

**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: Home Care Services, Inc.

Physical Address: 55 Liberty Street, Metuchen, NJ 08840

Mailing Address: 55 Liberty Street

City: Metuchen State: NJ Zip Code: 08840

Telephone Number: (732) 906-9201 Fax Number: (732) 632-3260

Toll Free Number: (800) 383-8393

E-mail: wmolokie@kabafusion.com Website: www.homeservicesinc.org

Managing Pharmacist: Walter Molokie License Number: NJ: 28RI01799400

**Hours of Operation:**

Monday thru Friday 8:30 am 5:00 pm Saturday On Call am \_\_\_\_\_ pm  
Sunday On Call am \_\_\_\_\_ pm 24 Hours \_\_\_\_\_

**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 0 2011 Check Number: 9036 Amount: 500.00

55 989  
3300

**OWNERSHIP IS A CORPORATION**

State of Incorporation: New Jersey

Parent Company if any: Kabafusion Holdings, LLC

Corporation Name: Home Care Services, Inc.

Mailing Address: 55 Liberty Street

City: Metuchen State: NJ Zip: 08840

Telephone: (732) 906-9201 Fax: (732) 632-3260

License Contact Person: Stacie Neroni, Esq. - (310) 551-8124

Professional Compliance Contact Person: Walter Molokie

**Ownership Information – Complete Section 1 or 2  
Do not use N/A in this section – Section 1 or 2 must be completed.**

Section 1: List the corporations four largest shareholders:  
(Name and percentage of ownership)

1. Kabafusion Holdings, LLC %: 100

2. \_\_\_\_\_ %: \_\_\_\_\_

3. \_\_\_\_\_ %: \_\_\_\_\_

4. \_\_\_\_\_ %: \_\_\_\_\_

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: \_\_\_\_\_

Registration number issued: \_\_\_\_\_

Stock Exchange: \_\_\_\_\_

List any physician shareholders and percentage of ownership:

N/A \_\_\_\_\_

\_\_\_\_\_

If corporation is a subsidiary, list name and state of incorporation of the parent corporation and include a list officers.

Kabafusion Holdings, LLC, Florida (See attached for list of officers)


Within the last five (5) years:

- 1) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes  No
- 2) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes  No
- 3) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes  No
- 4) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes  No
- 5) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes  No

If the answer to any question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

  
\_\_\_\_\_  
Signature of owner or executive officer

1-28-2011  
\_\_\_\_\_  
Date

Sohail Masood, CEO  
\_\_\_\_\_  
Print or Type name and title

CORPORATE STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA


I, Sohail Masood

Corporate Officer of Home Care Services, Inc.

hereby acknowledge and understand that in addition to the corporation's responsibilities, my fellow officers and I, as corporate officers of said corporation, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporate officers may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

  
Signature

1-28-2011  
Date



CHRIS CHRISTIE  
Governor

KIM GUADAGNO  
Lt. Governor

# New Jersey Office of the Attorney General

Division of Consumer Affairs  
Board of Pharmacy  
124 Halsey Street, 6<sup>th</sup> Floor, Newark, NJ 07102



PAULA T. DOW  
Attorney General

SHARON M. JOYCE  
Acting Director

## VERIFICATION OF LICENSURE Pharmacy

November 01 -2010

California State Board Of Pharmacy  
1625 North Market Blvd. N219  
Sacramento, CA 95834

Mailing Address:  
P.O. Box 45013  
Newark, NJ 07101  
(973) 504-6450

<i>Name:</i>	<i>Home Care Services, Inc.</i>
<i>License Status:</i>	<i>28RS00669700</i>
<i>Issue:</i>	<i>05-14-2007</i>
<i>Expiration Date:</i>	<i>06-30-2011</i>
<i>Obtained By:</i>	<i>Application</i>
<i>Disciplinary:</i>	<i>Yes</i>
<i>License Status:</i>	<i>Active</i>

*Joanne Boyer*

Joanne Boyer Rph, Executive Director of  
The New Jersey State Board of Pharmacy



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