

**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: Damco Medical  
Physical Address: 1015 W. 9400 S. Ste # 118 Sandy, UT 84070  
(This must be a business address, we can not issue a license to a home address)  
Mailing Address: 2975 W. Executive Pkwy #158  
City: Lehi State: UT Zip Code: 84043  
Telephone Number: 801-255-5202 Fax Number: 888-816-0880  
E-mail: Stephanie.A@damcoMedical.com Website: damcoMedical.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 Sun: to Holidays: to

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

Name: Stephanie Andelin

**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** | <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: N/A Telephone: \_\_\_\_\_ Page 1-2010

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**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  Name Change  Location Change

**FACILITY INFORMATION**

Facility Name: Comfort Medical, LLC

Physical Address: 4248 NW 120th Avenue, Coral Springs, FL 33065  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4248 NW 120th Avenue

City: Coral Springs State: FL Zip Code: 33065

Telephone Number: (800) 700-4246 Fax Number: (954) 510-2307

E-mail: tim.stocksdate@comfortmedical Website: www.comfortmedicaldirect.com  
direct.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: to Sun: to Holidays: to

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

Name: Timothy L. Stocksdate

**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: Catheters, ostomy products

\*\* 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. N/A

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Page 1-2010

56523  
1278

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG PROVIDER CORPORATION

wholesaler

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: FedEx SupplyChain Systems, Inc.

Physical Address: 5025 Tuggle Road, Memphis, TN 38118-7514 (This must be a business address, we can not issue a license to a home address)

Mailing Address: 5025 Tuggle Road

City: Memphis State: TN Zip Code: 38118-7514

Telephone Number: 901.506.2800 Fax Number: 901.506.2906

E-mail: N/A Website: www.fedex.com/us/supply-chain

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 24 to hrs Tue: 24 to hrs Wed: 24 to hrs Thu: 24 to hrs Fri: 24 to hrs Sat: 24 to hrs Sun: 24 to hrs Holidays: 24 to hrs.

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

Name: Steve Gadd

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: Class I, II & III devices will be distributed but NOT sold

\*\* 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: N/A Telephone: N/A Page 1-2010

516072 1283

**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 <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: FedEx SupplyChain Systems, Inc.  
Physical Address: 31630 E. Raines Road, Memphis, TN 38118-6893  
(This must be a business address, we can not issue a license to a home address)  
Mailing Address: 5025 Tangle Road  
City: Memphis State: TN Zip Code: 38118-7514  
Telephone Number: 901.566.2900 Fax Number: 901.566.2904  
E-mail: N/A Website: www.fedex.com/us/supply-chain

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: 0600 to 2330 Tue: 0600 to 2330 Wed: 0600 to 2330 Thu: 0600 to 2330  
Fri: 0600 to 2330 Sat: 0800 to 1630 Sun: 0800 to 1830 Holidays: 0800 to 1630

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

Name: Raymond (Cecil) Wray

**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"/> Other: <u>Class I, II &amp; III devices will be distributed</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: N/A Telephone: N/A Page 1-2010

but  
NOT  
Sold.

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**NEVADA STATE BOARD OF PHARMACY**  
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New MDEG  Ownership Change  Name Change  Location Change

**FACILITY INFORMATION**

Facility Name: Gordian Medical, Inc.

Physical Address: 17575 Cartwright Rd., Irvine, CA 92614

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

Mailing Address: 17575 Cartwright Rd.

City: Irvine State: CA Zip Code: 92614

Telephone Number: 714-556-0200 Fax Number: 714-556-0300

E-mail: carol.chambers@amtwoundcare.com Website: \_\_\_\_\_

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: 7 to 4 Tue: 7 to 4 Wed: 7 to 4 Thu: 7 to 4

Fri: 7 to 4 Sat:     to     Sun:     to     Holidays:     to    

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

Name: Carol Chambers

**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           | <input checked="" type="checkbox"/> Other: <u>Wound Care Supplies</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: \_\_\_\_\_ Telephone: \_\_\_\_\_

56487

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

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New MDEG  Ownership Change  Name Change  Location Change

**FACILITY INFORMATION**

Facility Name: Medtronic USA, Inc. DBA Medtronic CoreValve, Inc.

Physical Address: 100 Jenner Ste 100 Irvine, CA 92618  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 710 Medtronic Parkway LS245 Attn: Melissa Fatchett

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 am to 5 pm Tue: 7 am to 5 pm Wed: 7 am to 5 pm Thu: 7 am to 5 pm  
Fri: 7 am to 5 pm 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 Prosthesis         |
| <input type="checkbox"/> Diabetic Supplies         | Other: <u>medical devices &amp; instrumentation</u>       |

Board Use Only  
Received APR 18 2011 Check Number 426 Amount 500.00

56536  
1280

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New MDEG X Ownership Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_

**FACILITY INFORMATION**

Facility Name: ORSINI HOME MEDICAL EQUIPMENT INC

Physical Address: 1111 NICHOLAS BLVD ELK GROVE VILLAGE, IL 60007  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1111 NICHOLAS BLVD

City: ELK GROVE VILLAGE State: IL Zip Code: 60007

Telephone Number: 847-734-7373 Fax Number: 847-860-0239

E-mail: ORSINI@ORSINIHC.COM Website: WWW.ORSINIHEALTHCARE.COM

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: 7<sup>30</sup> to 5<sup>30</sup> Tue: 7<sup>30</sup> to 5<sup>30</sup> Wed: 7<sup>30</sup> to 5<sup>30</sup> Thu: 7<sup>30</sup> to 5<sup>30</sup>  
Fri: 7<sup>30</sup> to 5<sup>30</sup> Sat: 9 to 3 Sun: — to — Holidays: — to —

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

Name: HOWARD MANZUK

**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: \_\_\_\_\_

\*\* 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

56673  
1284

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**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: ORTHASSIST, LLC

Physical Address: 28085 N. ASHLEY CIRCLE #101 LIBERTYVILLE, IL 60048  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 28085 N. ASHLEY CIRCLE #101

City: LIBERTYVILLE State: IL Zip Code: 60048

Telephone Number: 847-327-9510 Fax Number: 847-327-9511

E-mail: DMETERS@ORTHASSIST.COM Website: WWW.ORTHASSIST.COM

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: 8 to 6 Tue: 8 to 6 Wed: 8 to 6 Thu: 8 to 6  
Fri: 8 to 6 Sat: N/A Sun: N/A Holidays: N/A

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

Name: RICHARD B. METERS

**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"/> <u>Orthotics</u> and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies           | <input checked="" type="checkbox"/> Other: <u>SPINE STIMULATORS</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: JODI PERALES Telephone: 702-492-9114 Page 1-2010

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**NEVADA STATE BOARD OF PHARMACY**  
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New MDEG X Ownership Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_

**FACILITY INFORMATION**

Facility Name: Spectrum Healthcare Inc  
Physical Address: 1260 Valley Forge Rd, Ste 111 Phoenixville, PA 19460  
(This must be a business address, we can not issue a license to a home address)  
Mailing Address: 1260 Valley Forge Rd, Ste 111  
City: Phoenixville State: PA Zip Code: 19460  
Telephone Number: 888-210-5576 Fax Number: 888-228-4581  
E-mail: bmanderach@spectrumhealthcare.net Website: Spectrumhealthcare.net

**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 - Sun: - to - Holidays: - to -

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

Name: Becky Manderach

**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"/> Other: <u>pneumatic compression pumps</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: \_\_\_\_\_ Telephone: \_\_\_\_\_ Page 1-2010

56522  
1279

**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 <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: NATIONWIDE HOME MEDICAL RETAIL, INC. D/B/A TOGETHERHEALTH  
Physical Address: 1560 SAWGRASS CORPORATE PARKWAY, SUITE 140, SUNRISE, FL 33323  
(This must be a business address, we can not issue a license to a home address)  
Mailing Address: 1560 SAWGRASS CORPORATE PARKWAY, SUITE 140  
City: SUNRISE State: FL Zip Code: 33323  
Telephone Number: 954 641 9800 Fax Number: 888 507-2733  
E-mail: JASON@TOGETHERHEALTH.COM Website: \_\_\_\_\_

**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 \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

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

Name: GREGORY LONTO

**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: <u>UROLOGIC SUPPLIES (FOLEY CATHETERS)</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: \_\_\_\_\_ Telephone: \_\_\_\_\_ Page 1-2010

56902

**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 \_\_\_\_\_ Ownership Change  Name Change  Location Change \_\_\_\_\_  
(Please provide current license number if making changes: PH 01997)

**GENERAL INFORMATION**

Pharmacy Name: Coastal Express Pharmacy, Inc.

Physical Address: 2632 Pacific Avenue

Mailing Address: same as above

City: Long Beach State: CA Zip Code: 90806

Telephone Number: 562 997 2580 Fax Number: 888 988 8575

Toll Free Number: 866 527 7745

E-mail: toan.thai@phlb.org Website: \_\_\_\_\_

Managing Pharmacist: Toan Thai License Number: RPH 4674

**Hours of Operation:**

Monday thru Friday 9 am 530 pm Saturday 9 am 1 pm  
Sunday X am X pm 24 Hours X

**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: MAY 18 2011 Check Number: 1036 Amount: 500.00

**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)  
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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: Confidential Pharmacy Services inc.  
Physical Address: 31 East Santa Anita Ave, Burbank, CA 91502  
Mailing Address: P.O. Box 5065  
City: Glendale State: CA Zip Code: 91221-1065  
Telephone Number: (818) 558-1181 Fax Number: (818) 558-1859  
Toll Free Number: (888) 884-6337  
E-mail: Art@confidentialpharmacy.com Website: www.confidentialpharmacy.com  
Managing Pharmacist: Sevak Olmessekian License Number: RPH 53157

**Hours of Operation:**

Monday thru Friday 9:30 am 5:30 pm      Saturday closed am closed pm  
Sunday closed am closed 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: MAY 16 2011 Check Number: 273 Amount: 500.00

56877

**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
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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: Custom Pharmacy Solutions  
 Physical Address: 2637 Valleydale Road  
 Mailing Address: SAME  
 City: Birmingham State: AL Zip Code: 35244  
 Telephone Number: 205-988-3383 Fax Number: 205-988-3553  
 Toll Free Number: 866-988-3383  
 E-mail: danny@custompharmacy.com Website: NONE  
 Managing Pharmacist: Brandon Thornton License Number: P15661

**Hours of Operation:**

Monday thru Friday 8 am 5 pm CST Saturday PRN am \_\_\_\_\_ pm  
 Sunday PRN 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: MAY 11 2011 Check Number: 482 Amount: 500.00

56823

**NEVADA STATE BOARD OF PHARMACY**  
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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: Phar-Merica  
Physical Address: 8826 N. 23<sup>rd</sup> Ave., Ste. C-2  
Mailing Address: 8826 N. 23<sup>rd</sup> Ave., Ste. C-2  
City: Phoenix State: Az Zip Code: 85021-4154  
Telephone Number: (602) 995-1320 Fax Number: (800) 354-0711  
Toll Free Number: (800) 246-1843  
E-mail: 6x57054@pharmerica.com Website: www.pharmerica.com  
Managing Pharmacist: Bhavesh Soni License Number: 5013212

**Hours of Operation:**

Monday thru Friday \_\_\_\_\_ am \_\_\_\_\_ pm      Saturday \_\_\_\_\_ am \_\_\_\_\_ pm  
Sunday \_\_\_\_\_ am \_\_\_\_\_ pm      24 Hours

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input 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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<b>Board Use Only</b>	Received: <u>MAY 11 2011</u> Check Number: <u>3069</u> Amount: <u>500</u>
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56832

**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: AUBURN PHARMACEUTICAL COMPANY

Physical Address: 1979 S. 4130 W.

Mailing Address: \_\_\_\_\_

City: SALT LAKE CITY State: UT Zip Code: 84104

Telephone Number: 801-886-1522 Fax Number: 801-886-1526

Toll Free Number: n/a

E-mail: amp99@yahoo.com Website: auburngenerics.com

Facility Manager: Daniel Hackley

Professional qualifications and experience of facility manager: Previously warehouse manager for Cardinal Drug in Utah.

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 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.

<b>Board Use Only</b>		
Received: <u>MAY 11 2011</u>	Check Number: <u>414</u>	Amount: <u>500.00</u>

56828

**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: Boehringer Ingelheim Vetmedica, Inc.

Physical Address: 141 East Riverside Drive

Mailing Address: Same as above

City: Fort Dodge State: Iowa Zip Code: 50501

Telephone Number: 515-955-4600 Fax Number: 515-302-2063

Toll Free Number: \_\_\_\_\_

E-mail: Christine.nostrom@boehringer-ingelheim.com Website: WWW.bi-vetmedica.com

Facility Manager: Jill Eckardt

Professional qualifications and experience of facility manager: See attached resume for Jill Eckardt.

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies       Practitioners       Hospitals       Wholesalers  
Distributors

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) Veterinary       Parenterals  
 Other: \_\_\_\_\_

Licensed as a Manufacturer by the FDA?  Yes  No, If yes include a copy of the FDA registration. - See "Drug Firm Annual Registration Status" enclosed with this packet.

**Board Use Only**

Received: APR 21 2011 Check Number: 576 Amount: 500.00

56634  
2103

**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 _____)
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**GENERAL INFORMATION**

Facility Name: BRIAN UNLIMITED DISTRIBUTION COMPANY (DBA) (BUNCO, INC)  
Physical Address: 13700 OAKLAND AVENUE  
Mailing Address: Same As Above  
City: HIGHLAND PARK State: MT Zip Code: 48203  
Telephone Number: 313-957-5176 Fax Number: 313-957-5477  
Toll Free Number: 888-283-2640  
E-mail: TONY\_NADER@BUNCO.com Website: WWW.BUNCO.COM  
Facility Manager: ANTHONY NADER  
Professional qualifications and experience of facility manager: See Attached Resume

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: MEDICAL DEVICES / RX / OTC

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

<b>Board Use Only</b> Received: <u>MAY 11 2011</u> Check Number: <u>647</u> Amount: <u>500.00</u>
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56794

**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: CAO Group, Inc.  
Physical Address: 4628 West Skyhawk Drive  
Mailing Address: 4628 West Skyhawk Drive  
City: West Jordan State: Utah Zip Code: 84084  
Telephone Number: 801-256-9282 Fax Number: 801-256-9287  
Toll Free Number: 877-877-9778  
E-mail: info@caogroup.com Website: www.caogroup.com  
Facility Manager: James Jenkins

Professional qualifications and experience of facility manager: \_\_\_\_\_  
Experience: 1yr as vice president of operations Education: MBA

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: APR 13 2011 Check Number: 219 Amount: 500.00

56521

**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: INDEPENDENT PHARMACY COOPERATIVE

Physical Address: 5610 S. 40th St., Suite 1, Phoenix, AZ 85040

Mailing Address: State License Servicing, 321 Route 94 South

City: Warwick State: NY Zip Code: 10990

Telephone Number: (608) 825-4850 Fax Number: (608) 834-5418

Toll Free Number: 800-755-1531

E-mail: paul.abbott@ipcrx.com Website: www.ipcrx.com

Facility Manager: Paul Abbott

Professional qualifications and experience of facility manager: Please see attached resume

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: MAY 16 2011 Check Number: 2006 Amount: 500.00

56888

**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 _____)
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**GENERAL INFORMATION**

Facility Name: PADDOCK LABORATORIES,LLC

Physical Address: 3940 Quebec Avenue North, Minneapolis, MN 55427

Mailing Address: State License Servicing, 321 Route 94 South,

City: Warwick State: NY Zip Code: 10990

Telephone Number: (763) 732-0355 Facility Fax Number: (763) 546-4842 Facility  
(845) 544-2482 Licensing (845) 544-2481 Licensing

Toll Free Number: 800-328-5113

E-mail: TLindow@PaddockLabs.com Website: www.paddocklabs.com

Facility Manager: Traci Jo Lindow Sullivan

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:

- |   |   |
|---|---|
| <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 checked="" type="checkbox"/> Parenterals             |
| <input checked="" type="checkbox"/> Other: <u>API</u>                           |   |

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

<b>Board Use Only</b>
Received: <u>MAR 31 2011</u> Check Number: <u>116</u> Amount: <u>500.00</u>

56455  
2093

**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 _____)
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**GENERAL INFORMATION**

Facility Name: PADDOCK LABORATORIES, LLC

Physical Address: 5175 Winnetka Avenue North, New Hope, MN 55428

Mailing Address: State License Servicing, 321 Route 94 South

City: Warwick State: NY Zip Code: 10990

Telephone Number: (763) 732-0355 Facility Fax Number: (763) 546-4842 Facility  
(845) 544-2482 Licensing (845) 544-2481 Licensing

Toll Free Number: 800-328-5113

E-mail: PAD@slny.com Website: www.paddocklabs.com

Facility Manager: Gary Jossart

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: API

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

<b>Board Use Only</b>
Received: <u>MAR 31 2011</u> Check Number: <u>111</u> Amount: <u>500.00</u>

56456  
2092

**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: Pharma Logistics, Ltd.  
Physical Address: 1050 E. High St.  
Mailing Address: 1050 E. High St.  
City: Mundelein State: IL Zip Code: 60060  
Telephone Number: 1-847-837-1224 Fax Number: 1-847-837-1226  
Toll Free Number: 1-888-729-7427  
E-mail: dvolz@pharmalogistics.com Website: www.pharmalogistics.com  
Facility Manager: Michael Zaccaro  
Professional qualifications and experience of facility manager: Owner / President & CEO

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 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.

<b>Board Use Only</b> Received: <u>APR 23 2011</u> Check Number: <u>450</u> Amount: <u>500</u>
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VAWD

56650  
2105

**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: Schering Corporation

Physical Address: 2000 Galloping Hill Road

Mailing Address: 2000 Galloping Hill Road

City: Kenilworth State: NJ Zip Code: 07033

Telephone Number: (908) 298-5219 Fax Number: (908) 298-6635

Toll Free Number: N/A

E-mail: james.downey@merck.com Website: www.merck.com

Facility Manager: James Downey

Professional qualifications and experience of facility manager: Please see attached resume

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: APR 13 2010 Check Number: 647 Amount: 500.00

56488  
2097

**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: Smith Drug Company

Physical Address: 9098 Fairforest Road, Spartanburg, SC 29301

Mailing Address: P. O. Box 1779

City: Spartanburg State: SC Zip Code: 29304

Telephone Number: 864-582-1216 Fax Number: 864-591-0333

Toll Free Number: 800-572-1216

E-mail: irogers@smithdrug.com Website: www.smithdrug.com

Facility Manager: Isaac K. Rogers

Professional qualifications and experience of facility manager: See enclosed Resume

Types of licensed outlets or authorized persons firm will serve:

- 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: \_\_\_\_\_

<b>Board Use Only</b>		
Received: <u>MAR 31 2011</u>	Check Number: <u>436</u>	Amount: <u>500-</u>

VAWD

56444  
2091

**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: UPS Supply chain Solutions, Inc.  
Physical Address: 1840 Butler Loop Road, Louisville, KY 40219  
Mailing Address: 220 Lake Drive  
City: Newark State: DE Zip Code: 19702  
Telephone Number: 562-639-21620 Fax Number: 302-631-5238  
Toll Free Number: N/A  
E-mail: AmyMuller@ups.com Website: \_\_\_\_\_  
Facility Manager: Stephen Lowell  
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: Devices

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

**Board Use Only**  
Received: 4-21-11 Check Number: 557 Amount: 500.<sup>00</sup>

10-9

56603  
2102

**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 <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: BHS SPECIALTY PHARMACY  
Physical Address: 2870 S. MARYLAND PKWY, Suite #110 <sup>Las Vegas</sup> NV 89106  
Mailing Address: 2644 HOURGLASS DR  
City: HENDERSON State: NV Zip Code: 89052  
Telephone Number: 702-290-4613 Fax Number: (702) 836-3390  
(702) 836-3670  
Toll Free Number: \_\_\_\_\_  
E-mail: BHS Pharmacy @ Gmail.com Website: PENDING  
Managing Pharmacist: RACHEL KEMISOLA License Number: 15199  
TUNRAREBI

**Hours of Operation:**

Monday thru Friday 8 am 6 pm      Saturday 10 am 3 pm  
Sunday CLOSE am CLOSE pm      24 Hours N/A

**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: MAY 16 2011 Check Number: 180 Amount: 500.00

56900

**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: The Nevada Center for Reproductive Medicine

Physical Address: 645 Sierra Rose Drive, Suite 205

Mailing Address: Same

City: Reno State: NV Zip Code: 89511

Telephone Number: 828-1200 Fax Number: 828-1785

Toll Free Number: \_\_\_\_\_

E-mail: timothy.jay@integrated.com Website: nevadafertility.com

Managing Pharmacist: Jeffrey L. Morvaghan License Number: 6078

**Hours of Operation:**

Monday thru Friday 8 am 5 pm Saturday \_\_\_\_\_ am \_\_\_\_\_ pm  
Sunday \_\_\_\_\_ 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: MAY 16 2011 Check Number: 509 Amount: 500

56899

**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  Ownership Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_  
(Please provide current license number if making changes: PH \_\_\_\_\_)

**GENERAL INFORMATION**

Pharmacy Name: Walgreens #15035  
Physical Address: 3150 N Tenaya Way Suite 170  
Mailing Address: P.O. Box 901, Deerfield, IL 60015  
City: Las Vegas State: NV Zip Code: 89128  
Telephone Number: TBD Fax Number: TBD  
Toll Free Number: —  
E-mail: — Website: —  
Managing Pharmacist: Holly Prieto License Number: 15932

**Hours of Operation:**

Monday thru Friday 8:30 am 5:30 pm      Saturday closed am closed pm  
Sunday closed am closed 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: APR 25 2011 Check Number: 509 Amount: 500

56651  
3379

### NEVADA STATE BOARD OF PHARMACY

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

### APPLICATION FOR NEVADA MDEG PROVIDER

**PARTNERSHIP** **SOLE**

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"/> Please provide current license number if making changes: _____
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#### FACILITY INFORMATION

Facility Name: C. Pap & More

Physical Address: 470 N. McCarren Blvd, Sparks, 89431  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 360 Ash Springs CT

City: Sparks State: NV Zip Code: 89430

Telephone Number: 75-815-2063 Fax Number: Na

E-mail: Abhayman1@charter.net Website: Na

#### 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: 0 to 0 Sun: 0 to 0 Holidays: 0 to 0

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

Name: Robin Wyberg

\*\*Please complete the attached form. Must be included with the application.

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Medical Gases         | <input type="checkbox"/> Assistive Equipment              |
| <input checked="" 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                | <input type="checkbox"/> Other: _____                     |

<b>Board Use Only</b> Received <u>MAY 15 2011</u> Check Number <u>276</u> Amount <u>500.00</u>	Page 1-2010
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