

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG PROVIDER 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 MDEG <input checked="" type="checkbox"/>	Ownership Change <input type="checkbox"/>	Name Change <input type="checkbox"/>	Location Change <input type="checkbox"/>
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FACILITY INFORMATION

Facility Name: AMERICAN MEDICAL SUPPLIES, INC.
Physical Address: 751 PARK OF COMMERCE DRIVE #126 BOCA RATON, FL. 33486
(This must be a business address, we can not issue a license to a home address)
Mailing Address: P.O. Box 294009
City: BOCA RATON State: FL Zip Code: 33429-4009
Telephone Number: 561-362-7105 Fax Number: 561-367-7775
E-mail: GARY@AMSDIABETIC.COM Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

Name: GARY M. JANSON

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 | <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. MAIL ORDER SUPPLIES ONLY

Name: _____ Telephone: _____ Page 1-2010

56405
1264

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 _____	Ownership Change <input checked="" type="checkbox"/>	Name Change <input checked="" type="checkbox"/>	Location Change _____	MP00729
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FACILITY INFORMATION

Facility Name: Apria Healthcare, Inc.

Physical Address: 987 N Main St., Suite 5, Cedar City, UT 84721
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Ruth Bindrup, Attn: Clinical Services-Licensing
26220 Enterprise Court

City: Lake Forest State: CA Zip Code: 92630

Telephone Number: 949-639-2145 Fax Number: 949-639-6376

E-mail: Ruth_Bindrup@apria.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 800 to 500 Tue: 800 to 500 Wed: 800 to 500 Thu: 800 to 500
Fri: 800 to 500 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

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

Name: James Donohue

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

- | | |
|--|---|
| <input checked="" 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 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: Marc Abbott Telephone: 702 730-6345 Page 1-2010

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New MDEG _____ Ownership Change Name Change Location Change MP00730

FACILITY INFORMATION

Facility Name: Apria Healthcare, Inc.

Physical Address: 235 E. 6100 S., Salt Lake City, UT 84107

(This must be a business address, we can not issue a license to a home address)

Ruth Bindrup, Attn: Clinical Services-Licensing

Mailing Address: 26220 Enterprise Court

City: Lake Forest

State: CA

Zip Code: 92630

Telephone Number: 949-639-2145

Fax Number: 949-639-6376

E-mail: Ruth_Bindrup@apria.com

Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00 to 6:00 Tue: 8:00 to 6:00 Wed: 8:00 to 6:00 Thu: 8:00 to 6:00

Fri: 8:00 to 6:00 Sat: to Sun: to Holidays: to

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

Name: Randy DeClue

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: _____

** 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: Marc Abbott

Telephone: 702 730-6345

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New MDEG _____	Ownership Change <input checked="" type="checkbox"/>	Name Change <input checked="" type="checkbox"/>	Location Change _____	MP00671
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FACILITY INFORMATION

Facility Name: Apria Healthcare, Inc.

Physical Address: 1509 S 270 E Ste 9, St George, UT 84790
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Ruth Bindrup, Attn: Clinical Services-Licensing
26220 Enterprise Court

City: Lake Forest State: CA Zip Code: 92630

Telephone Number: 949-639-2145 Fax Number: 949-639-6376

E-mail: Ruth_Bindrup@apria.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 800 to 500 Tue: 800 to 500 Wed: 800 to 500 Thu: 800 to 500
Fri: 800 to 500 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

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

Name: James Donohue

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

- | | |
|--|---|
| <input checked="" 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 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: Marc Abbott Telephone: 702 730-6345 Page 1-2010

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.

Physical Address: 300 Foster Street
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 300 Foster Street

City: Littleton State: MA Zip Code: 01460

Telephone Number: 978-698-6018 Fax Number: 978-698-6090

E-mail: seth.kuzdzal@medtronic.com Website: www.medtronic.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00 to 5:00 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5
Fri: 9 to 5 Sat: to Sun: to Holidays: to

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

Name: Seth Kuzdzal

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 Prosethetics |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>medical devices & instrumentation</u> |

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1248

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG PROVIDER - PARTNERSHIP

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

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New MDEG Provider Ownership Change _____ Name Change _____
(Please provide current license number if making change: MP _____)

FACILITY INFORMATION

Facility Name: NORMATEC INDUSTRIES, LP (dba NormaTec)

Physical Address: 44 GLEN AVENUE, NEWTON CENTER, MA 02459

Mailing Address: 44 GLEN AVENUE

City: NEWTON CENTER State: MA Zip Code: 02459

Telephone Number: (800) 335-0960 Fax Number: (866) 292-2579

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: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

FACILITY ADMINISTRATOR INFORMATION

Name: LAURA F. JACOBS, MD, PhD President, CEO

Address: 44 GLEN AVENUE

City: NEWTON, CENTER State: MA Zip Code: 02459

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

- Medical Gases
- Respiratory Equipment
- Life-sustaining equipment
- Other: Pneumatic Compression Device (E0652); Full Leg and Arm appliances (E0667 & E0668)
- Assistive Equipment
- Parenteral and Enteral Equipment
- Orthotics and Prosthesis

If providing life-sustaining equipment, provide a 24-hour contact number: (_____) N/A

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56356
1258

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New MDEG Ownership Change Name Change Location Change

FACILITY INFORMATION

Facility Name: OXFORD DIABETIC SUPPLY INC

Physical Address: 53 FRONTAGE ROAD SUITE 100, HAMPTON, NJ
(This must be a business address, we can not issue a license to a home address) 08827

Mailing Address: AS ABOVE

City: _____ State: _____ Zip Code: _____

Telephone Number: 877 391 9131 Fax Number: 866 935 0990

E-mail: svitlana@odsnj.com Website: oxforddiabetic.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5

Fri: 9 to 5 Sat: to
CLOSED Sun: to
CLOSED Holidays: to N/A

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

Name: SVITLANA LETKO

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 | <input checked="" type="checkbox"/> Other: <u>Back Brace, Heating Pad, Lift Cush</u> |

** 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: ROBERT FLORES Telephone: 866 216 5308 Page 1-2010

56351
1256

NEVADA STATE BOARD OF PHARMACY
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APPLICATION FOR OUT-OF-STATE MDEG PROVIDER
SOLE OWNER

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New MDEG Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: ONE SOURCE MEDICAL SUPPLY, LLC

Physical Address: 3676 COLLIN DRIVE, SUITE 2, WEST PALM BEACH, FL 33406
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3676 COLLIN DRIVE, SUITE 2

City: WEST PALM BEACH State: FL Zip Code: 33406

Telephone Number: (888) 258-7080 Fax Number: (888) 881-5950 OR (561) 207 781

E-mail: LCHAN@OSMSPL.COM / LINDANCHAN@YANCO.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: / to / Sun: / to / Holidays: _____ to _____

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

Name: STEVEN CAMHI

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 Prosthesis |
| <input checked="" 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

56364
1261

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New MDEG Ownership Change Name Change Location Change

FACILITY INFORMATION

Facility Name: RGH Enterprises, Inc.
Physical Address: 21051 SW 115th Ave. Tualatin, OR 97062
(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: 503-612-7722 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: 9:30AM-5:00PM to to Tue: 9:30AM-5:00PM to to Wed: 9:30AM-5:00PM to to Thu: 9:30AM-5:00PM to to
Fri: 9:30AM-5:00PM to to Sat: to to to Sun: to to to Holidays: to to to

FACILITY ADMINISTRATOR INFORMATION

Name: Timothy Lakritz
Address: 21051 SW 115th Ave.
City: Tualatin State: OR Zip Code: 97062

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 Prosethics |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

Board Use Only
Received MAR 16 2011 Check Number 444 Amount 500 -

56266

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 <input checked="" type="checkbox"/> Ownership Change <input type="checkbox"/> Name Change <input type="checkbox"/> Location Change <input type="checkbox"/>
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FACILITY INFORMATION

Facility Name: TELCARE MEDICAL SUPPLY, Inc.

Physical Address: 150 BAKER AVE. EXT. Sk. 300 CONCORD, MA 01942
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 150 BAKER AVE EXT. Sk. 300

City: CONCORD State: MA Zip Code: 01942

Telephone Number: 978-610-2230 Fax Number: 978-832-1070

E-mail: info@mytelcare.com Website: mytelcare.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5:30pm Tue: 9 to 5:30 Wed: 9 to 5:30 Thu: 9 to 5:30
Fri: 9 to 5:30pm Sat: - to - Sun: - to - Holidays: - to -

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

Name: CARLOS FAmADAS

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 checked="" 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

56357
1260

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG PROVIDER 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: VILLAGE MEDICAL SUPPLIES, INC

Physical Address: 751 PARK OF COMMERCE DRIVE SUITE 122
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 751 PARK OF COMMERCE DRIVE SUITE 122

City: BOLA RATON State: FL Zip Code: 33487

Telephone Number: 561-338-9700 Fax Number: 561-338-8844

E-mail: TIMOTHY@VILLAGEDIABETIC.COM Website: -

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 to 5:00 Tue: 8:30 to 5:00 Wed: 8:30 to 5:00 Thu: 8:30 to 5:00

Fri: 8:30 to 5:00 Sat: - to - Sun: - to - Holidays: - to -

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

Name: TIMOTHY CRACCHIOLO

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 Prosethics
- 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

56406
1265

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

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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: A-Med Health Care

Physical Address: 5302 Rancho Rd

Mailing Address: same

City: Huntington Beach State: CA Zip Code: 92647-2069

Telephone Number: 800 552-2633 Fax Number: 800 992-6331

Toll Free Number: 800 228-3643

E-mail: rx@a-medrx.com Website: www.a-med.com

Managing Pharmacist: George Kridner, IV License Number: 49809

Hours of Operation:

Monday thru Friday 7 am 7 pm Saturday 8 am 4 pm

Sunday on-call am pm 24 Hours on-call

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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Received: MAR 09 2011 Check Number: 141 Amount: 500.00

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

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

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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: Franklin Pharmacy LLC
Physical Address: 361 Mustang Dr Russellville, AL 35654
Mailing Address: 361 Mustang Dr
City: Russellville State: AL Zip Code: 35654
Telephone Number: 256.398.8686 Fax Number: 888-482-1132
Toll Free Number: 888-482-3972
E-mail: opcrx@yahoo.com Website: _____
Managing Pharmacist: Timothy Aaron License Number: AL#10300

Hours of Operation:

Monday thru Friday 8:00am 6:00pm Saturday 8:00 am 2:00pm
Sunday CLOSEDam CLOSEDpm 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 |

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Received: FEB 10 2009 Check Number: 166 Amount: 500.00

56118
3314

NEVADA STATE BOARD OF PHARMACY
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APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
PARTNERSHIP

FEE \$500.00 (non-refundable and not transferable)
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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: High Point Pharmacy
 Physical Address: 800 W. Arbrook #140, Arlington, TX 76015
 Mailing Address: 5500 E. Loop 820 S., Ste 102, Fort Worth, TX 76119
 City: Arlington State: Tx Zip Code: 76015
 Telephone Number: (817) 466-3607 Fax Number: (817) 466-3608
 Toll Free Number: (866) 466-3607
 E-mail: highpoint@receptrx.com Website: www.receptrx.com
 Managing Pharmacist: Loren Beechner License Number: 23741

Hours of Operation:

Monday thru Friday 8:00 am 6:00 pm Saturday — am — pm
 Sunday — am — pm 24 Hours NO

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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Received: FEB 23 2011 Check Number: 559 Amount: 500.00

56117
3315

NEVADA STATE BOARD OF PHARMACY
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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: Homotech Therapies, Inc
 Physical Address: 501 Elmwood Ave. Sharon Hill PA 19079
 Mailing Address: 501 Elmwood Avenue
 City: Sharon Hill State: PA Zip Code: 19079
 Telephone Number: 610-586-5084 Fax Number: (610)586-5088
 Toll Free Number: 877-586-3816
 E-mail: info@homotech-rx.com Website: www.Homotech-rx.com
 Managing Pharmacist: MARK ALAN Strollo License Number: RP031027L

Hours of Operation:

Monday thru Friday 9 am 5:30 pm Saturday 9 am 1 pm
 Sunday oncall 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 checked="" 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 23 2011 Check Number: 926 Amount: 500.00

56119
3316

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: Oncology Plus Inc.

Physical Address: 1070 E Brandon Blvd.

Mailing Address: Same.

City: Brandon State: 81 Zip Code: 33511

Telephone Number: 877-410-0779 Fax Number: 866-833-0595

Toll Free Number: 877-410-0779

E-mail: DMason@OncologyPlus.com Website: OncologyPlus.com

Managing Pharmacist: Maribeth Alexander License Number: PS34148

Hours of Operation:

Monday thru Friday 9 am 7 pm Saturday Closed am _____ pm
 Sunday 3 am 11 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: MAR 16 2011 Check Number: 012 Amount: 500-

56331

3334

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: VETERINARY MART. CORP.

Physical Address: 9500 NW 79 AVE SUITE 4

Mailing Address: _____

City: HIALEAH State: FL Zip Code: 33016

Telephone Number: 305-764-3341 Fax Number: 786-422-6545

Toll Free Number: 877-421-8387 Free FAX: 877-503-8387

E-mail: ALLVETMED.COM@GMAIL.COM Website: WWW.ALLVETMED.COM

Managing Pharmacist: [Signature] License Number: PS37955

Hours of Operation: EDUARDO LOPEZ PHARM Dr. P.I.C.

Monday thru Friday 9:00 am 5:00 pm Saturday 9:00 am 2:00 pm
 Sunday _____ 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 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: MAR 15 2011 Check Number: 425 Amount: 500.00

56222
3330

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: WESTWOOD PHARMACY CLINICAL SERVICES

Physical Address: 5823 PATTERSON AVENUE SUITE A

Mailing Address: 5823 PATTERSON AVENUE

City: RICHMOND State: VA Zip Code: 23226

Telephone Number: 804-288-1933 Fax Number: 804-288-1510

Toll Free Number: 866-996-6379

E-mail: SPAL@WESTWOODPHARMACY.COM Website: _____

Managing Pharmacist: SHUBHRO PAL License Number: 0202204649

Hours of Operation:

Monday thru Friday 8 am 5 pm Saturday 8 am 5 pm
Sunday ~~8~~ 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: MAR 24 2011 Check Number: 307 Amount: 500.00

56394
3352

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: Macoven Pharmaceuticals, LLC
Physical Address: 33219 Forest West Dr.
Mailing Address: same
City: Magnolia State: TX Zip Code: 77354
Telephone Number: 877-622-6836 Fax Number: 832-934-1857
Toll Free Number: 877-622-6836
E-mail: cindyadams@macovenpharma.com Website: www.macovenpharma.com
Facility Manager: Cooper Collins
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: MAR 15 2011 Check Number: 103 Amount: 500.00

PT

56211
2083

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 <input checked="" type="checkbox"/>	Name Change <input checked="" type="checkbox"/>	Location Change _____
(Please provide current license number if making changes: <u>WHD1312</u>)			

GENERAL INFORMATION

Facility Name: Med:Media, LLC

Physical Address: 350 Starke Road, Ste 100, Carlstadt, NJ 07072

Mailing Address: Same as above

City: _____ State: _____ Zip Code: _____

Telephone Number: 201-231-6100 Fax Number: 201-231-6299

Toll Free Number: _____

E-mail: dbourdeau-oscar@med.media.com Website: www.medimedia.com

Facility Manager: Gerri Treacy

Professional qualifications and experience of facility manager: See attachment F

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 checked="" type="checkbox"/> Veterinary Legend Drugs |
| <input checked="" 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		
Received: _____	Check Number: <u>1074</u>	Amount: <u>500.00</u>

VIAWD

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: Professional Hospital Supply Inc.

Physical Address: 42500 Winchester Road

Mailing Address: Same as above

City: Temecula State: CA Zip Code: 92590

Telephone Number: 951-296-2600 Fax Number: 951-296-2622

Toll Free Number: N/A

E-mail: shuber@phsyes.com Website: www.phsyes.com

Facility Manager: David Sevenikar

Professional qualifications and experience of facility manager: Over 17 years experience managing a wholesale facility in the distribution of drugs. Manages 500+ employees in the warehousing and distribution of 100,000 different items, including dangerous drugs. Responsible for training & monitoring of the dangerous drug control program
Types of licensed outlets or authorized persons firm will serve: for his employees and supervisors.

- Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled be 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>JAN 11 2011</u> Check Number: <u>500.</u> Amount: <u>500.00</u>

55784
2040

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 Woodward Ave, LLC -
 Pharmacy Name: DA Innovative Procedural and Surgical Center
 Physical Address: 9920 W. Cheyenne #120 LV NV 89129
 Mailing Address: Same as above
 City: LV State: NV Zip Code: 89129
 Telephone Number: 702-316-2281 (Temp) Fax Number: 702-316-2272 (Temp)
 Toll Free Number: N/A
 E-mail: N/A Website: N/A
 Managing Pharmacist: Mary Grear License Number: _____

Hours of Operation:
 Monday thru Friday 7 am 4 pm Saturday _____ am _____ pm
 Sunday _____ am _____ pm 24 Hours N/A

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 type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

Board Use Only
 Received: MAR 23 2011 Check Number: 148 Amount: 500.00

56396
3357

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 X Location Change _____
(Please provide current license number if making changes: PH 012466)

GENERAL INFORMATION

Pharmacy Name: Sierra Health Mart - Downtown

Physical Address: 501 Ralston St

Mailing Address: _____

City: Reno State: NV Zip Code: 89503

Telephone Number: 775-329-2000 Fax Number: 775-329-6716

Toll Free Number: _____

E-mail: sierra@sierrahm.com Website: www.SierraHealthMart.com

Managing Pharmacist: Charles Edward Boisselle, Jr. License Number: 12486

Hours of Operation:

Monday thru Friday 8:30am 7pm Saturday _____am _____pm
Sunday _____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 type="checkbox"/> Out of State | <input type="checkbox"/> Mail Service |
| <input type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> Long Term Care |

Board Use Only

Received: MAR 28 2011 Check Number: 303 Amount: 500.00

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 X Location Change _____
 (Please provide current license number if making changes: PH 1587)

GENERAL INFORMATION

Pharmacy Name: Sierra Health Mart Pharmacy - Incline Village

Physical Address: 898 TAMAGOF Street

Mailing Address: _____

City: Incline Village State: NV Zip Code: 89451

Telephone Number: 775 831 1133 Fax Number: 775 831 2228

Toll Free Number: 888 244 8761

E-mail: Sierra@takecompounds.com Website: www.sierrahealthmart.com

Managing Pharmacist: BRANT SKANSON License Number: 11148 NV

Hours of Operation:

Monday thru Friday 9 am 6 pm Saturday _____ am _____ pm
 Sunday _____ 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 type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

Board Use Only

Received: MAR 23 2011 Check Number: 303 Amount: 500.00

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 X Location Change _____
(Please provide current license number if making changes: PH 02377)

GENERAL INFORMATION

Pharmacy Name: Sierra HealthMart South
Physical Address: 8040 S. Virginia St #3
Mailing Address: _____
City: Reno State: NV Zip Code: 89511
Telephone Number: 775-853-3500 Fax Number: 775-853-3501
Toll Free Number: 888-882-8801
E-mail: Sierra@sierrahm.com Website: www.SierraHealthMart.com
Managing Pharmacist: David Vasenden License Number: 13914

Hours of Operation:

Monday thru Friday 9 am 6 pm Saturday _____ am _____ pm
Sunday _____ 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 type="checkbox"/> Out of State | <input type="checkbox"/> Mail Service |
| <input type="checkbox"/> Ambulatory Surgery Center | <input checked="" type="checkbox"/> Long Term Care |

Board Use Only

Received: MAR 28 2011 Check Number: 303 Amount: 500.00

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE
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 <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: Walgreens #12488
 Physical Address: 1280 US HIGHWAY 95A N
 Mailing Address: P.O. Box 901, Deerfield, IL 60015
 City: FERNLEY State: NV Zip Code: 89408
 Telephone Number: _____ Fax Number: _____
 Toll Free Number: _____
 E-mail: _____ Website: _____
 Managing Pharmacist: Angel Malabanan License Number: 16245

Hours of Operation:

Monday thru Friday 8 am 10 pm Saturday 9 am 6 pm
 Sunday 10 am 6 pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

Received: FEB 23 2011 Check Number: 857 Amount: 500.00

56125
3317

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
**APPLICATION FOR NEVADA WHOLESALER 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 Wholesaler Ownership Change Name Change Location Change
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Exel Inc

Physical Address: 802 Brierley Way, Suite 105

Mailing Address: _____

City: Sparks State: NV Zip Code: 89431

Telephone Number: 775-353-5802 Fax Number: T80

Toll Free Number: N/A

E-mail: tony.jacobs@exel.com Website: www.exel.com

Facility Manager: Anthony Jacobs

Professional qualifications and experience of facility manager: Typical at Exel
Pharma site - see attached resume / Application to be the Designated
Rep

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) Parenterals
 Other: OTC with Precursors / OTC

Board Use Only

Received: MAR 2 2011 Check Number: 612 Amount: 500

56362
2088

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA WHOLESALER 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 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: MD Logistics, Inc.

Physical Address: 12125 Moya Blvd.

Mailing Address: 12125 Moya Blvd.

City: Reno State: NV Zip Code: 89506

Telephone Number: Pending Fax Number: Pending

Toll Free Number: Pending

E-mail: rgrange@mdlogistics.com Website: www.mdlogistics.com

Facility Manager: Nick Nading

Professional qualifications and experience of facility manager: > 6,000 hours experience working for wholesaler.

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: Sales representatives for clients

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) Parenterals
 Other: _____

Board Use Only	Received: <u>MAR 16 2011</u>	Check Number: <u>181</u>	Amount: <u>500-</u>
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182 45- 56330
2087