mail: melissa.fatchett@medtronic.com Website: www.medtronic.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7:30 to 5 pm Tue: 7:30 to 5pm Wed: 7:30 to 5pm Thu: 7:30 to 5pm
Fri: 7:30 to 5pm Sat: to Sun: to Holidays: to

FACILITY ADMINISTRATOR INFORMATION) (Person who is on site on a daily basis.)

Name: James Sparks

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment | <input type="checkbox"/> Parenteral and Enteral Equipment |
| <input type="checkbox"/> Life-sustaining equipment | <input type="checkbox"/> Orthotics and Prosethics |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>medical devices & instrumentation</u> |

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56052
1239

NEVADA STATE BOARD OF PHARMACY
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| |
|--|
| New MDEG <input checked="" type="checkbox"/> Ownership Change <input type="checkbox"/> Name Change <input type="checkbox"/> Location Change <input type="checkbox"/> |
|--|

FACILITY INFORMATION

Facility Name: Medtronic USA, Inc.

Physical Address: 4620 North Beach Street
(This must be a business address, we can not issue a license to a home address)

Mailing Address: same

City: Fort Worth State: TX Zip Code: 76137

Telephone Number: 817-788-6400 Fax Number: 817-788-6489

E-mail: Mark.Rainwater@medtronic.com Website: www.medtronic.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00 to 4:30 Tue: 8:00 to 4:30 Wed: 8:00 to 4:30 Thu: 8:00 to 4:30
Fri: 8:00 to 4:30 Sat: to Sun: to Holidays: to

FACILITY ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)

Name: Mark Rainwater

Address: 4620 North Beach Street

City: Fort Worth State: TX Zip Code: 76137

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | <input checked="" type="checkbox"/> Medical device manufacturing and distribution |

** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes No If yes please provide name and telephone number of a Nevada contact.

Name: Mark Rainwater Telephone: 817-788-6400 Page 1-2010

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1225

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New MDEG Ownership Change Name Change Location Change

FACILITY INFORMATION

Facility Name: Medtronic USA, Inc.

Physical Address: 826 Coal Creek Circle
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 826 Coal Creek Circle

City: Louisville State: CO Zip Code: 80027

Telephone Number: 720-890-3279 Fax Number: 720-890-3579

E-mail: mark.layton@medtronic.com Website: www.medtronic.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 am to 5 pm Tue: 8 am to 5 pm Wed: 8 am to 5 pm Thu: 8 am to 5 pm
Fri: 8 am to 5 pm Sat: to Sun: to Holidays: to

FACILITY ADMINISTRATOR INFORMATION) (Person who is on site on a daily basis.)

Name: Mark Layton

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment | <input type="checkbox"/> Parenteral and Enteral Equipment |
| <input type="checkbox"/> Life-sustaining equipment | <input type="checkbox"/> Orthotics and Prosethics |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>medical devices & instrumentation</u> |

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56060
1241

NEVADA STATE BOARD OF PHARMACY

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New MDEG [checked] Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: Monitor Medical, Inc
Physical Address: 12705 S. Kirkwood Rd Ste 203
Mailing Address: P.O. Box 2527
City: Sugar Land State: TX Zip Code: 77487
Telephone Number: 281-240-7222 Fax Number: 281-240-2383
E-mail: donna.hill@monitormedical.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 5pm Tue: 9am to 5pm Wed: 9am to 5pm Thu: 9am to 5pm
Fri: 9am to 5pm Sat: 9am to 1pm Sun: Closed Holidays: Closed

FACILITY ADMINISTRATOR INFORMATION (Person who is on site on a daily basis.)

Name: Donna Hill

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- Medical Gases** Assistive Equipment
Respiratory Equipment** Parenteral and Enteral Equipment**
Life-sustaining equipment** Orthotics and Prosthesis
Diabetic Supplies Other: CPAP/BiPAP/Oxygen

** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes [] No [x] If yes please provide name and telephone number of a Nevada contact.

Name: _____ Telephone: _____ Page 1-2010

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| |
|--|
| New MDEG <input checked="" type="checkbox"/> Ownership Change <input type="checkbox"/> Name Change <input type="checkbox"/> Location Change <input type="checkbox"/> |
|--|

FACILITY INFORMATION

Facility Name: Park Street Health Services, LLC

Physical Address: 1000 Brickell Ave., Suite 1000
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1000 Brickell Ave., Suite 1000

City: Miami State: FL Zip Code: 33131

Telephone Number: (305) 400-8338 Fax Number: (305) 397-2809

E-mail: mmiller@parkstreethealth.com Website: www.parkstreethealth.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 5pm Tue: 9am to 5pm Wed: 9am to 5pm Thu: 9am to 5pm
Fri: 9am to 5pm Sat: Closed to Sun: Closed to Holidays: Closed to

FACILITY ADMINISTRATOR INFORMATION

Name: Malik Miller

Address: 1000 Brickell Ave, Suite 1000

City: Miami State: FL Zip Code: 33131

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|---|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies | |

** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes No If yes please provide name and telephone number of a Nevada contact.

Name: _____ Telephone: _____ Page 1-2010

56081
1243

NEVADA STATE BOARD OF PHARMACY
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APPLICATION FOR OUT-OF-STATE MDEG PROVIDER
CORPORATION

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New MDEG Ownership Change Name Change Location Change

FACILITY INFORMATION

Facility Name: RGH Enterprises, Inc., known in CA as HHI Enterprises, Inc.

Physical Address: 8595 Milliken Avenue, Suite #101, Rancho Cucamonga, CA 91730
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1810 Summit Commerce Park

City: Twinsburg State: OH Zip Code: 44087

Telephone Number: 866-528-2161 Fax Number: 330-405-6697

E-mail: rghlicensure@rghent.com Website: www.indemed.com; www.edgepark.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30AM to 5:00PM Tue: 8:30AM to 5:00PM Wed: 8:30AM to 5:00PM Thu: 8:30AM to 5:00PM
Fri: 8:30AM to 5:00PM Sat: to Sun: to Holidays: to

FACILITY ADMINISTRATOR INFORMATION

Name: Kevin Mace

Address: 8595 Milliken Avenue, Suite #101

City: Rancho Cucamonga State: CA Zip Code: 91730

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|---|--|
| <input type="checkbox"/> Medical Gases | <input checked="" type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment | <input checked="" type="checkbox"/> Parenteral and Enteral Equipment |
| <input type="checkbox"/> Life-sustaining equipment | <input type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

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56021
1232

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG PROVIDER CORPORATION

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New MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: Cal City Medical Supply, Inc. DBA: Smart Remedies

Physical Address: 8048 California City Blvd. California City, CA 93505
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 8048 California City Blvd.

City: California City State: CA Zip Code: 93505

Telephone Number: (760) 373-9238 Fax Number: (760) 373-9239

E-mail: maxlevineis@gmail.com Website: www.smartremedies.org

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 4pm Tue: 9am to 4pm Wed: 9am to 4pm Thu: 9am to 4pm
Fri: 9am to 4pm Sat: CLOSED to Sun: CLOSED to Holidays: CLOSED to

FACILITY ADMINISTRATOR INFORMATION

Name: Max Levine

Address: 1733 NW 79th Ave

City: Coral Gables State: FL Zip Code: 33114

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- Medical Gases
- Respiratory Equipment
- Life-sustaining equipment
- Diabetic Supplies
- Assistive Equipment
- Parenteral and Enteral Equipment
- Orthotics and Prosthesis Non customized
- Other: MISC. DME SUPPLIES

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1223

NEVADA STATE BOARD OF PHARMACY
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| | | | |
|--|---|--------------------------------------|--|
| New MDEG <input checked="" type="checkbox"/> | Ownership Change <input type="checkbox"/> | Name Change <input type="checkbox"/> | Location Change <input type="checkbox"/> |
|--|---|--------------------------------------|--|

FACILITY INFORMATION

Facility Name: Symbius Medical, LLC

Physical Address: 427 W. Universal Circle
(This must be a business address, we can not issue a license to a home address)

Mailing Address: same

City: Sandy State: Utah Zip Code: 84070

Telephone Number: (801) 576-8888 Fax Number: (801) 255-9090

E-mail: nfranklin@symbiusmedical.com Website: www.symbiusmedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8A to 5P Tue: 8A to 5P Wed: 8A to 5P Thu: 8A to 5P

Fri: 8A to 5P Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

FACILITY ADMINISTRATOR INFORMATION (Person who is on site on a daily basis.)

Name: Joan Whiting

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|--|
| <input type="checkbox"/> Medical Gases** | <input checked="" type="checkbox"/> Assistive Equipment (<u>rehab</u>) |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | <input type="checkbox"/> Other: _____ |

** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes No If yes please provide name and telephone number of a Nevada contact.

Name: _____ Telephone: _____ Page 1-2010

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1231

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| |
|--|
| New MDEG <input checked="" type="checkbox"/> Ownership Change <input type="checkbox"/> Name Change <input type="checkbox"/> Location Change <input type="checkbox"/> |
|--|

FACILITY INFORMATION

Facility Name: TOTAL MOBILITY & MODIFICATION SERVICES
Physical Address: 719 PROGRESS WAY SANFORD, FL 32771
(This must be a business address, we can not issue a license to a home address)
Mailing Address: same as above
City: _____ State: _____ Zip Code: _____
Telephone Number: 407-~~330~~⁵⁷⁴-6429 Fax Number: 407 330-6426
E-mail: zack.craft@go-tmms.com Website: www.go-tmms.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8A to 5P Tue: 8A to 5P Wed: 8A to 5P Thu: 8A to 5P
Fri: 8A to 5P Sat: 2hr to Sun: 2hr to Holidays 2hr to

FACILITY ADMINISTRATOR INFORMATION (Person who is on site on a daily basis.)

Name: Zack Craft

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input checked="" type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | <input type="checkbox"/> Other: _____ |

** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes No If yes please provide name and telephone number of a Nevada contact.

Name: _____ Telephone: _____ Page 1-2010

55988
1234

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
CORPORATION

OK
 2/15/11

FEE \$500.00 (non-refundable and not transferable)
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New Pharmacy Ownership Change Name Change Location Change
 (Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Bond Pharmacy Inc. dba Advanced Infusion Solutions

Physical Address: 132 Fairmont Street, Suite B

Mailing Address: 132 Fairmont Street, Suite B

City: CLINTON State: MS Zip Code: 39056

Telephone Number: 601-988-1700 Fax Number: 601-988-1701

Toll Free Number: 877-443-4006

E-mail: chuck@advancedinfusionsolutions.com Website: www.advancedinfusionsolutions.com

Managing Pharmacist: CHARLES R. BELL, JR License Number: T8267

Hours of Operation:

Monday thru Friday 8:30 am 5:00 pm Saturday 8:00 am 12:00 pm
 Sunday — am — pm 24 Hours Pharmacist on call
24/7

TYPE OF PHARMACY

SERVICES PROVIDED

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Out of State
- Ambulatory Surgery Center

- Off-site Cognitive Services
- Parenteral
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care

Board Use Only

Received: FEB 10 2011 Check Number: 213 Amount: 500.00

56057
 3307

NEVADA STATE BOARD OF PHARMACY
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CORPORATION

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New Pharmacy Ownership Change _____ Name Change _____ Location Change _____
 (Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: ALL IN ONE PHARMACY, INC.
 Physical Address: 24404 S. VERMONT AVE. SUITE # 310
 Mailing Address: 24404 S. VERMONT AVE. SUITE # 310
 City: HARBOR CITY State: CA Zip Code: 90710
 Telephone Number: (310) 530-6100 Fax Number: (310) 530-3794
 Toll Free Number: (866) 255-6663
 E-mail: EGONZALEZ@ALLIN1PHARMACY.COM Website: ALLIN1PHARMACY.COM
 Managing Pharmacist: GAVIN HENDRICK YEE License Number: NV: 11115 CA: RPH 45536

Hours of Operation:

Monday thru Friday 9:00 am 6:00 pm Saturday CLOSED am _____ pm
 Sunday CLOSED am _____ pm 24 Hours NO

TYPE OF PHARMACY

SERVICES PROVIDED

| | |
|--|--|
| <input checked="" type="checkbox"/> Retail | <input type="checkbox"/> Off-site Cognitive Services |
| <input type="checkbox"/> Hospital (# beds _____) | <input type="checkbox"/> Parenteral |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Parenteral (outpatient) |
| <input type="checkbox"/> Nuclear | <input type="checkbox"/> Outpatient/Discharge |
| <input checked="" type="checkbox"/> Out of State | <input checked="" type="checkbox"/> Mail Service |
| <input type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> Long Term Care |

Board Use Only
 Received: JAN 19 2011 Check Number: CC Amount: 500.00

55808
3272

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
CORPORATION

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: DCI Pharmacy - Kansas City

Physical Address: 650 Carondelet Dr.

Mailing Address: 650 Carondelet Dr.

City: Kansas City State: MO Zip Code: 64114

Telephone Number: 816-941-2162 Fax Number: 816-941-2635

Toll Free Number: 866-383-9333

E-mail: misty.lee@dciinc.org Website: _____

Managing Pharmacist: Misty-Anne Lee License Number: MO 2006023981

Hours of Operation:

Monday thru Friday 8 am 5 pm Saturday _____ am _____ pm
Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|--|--|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Off-site Cognitive Services |
| <input type="checkbox"/> Hospital (# beds _____) | <input type="checkbox"/> Parenteral |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Parenteral (outpatient) |
| <input type="checkbox"/> Nuclear | <input type="checkbox"/> Outpatient/Discharge |
| <input checked="" type="checkbox"/> Out of State | <input checked="" type="checkbox"/> Mail Service |
| <input type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> Long Term Care |

Board Use Only

Received: JAN 24 2011 Check Number: 956 Amount: 500.00

55825
3281

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
CORPORATION

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

| |
|---|
| New Pharmacy <input checked="" type="checkbox"/> Ownership Change <input type="checkbox"/> Name Change <input type="checkbox"/> Location Change <input type="checkbox"/> (Please provide current license number if making changes: PH _____) |
|---|

GENERAL INFORMATION

Pharmacy Name: General Home Pharmacy

Physical Address: 755 Lakefield Road, Suite D, Westlake Village, CA 91361

Mailing Address: _____

City: Westlake Village State: CA Zip Code: 91361

Telephone Number: 877-447-4276 Fax Number: 888-414-0666

Toll Free Number: 800-661-5727

E-mail: georges@ghprx.com Website: _____

Managing Pharmacist: George Suarez License Number: 57387

Hours of Operation:

Monday thru Friday 9 am 5 pm Saturday on-call am pm
Sunday on-call am pm 24 Hours

TYPE OF PHARMACY

SERVICES PROVIDED

| | |
|--|--|
| <input checked="" type="checkbox"/> Retail | <input type="checkbox"/> Off-site Cognitive Services |
| <input type="checkbox"/> Hospital (# beds _____) | <input type="checkbox"/> Parenteral |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Parenteral (outpatient) |
| <input type="checkbox"/> Nuclear | <input type="checkbox"/> Outpatient/Discharge |
| <input checked="" type="checkbox"/> Out of State | <input checked="" type="checkbox"/> Mail Service |
| <input type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> Long Term Care |

Board Use Only

Received: FEB 03 2011 Check Number: 323 Amount: 500.00

55948
3296

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
CORPORATION

FEE \$500.00 (non-refundable and not transferable)
 Application must be printed legibly

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy Ownership Change _____ Name Change _____ Location Change _____
 (Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: MyVetDirect.com
 Physical Address: 5200 Anthony Road, Suite C
 Mailing Address: _____
 City: Sandston State: VA Zip Code: 23150
 Telephone Number: 866-345-5338 Fax Number: 804-743-5509
 Toll Free Number: 866-345-5338
 E-mail: kukauwa@ButlerSchein.com Website: www.myvetdirect.com
 Managing Pharmacist: Ken Ukauwa License Number: 0202-209734

Hours of Operation:

Monday thru Friday 8:00 am 4:30 pm Saturday closed am _____ pm
 Sunday closed am _____ pm 24 Hours NA

TYPE OF PHARMACY

SERVICES PROVIDED

| | |
|--|--|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Off-site Cognitive Services |
| <input type="checkbox"/> Hospital (# beds _____) | <input type="checkbox"/> Parenteral |
| <input checked="" type="checkbox"/> Internet | <input type="checkbox"/> Parenteral (outpatient) |
| <input type="checkbox"/> Nuclear | <input type="checkbox"/> Outpatient/Discharge |
| <input checked="" type="checkbox"/> Out of State | <input checked="" type="checkbox"/> Mail Service |
| <input type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> Long Term Care |

Board Use Only

Received: JAN 24 2011 Check Number: 825 Amount: 500.00

10K

55826
3284

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE CORPORATION

FEE \$500.00 (non-refundable and not transferable)
 Application must be printed legibly

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy _____ Ownership Change Name Change Location Change
 (Please provide current license number if making changes: PH02547)

GENERAL INFORMATION

Pharmacy Name: Vets First Choice
 Physical Address: 14333 S. Hwy 31 Ste E105
 Mailing Address: 14333 A Hwy 31 Ste E105
 City: Hendron State: NV Zip Code: 68028
 Telephone Number: 402-332-3689 Fax Number: 402-332-3687
 Toll Free Number: 1-866-356-6214
 E-mail: pharmacy@vetsfirstchoice.com Website: vetsfirstchoice.com
 Managing Pharmacist: Jennifer O'Grady License Number: 11562

Hours of Operation:

Monday thru Friday 9 am 5 pm Saturday 9 am 3 pm *on call*
 Sunday - am - pm 24 Hours -

TYPE OF PHARMACY

SERVICES PROVIDED

| | |
|--|--|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Off-site Cognitive Services |
| <input type="checkbox"/> Hospital (# beds _____) | <input type="checkbox"/> Parenteral |
| <input checked="" type="checkbox"/> Internet | <input type="checkbox"/> Parenteral (outpatient) |
| <input type="checkbox"/> Nuclear | <input type="checkbox"/> Outpatient/Discharge |
| <input checked="" type="checkbox"/> Out of State | <input checked="" type="checkbox"/> Mail Service |
| <input type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> Long Term Care |

Board Use Only
 Received: JAN 11 2011 Check Number: 1049 Amount: 500.00

55783
3257

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane -- Reno, NV 89509 -- (775) 850-1440
**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
CORPORATION**

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler Ownership Change Name Change Location Change
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: ADSO Pharmaceuticals
Physical Address: 7930 ARJONS DR. - Suite A
Mailing Address: _____
City: San Diego State: CA Zip Code: 92126
Telephone Number: (858) 566-6990 Fax Number: (858) 566-9590
Toll Free Number: _____
E-mail: adoinc@aol.com Website: adopharmaceuticals.com
Facility Manager: Joseph M. Schlimmer
Professional qualifications and experience of facility manager: Has been in business for over 25 yrs. Wholesale Pharmaceutical products

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: _____

Board Use Only

Received: FEB 03 2011 Check Number: 386 Amount: 500.00

55969
2056

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
CORPORATION

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

| |
|--|
| New Wholesaler <input checked="" type="checkbox"/> Ownership Change _____ Name Change _____ Location Change _____ (Please provide current license number if making changes: WH _____) |
|--|

GENERAL INFORMATION

Facility Name: Allied Medical Supply, Inc.

Physical Address: 901 Old Mars Hill Highway, Suite #5

Mailing Address: 901 Old Mars Hill Highway, Suite #5

City: Weaverville State: NC Zip Code: 28787

Telephone Number: 828.645.8606 Fax Number: 305.604.1802

Toll Free Number: _____

E-mail: aminnuto@alliedmedicalsupply.com Website: www.alliedmedicalsupply.com

Facility Manager: Richard Swirski

Professional qualifications and experience of facility manager: Please see attached

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers

Type of Products to be handled or wholesaled:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA) Parenterals
 Other: _____

Licensed as a Manufacturer by the FDA? Yes No, If yes include a copy of the FDA registration.

| |
|--|
| Board Use Only |
| Received: <u>FEB 03 2011</u> Check Number: <u>130</u> Amount: <u>545.⁰⁰</u> |

55945
2059

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
CORPORATION

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler Ownership Change Name Change Location Change
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Amgen USA, Inc.

Physical Address: Road 31, Km. 24.6, Juncos, PR 00777

Mailing Address: PO Box 4060

City: Juncos State: PR Zip Code: 00777

Telephone Number: 787.916.2000 Fax Number: 787.916.6373

Toll Free Number: N/A

E-mail: cmgarcia@amgen.com Website: www.amgen.com

Facility Manager: Carlos Garcia

Professional qualifications and experience of facility manager: Has worked in drug distribution since 1988

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers

Type of Products to be handled or wholesaled:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA) Parenterals
 Other: _____

Licensed as a **Manufacturer** by the FDA? Yes No, If yes include a copy of the FDA registration.

Board Use Only

Received: FEB 02 2011 Check Number: 3025 Amount: 500.00

55946
2058

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE CORPORATION

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

| | | | |
|---|---|--------------------------------------|--|
| New Wholesaler <input checked="" type="checkbox"/> | Ownership Change <input type="checkbox"/> | Name Change <input type="checkbox"/> | Location Change <input type="checkbox"/> |
| (Please provide current license number if making changes: WH _____) | | | |

GENERAL INFORMATION

Facility Name: A.R. MEDICOM INC.

Physical Address: 4049 ALLEN STATION ROAD

Mailing Address: 4049 ALLEN STATION ROAD

City: AUGUSTA State: GA Zip Code: 30906

Telephone Number: 706-790-3227 Fax Number: 706-793-9866

Toll Free Number: —

E-mail: krice@medicom.ca Website: www.medicom.ca

Facility Manager: TIMOTHY WAYNE RICE

Professional qualifications and experience of facility manager: see resume and additional letter enclosed

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers

Type of Products to be handled or wholesaled:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices | <input type="checkbox"/> Hypodermic Devices |
| <input type="checkbox"/> Poisons or Chemicals | <input type="checkbox"/> Veterinary Legend Drugs |
| <input type="checkbox"/> Controlled Substances (include copy of DEA) | <input type="checkbox"/> Parenterals |
| <input type="checkbox"/> Other: _____ | |

Licensed as a Manufacturer by the FDA? Yes No, If yes include a copy of the FDA registration.

| | | | |
|---|-----------------|--------------------------|-----------------------|
| Board Use Only JAN 1 st 2011 | Received: _____ | Check Number: <u>955</u> | Amount: <u>500.00</u> |
|---|-----------------|--------------------------|-----------------------|

55807
2046

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane • Reno, NV 89509 • (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE CORPORATION

FEE \$500.00 (non-refundable and not transferable)
Application must be typed or printed legibly

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler

Ownership Change Name Change

(Please provide current license number if making changes: WH _____)

FACILITY INFORMATION

Facility Name: Benco Dental Supply Co

Physical Address: 3424 Centennial DR

Mailing Address: 3424 Centennial DR STE 150

City: FORT WAYNE State: IN Zip Code: 46808

Telephone Number: 260-471-1714 Fax Number: 570-602-4903

E-mail: CMURRAY@Benco.com

Facility Manager: Carl Murray

Professional qualifications and experience of facility manager: _____
(see attached document)

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other _____

Type of Products to be handled or wholesaled by firm

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA certificate)
 Other _____

Board Use Only

Received FEB 16 2011 Check Number 657 Amount 500.00

VAWD

56079
2174

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane • Reno, NV 89509 • (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE CORPORATION

OK
07/11
2/15/11

FEE \$500.00 (non-refundable and not transferable)
Application must be typed or printed legibly

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

| | |
|---|--|
| New Wholesaler <input checked="" type="checkbox"/> | Ownership Change <input type="checkbox"/> Name Change <input type="checkbox"/> |
| (Please provide current license number if making changes: WH _____) | |

FACILITY INFORMATION

Facility Name: Benco Dental Supply Co
Physical Address: 295 Center Point Blvd.
Mailing Address: 295 Center Point Blvd.
City: Pittston State: PA Zip Code: 18640
Telephone Number: 570-602-6924 Fax Number: 570-602-4903
E-mail: JSoroka@Benco.com
Facility Manager: Robert Foote
Professional qualifications and experience of facility manager: _____
(see attached Decent)

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other _____

Type of Products to be handled or wholesaled by firm

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA certificate)
 Other _____

| | | |
|-----------------------|-------------|--|
| Board Use Only | | |
| Received | FEB 15 2011 | Check Number <u>563</u> Amount <u>500.00</u> |

VAWD

56055

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
PARTNERSHIP

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

| |
|---|
| New Wholesaler <input checked="" type="checkbox"/> Ownership Change <input type="checkbox"/> Name Change <input type="checkbox"/> Location Change <input type="checkbox"/> (Please provide current license number if making changes: WH _____) |
|---|

GENERAL INFORMATION

Facility Name: Tyco Healthcare Group LP d/b/a Covidien
Physical Address: 4651 East Francis Street, Ontario, CA 91761
Mailing Address: 15 Hampshire Street
City: Mansfield State: MA Zip Code: 02048
Telephone Number: 508-261-6327 Fax Number: 508-261-8461
Toll Free Number: N/A
E-mail: Kiley.Herrick@Covidien.com Website: www.Covidien.com
Facility Manager: James A. Hendricks
Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

- Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: _____

| |
|--|
| Board Use Only Received: <u>FEB 06 2011</u> Check Number: <u>971</u> Amount: <u>500.00</u> |
|--|

55991
2065

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
CORPORATION

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler Ownership Change Name Change Location Change
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Diplomat Specialty Pharmacy
Physical Address: 4100 S. Saginaw Street
Mailing Address: 4100 S. Saginaw Street
City: Flint State: MI Zip Code: 48507
Telephone Number: 810.768.9000 Fax Number: 810.230.0123
Toll Free Number: 888.720.4450
E-mail: jrowe@diplomapharmacy.com Website: diplomapharmacy.com
Facility Manager: Jeffrey M. Rowe
Professional qualifications and experience of facility manager: see attached

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers

Type of Products to be handled or wholesaled:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA) Parenterals
 Other: _____

Licensed as a Manufacturer by the FDA? Yes No, If yes include a copy of the FDA registration.

Board Use Only

Received: JAN 27 2011 Check Number: 457 Amount: 500.00

55858
2051

OK
att
2/15/11

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
CORPORATION

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

| |
|--|
| New Wholesaler <input checked="" type="checkbox"/> Ownership Change _____ Name Change _____ Location Change _____ (Please provide current license number if making changes: WH _____) |
|--|

GENERAL INFORMATION

Facility Name: Edwards Lifesciences, LLC

Physical Address: One Edwards Way

Mailing Address: T&D MS-24

City: Irvine

State: CA

Zip Code: 92614

Telephone Number: 949-250-2500

Fax Number: 949-250-2525

Toll Free Number: 1-800-424-3278

E-mail: pat_milbank@edwards.com

Website: http://www.edwards.com

Facility Manager: Froilan (Jojo) Bugay

Professional qualifications and experience of facility manager: Global Supply Chain & Logistics - Distribution Manager - Please see Resume attached.

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

- Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: _____

Board Use Only

Received: FFR 1 2011 Check Number: 277 Amount: 500.00

PT

56030
2071

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
CORPORATION

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

OK
2/11/11

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

| |
|--|
| New Wholesaler <input checked="" type="checkbox"/> Ownership Change <input type="checkbox"/> Name Change <input type="checkbox"/> Location Change <input type="checkbox"/> |
| (Please provide current license number if making changes: WH _____) |

GENERAL INFORMATION

Facility Name: Edwards Lifesciences Technology SARL, LLC

Physical Address: State Road 402 Nrth, Km 1.4

Mailing Address: _____

City: Anasco State: PR Zip Code: 00610-1577

Telephone Number: 787-229-5429 Fax Number: 787-826-8336

Toll Free Number: _____

E-mail: federico_babilonia@edwards.com Website: http://www.edwards.com

Facility Manager: Federico Babilonia

Professional qualifications and experience of facility manager: Global Supply Chain & Logistics - Distribution Manager - Please see Resume attached.

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

- Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: _____

| |
|---|
| Board Use Only |
| Received: <u>FEB 14 2011</u> Check Number: <u>278</u> Amount: <u>500.00</u> |

PT

56031
2070

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE CORPORATION

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

OK
2/15/11

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

| | | | |
|---|---|--------------------------------------|--|
| New Wholesaler <input checked="" type="checkbox"/> | Ownership Change <input type="checkbox"/> | Name Change <input type="checkbox"/> | Location Change <input type="checkbox"/> |
| (Please provide current license number if making changes: WH _____) | | | |

GENERAL INFORMATION

Facility Name: Heel Inc.

Physical Address: 10421 Research Road SE

Mailing Address: 10421 Research Road SE

City: Albuquerque State: NM Zip Code: 87123

Telephone Number: (505) 293-3843 Fax Number: (505) 291-1454

Toll Free Number: 1-800-621-7644

E-mail: info@heelusa.com Website: www.heelusa.com

Facility Manager: Thierry Montfort

Professional qualifications and experience of facility manager: (See Attached Resume for Thierry Montfort)

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers

Type of Products to be handled or wholesaled:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices | <input type="checkbox"/> Hypodermic Devices |
| <input type="checkbox"/> Poisons or Chemicals | <input type="checkbox"/> Veterinary Legend Drugs |
| <input type="checkbox"/> Controlled Substances (include copy of DEA) | <input type="checkbox"/> Parenterals |
| <input type="checkbox"/> Other: _____ | |

Licensed as a Manufacturer by the FDA? Yes No, If yes include a copy of the FDA registration. (See Attached)

| | | |
|------------------------------|--------------------------|-----------------------|
| Board Use Only | | |
| Received: <u>FEB 14 2011</u> | Check Number: <u>287</u> | Amount: <u>500.00</u> |

56039
2069

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
CORPORATION

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler Ownership Change Name Change Location Change
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Owens + Minor HEALTHCARE Logistics
Physical Address: 1651 California Street, Suite C, Redlands, CA 92374
Mailing Address: 6201 Global Distribution Way, Suite 101, Louisville, KY 40228
City: - State: - Zip Code: -
Telephone Number: 909.801.8046 Fax Number: 909.801.8049
Toll Free Number: n/a
E-mail: dwayne.caick@owens-minor.com Website: OMHCL.COM
Facility Manager: EFREM HAWKINS
Professional qualifications and experience of facility manager: resume attached

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers

Type of Products to be handled or wholesaled:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA) Parenterals
 Other: _____

Licensed as a Manufacturer by the FDA? Yes No, If yes include a copy of the FDA registration.

Board Use Only

Received: FEB 07 2011 Check Number: 448 Amount: 500.00

10-K

55913
2060

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane -- Reno, NV 89509 -- (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE CORPORATION

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler Ownership Change Name Change Location Change
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Prodigy Health Supplier Corporation

Physical Address: 9417 Brodie Lane Austin, TX 78748

Mailing Address: -same-

City: _____ State: _____ Zip Code: _____

Telephone Number: 512-693-4376 Fax Number: 512-693-4067

Toll Free Number: 877-693-4376

E-mail: MBullock@phscorporation.com Website: www.phscorporation.com

Facility Manager: Ty Dishman

Professional qualifications and experience of facility manager: VP of Operations, Ty Dishman oversees all day to day aspects of distributing, receiving and storing pharmaceuticals.

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers

Type of Products to be handled or wholesaled:

- Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA) Parenterals
 Other: _____

Licensed as a Manufacturer by the FDA? Yes No, If yes include a copy of the FDA registration.

Board Use Only

Received: IAN 11 2011 Check Number: 281 Amount: 500.00

VAWD

55798
2039

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
PARTNERSHIP

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Tyco Healthcare Group LP

Physical Address: 110 Kendall Park Lane, Atlanta, GA 30336

Mailing Address: 15 Hampshire Street

City: Mansfield State: MA Zip Code: 02048

Telephone Number: 508-261-6327 Fax Number: 508-261-2461

Toll Free Number: N/A

E-mail: Kiley.Herrick@Covidien.com Website: www.covidien.com

Facility Manager: Kenneth R. Tripp

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

- Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: _____

Board Use Only
Received: FEB 09 2011 Check Number: 971 Amount: 500.⁰⁰

55994
2068

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
PARTNERSHIP

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

| | | | |
|---|---|--------------------------------------|--|
| New Wholesaler <input checked="" type="checkbox"/> | Ownership Change <input type="checkbox"/> | Name Change <input type="checkbox"/> | Location Change <input type="checkbox"/> |
| (Please provide current license number if making changes: WH _____) | | | |

GENERAL INFORMATION

Facility Name: Tyco Healthcare Group LP

Physical Address: Two Ludlow Park Drive, Chicopee, MA 01022

Mailing Address: 15 Hampshire Street

City: Mansfield State: MA Zip Code: 02048

Telephone Number: 508-261-6324 Fax Number: 508-261-8461

Toll Free Number: N/A

E-mail: Kiley.Herrick@Covidien.com Website: www.covidien.com

Facility Manager: Tom Gatesman

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

- | | | | |
|--|---|---|---|
| <input checked="" type="checkbox"/> Pharmacies | <input checked="" type="checkbox"/> Practitioners | <input checked="" type="checkbox"/> Hospitals | <input checked="" type="checkbox"/> Wholesalers |
| <input type="checkbox"/> Other: _____ | | | |

Type of Products to be handled or wholesaled by firm:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices | <input type="checkbox"/> Hypodermic Devices |
| <input type="checkbox"/> Poisons or Chemicals | <input type="checkbox"/> Veterinary Legend Drugs |
| <input type="checkbox"/> Controlled Substances (include copy of DEA) | |
| <input type="checkbox"/> Other: _____ | |

| | | |
|-----------------------|---|-----------------------|
| Board Use Only | Received: <u>FEB 09 2011</u> Check Number: <u>971</u> | Amount: <u>500.00</u> |
|-----------------------|---|-----------------------|

55992
2066

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane -- Reno, NV 89509 -- (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
PARTNERSHIP

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Tyco Healthcare Group LP

Physical Address: 815 Tek Drive, Crystal Lake, IL 60039

Mailing Address: 15 Hampshire Street

City: Mansfield State: MA Zip Code: 02048

Telephone Number: 508-261-6327 Fax Number: 508-261-8461

Toll Free Number: N/A

E-mail: Kiley.Herrick@covidien.com Website: www.covidien.com

Facility Manager: Brian Kostka

Professional qualifications and experience of facility manager: see attached resume

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: _____

Board Use Only

Received: FEB 09 2011 Check Number: 971 Amount: 500

55990
2064

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
PARTNERSHIP

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

| | | | |
|---|---|--------------------------------------|--|
| New Wholesaler <input checked="" type="checkbox"/> | Ownership Change <input type="checkbox"/> | Name Change <input type="checkbox"/> | Location Change <input type="checkbox"/> |
| (Please provide current license number if making changes: WH _____) | | | |

GENERAL INFORMATION

Facility Name: Tyco Healthcare Group LP
Physical Address: 1313 West Grant Boulevard, Wabasha, MN 55981
Mailing Address: 15 Hampshire Street
City: Mansfield State: MA Zip Code: 02048
Telephone Number: 508-261-6327 Fax Number: 508-261-8461
Toll Free Number: N/A
E-mail: kiley.herrick@covidien.com Website: www.covidien.com
Facility Manager: Greg Rudy
Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

- Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: _____

| | | |
|------------------------------|--------------------------|-----------------------|
| Board Use Only | | |
| Received: <u>FEB 09 2011</u> | Check Number: <u>971</u> | Amount: <u>500.00</u> |

55993
2067

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE CORPORATION

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

OK
2/15/11

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Vet Brands International, INC

Physical Address: 10467 N. Commerce Parkway

Mailing Address: (Same)

City: Miramar State: FL Zip Code: 33025

Telephone Number: 954-392-8072 Fax Number: 954-392-8076

Toll Free Number: 800-766-7543

E-mail: ron@vetbrands.com Website: www.vetbrands.com

Facility Manager: John Honeycutt - President ; BS in chemistry + Biology

Professional qualifications and experience of facility manager: 33 yrs. in Animal Health & Nutrition Market; 20 yrs with Vet Brands.

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Veterinarians

Type of Products to be handled or wholesaled:

- Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA) Parenterals
 Other: Veterinary OTC

Licensed as a Manufacturer by the FDA? Yes No, If yes include a copy of the FDA registration.

Board Use Only

Received: FEB 16 2011 Check Number: 685 Amount: 500.00

56054
2073

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane • Reno, NV 89509 • (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE
NON PUBLICLY TRADED CORPORATION

FEE \$500.00 (non-refundable and not transferable)
 Application must be printed legibly

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy Ownership Change Name Change Location Change
 (Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: BOULDER CITY OUTPATIENT SURGERY CENTER
 Physical Address: 901 ADAMS BLVD STE 103, BOULDER CITY, NV 89005
 Mailing Address: 2110 E. FLAMINGO RD STE 109
 City: LAS VEGAS State: NV Zip: 89119
 Telephone Number: 702-369-1657 Fax Number: 702-733-7269
 Toll Free Number: _____ E-mail: thernando@surgerycentersn.com
 Managing Pharmacist: MARY GREAR License Number: 10687

Hours of Operation:

Monday thru Friday 6 am 5 pm Saturday _____ am _____ pm
 Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|--|--|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Off-site Cognitive Services |
| <input type="checkbox"/> Hospital (# beds __) | <input type="checkbox"/> Parenteral |
| <input type="checkbox"/> Correctional (# inmates __) | <input type="checkbox"/> Parenteral (outpatient) |
| <input type="checkbox"/> Nuclear | <input checked="" type="checkbox"/> Outpatient/Discharge |
| <input type="checkbox"/> Out of State | <input type="checkbox"/> Mail Service |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Long Term Care |

NO MEDS SENT W/PATIENTS
 PRESCRIPTIONS FOR
 PATIENTS ONLY.

TASC

Board Use Only

Received FEB 10 2011 Check Number 1005 Amount 500.00

56053
3309