

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 [X] Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: ALL DESERT RESPIRATORY

Physical Address: 42247 12th St. West #115 (This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME

City: LANCASTER State: CA Zip Code: 93534

Telephone Number: 661 974-8009 Fax Number: 661 974-8305

E-mail: HDRESP@AOL.COM Website: PENDING

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: ON CALL to Sun: ON CALL to Holidays: ON CALL to

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

Name: RANDALL WOLFE

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

- [X] Medical Gases** [X] Assistive Equipment [X] 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 [X] No [] If yes please provide name and telephone number of a Nevada contact.

Name: FRANK BARCENAS Telephone: 928-846-0827 Page 1-2010

57099

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: Balanced Solutions Compounding Pharmacy, LL
 Physical Address: 550 Technology Park, Suite 1008
 Mailing Address: Same as above
 City: Lake Mary State: FL Zip Code: 32746
 Telephone Number: 407-936-2999 Fax Number: 800-910-7195
 Toll Free Number: 877-811-6337
 E-mail: Sherry.markey@Daxiumhealthcare.com Website: www.bshrx.com
 Managing Pharmacist: Kevin A. Wiltz, II License Number: PS 38882

Hours of Operation:

Monday thru Friday 9 am 6 pm, EST Saturday Ø am Ø pm
 Sunday Ø am Ø pm 24 Hours ON CALL SVC.

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: JUN 15 2011 Check Number: 532 Amount: 500.00

57077

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: Baxter Healthcare Corporation

Physical Address: 7511 114th Avenue North, Largo, FL, 33773
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 7200 Cardinal Place, 3F8102B

City: Dublin State: OH Zip Code: 43017

Telephone Number: 614-553-4640 Fax Number: 614-652-0282

E-mail: gmb-facility-licensing@cardinalhealth.com Website: www.baxter.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8AM to 8AM Tue: 8AM to 8AM Wed: 8AM to 8AM Thu: 8AM to 8AM
Fri: 8AM to 8AM Sat: to Sun: to Holidays: to

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

Name: Mary Malloy

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 checked="" 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: Emergencies Telephone: 800-553-6998 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

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: CARE 1st Medical Solutions, Inc

Physical Address: 2600 WALKER ROAD, Suite 130 (This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME

City: CHATTANOOGA State: TN Zip Code: 37421-9875

Telephone Number: 866-440-1350 Fax Number: 866-440-1350

E-mail: MIKE@CARE1STMED.COM Website: WWW.CARE1STMED.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

Name: Michael R. Eberly

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 []

Name: N/A Telephone: _____ Page 1-2010

57103

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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TO BE ON LICENSE

New MDEG Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

SEND LICENSE TO: HILL-ROM COMPANY, INC. 1069 STATE ROUTE 46 EAST BATESVILLE, INDIANA 47006

Facility Name: HILL-ROM COMPANY, INC. ATTN: KEN SCHNELL

Physical Address: 1525 GLADIOLA STREET, SUITE 10 (This must be a business address, we can not issue a license to a home address)

Mailing Address: SEE ADDRESS ON PAGE 2

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

Telephone Number: 801-330-7965 Fax Number: 801-595-0078

E-mail: RYAN.LEE@HILL-ROM.COM Website: WWW.HILL-ROM.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

Name: RYAN LEE

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: HOSPITAL BEDS/SUPPORT SURFACES/PA

** 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.

NOT APPLICABLE

Name: KEN SCHNELL Telephone: 812-931-3449 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

wholesale

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: Hu-Friedy Mfg. Co., LLC

Physical Address: 6977 N. Austin Ave., Niles, IL 60714
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3232 N. Rockwell St.

City: Chicago State: IL Zip Code: 60618

Telephone Number: 773-975-3975 Fax Number: 773-975-9046

E-mail: MCole@hu-friedy.com Website: www.hu-friedy.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

Name: Scott Pachniak

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>dental devices</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

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NEVADA STATE BOARD OF PHARMACY
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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: K2M, Inc.
Physical Address: 751 Miller Dr. SE Leesburg, VA 20175
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 751 Miller Dr. SE
City: Leesburg State: VA Zip Code: 20175
Telephone Number: 703.777.3155 Fax Number: 703.777.8136
E-mail: mlee@k2m.com Website: k2m.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 6pm Tue: 8am to 6pm Wed: 8am to 6pm Thu: 8am to 6pm
Fri: 8am to 6pm Sat: to Sun: to Holidays: to

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

Name: David MacDonald
Address: 751 Miller Dr. SE
City: Leesburg State: VA Zip Code: 20175

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 type="checkbox"/> Diabetic Supplies | |

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

Name: _____ Telephone: _____ Page 1-2010

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509 - or (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 Provider Ownership Change Name Change Location Change

FACILITY INFORMATION

Facility Name: Orbit Medical of Phoenix, Inc
Physical Address: 4620 E Elwood St Ste 6, Phoenix, AZ 85040
Mailing Address: 8665 Bash St, Indianapolis, IN 46256
City: Indianapolis State: IN Zip Code: 46256
Telephone Number: 317-813-0205 Fax Number: 317-813-0209

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 11 to 5 Tue: 11 to 5 Wed: 11 to 5 Thu: 11 to 5
Fri: 11 to 5 Sat: closed to Sun: closed to Holidays: closed to

FACILITY ADMINISTRATOR INFORMATION

Name: Patrick McGinley
Address: 8665 Bash St
City: Indianapolis State: IN Zip Code: 46256
Telephone Number: 317-813-4202

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

Medical Gases Assistive Equipment Respiratory Equipment
 Parenteral and Enteral Equipment Life-sustaining equipment

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

Board Use Only

Received JUN 16 2011 Check Number 334 Amount 500.00

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: Smiths Medical ASD, Inc.

Physical Address: 6250 Shier Rings Road, Dublin, OH 43016-1270
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 10 Bowman Drive

City: Keene State: NH Zip Code: 03431

Telephone Number: 614-889-2220 Fax Number: 614-793-2106

E-mail: tim.talcott@smiths-medical.com Website: www.smiths-medical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

Name: John McNamee

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: Prescription Medical Devices

Board Use Only
Received MAY 23 2011 Check Number 165 Amount 500.00

57937

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: Smiths Medical ASD, Inc.

Physical Address: 5700 West 23rd Avenue, Gary, IN 46406
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 10 Bowman Drive

City: Keene State: NH Zip Code: 03431

Telephone Number: 219-989-9150 Fax Number: 219-844-9031

E-mail: tim.talcott@smiths-medical.com Website: www.smiths-medical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

Name: Jackie Gerner

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>Prescription Medical Devices</u> |

Board Use Only Received MAY 23 2011 Check Number 161 Amount 500.00

56938

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: Smiths Medical ASD, Inc.

Physical Address: 3350 Granada Avenue North, Suite 100, Oakdale, MN 55128
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 10 Bowman Drive

City: Keene State: NH Zip Code: 03431

Telephone Number: 651-628-7360 Fax Number: 651-628-7547

E-mail: tim.talcott@smiths-medical.com Website: www.smiths-medical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

Name: Phil Fumo

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

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

Board Use Only
Received MAY 23 2011 Check Number 162 Amount 500.00

56940

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 <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: Smiths Medical ASD, Inc.
Physical Address: 9124 Polk Lane, Suite 101, Olive Branch, MS 38654
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 10 Bowman Drive
City: Keene State: NH Zip Code: 03431
Telephone Number: 662-895-8000 Fax Number: 662-895-8822
E-mail: tim.talcott@smiths-medical.com Website: www.smiths-medical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

Name: Mike Collins

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>Prescription Medical Devices</u> |

Board Use Only Received <u>MAY 9 3 2011</u> Check Number <u>164</u> Amount <u>500.00</u>
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56939

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane -- Reno, NV 89509 -- (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG WHOLESALE
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: Smiths Medical ASD, Inc.

Physical Address: 160 Weymouth Street, Rockland, MA 02370
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 10 Bowman Drive

City: Keene State: NH Zip Code: 03431

Telephone Number: 781-763-9300 Fax Number: 781-792-0909

E-mail: tim.talcott@smiths-medical.com Website: www.smiths-medical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

Name: Ricco Feudo

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>Prescription Medical Devices</u> |

Board Use Only
Received MAY 23 2011 Check Number 778 Amount 500.00

56941

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: Smiths Medical ASD, Inc.

Physical Address: 1265 Grey Fox Road, St. Paul, MN 55112
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 10 Bowman Drive

City: Keene State: NH Zip Code: 03431

Telephone Number: 651-633-2556 Fax Number: 651-628-7459

E-mail: tim.talcott@smiths-medical.com Website: www.smiths-medical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

Name: Jeremy Wardour

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>Prescription Medical Devices</u> |

Board Use Only

Received _____ Check Number 169 Amount 500.00

56939

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: Tandem Diabetes Care, inc.

Physical Address: 11045 Roselle St. Suite 200
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 11045 Roselle St. Suite 200

City: San Diego State: CA Zip Code: 92121

Telephone Number: 858-366-6961 Fax Number: 858-362-7070

E-mail: jgross@tandemdiabetes.com Website: tandemdiabetes.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

Name: Jonathan Gross

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.

Name: _____ Telephone: _____ Page 1-2010

57038

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"/>
--

FACILITY INFORMATION

Facility Name: Total Health Diabetes LLC
Physical Address: 2500 Maitland Center Pkwy Ste 311 Maitland, FL 32751
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 2500 MAITLAND Center Parkway Ste 311
City: Maitland State: FL Zip Code: 32751
Telephone Number: 407 767 5907 Fax Number: 800 983-7025
E-mail: Cdooley@totalhealthdiabetes.com Website: www.totalhealthdiabetes.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8³⁰ to 5³⁰ Tue: 8³⁰ to 5³⁰ Wed: 8³⁰ to 5³⁰ Thu: 8³⁰ to 5³⁰
Fri: 8³⁰ to 5³⁰ Sat: / to / Sun: / to / Holidays: / to /

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

Name: Carol Ann Dooley

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. NA

Name: _____ Telephone: _____

56966

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

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"/>
--

FACILITY INFORMATION

Facility Name: UltraVoice, Ltd
Physical Address: 90 Newtown Street Rd.; Newtown Sq. PA 19073
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 90 Newtown Street Rd.
City: Newtown Square State: PA Zip Code: 19073
Telephone Number: 610 356 6443 Fax Number: 610 356 4481
E-mail: DavidBaraff@msn.com Website: www.Ultravoice.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: David Baraff

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 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: Lisa Waldin Telephone: 800 985 3000

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 [X] Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: Wound Management of Oklahoma

Physical Address: 3908 N Tulsa Av Oklahoma City, OK 73112 (This must be a business address, we can not issue a license to a home address)

Mailing Address: 3908 N. Tulsa Ave

City: Oklahoma City State: OK Zip Code: 73112

Telephone Number: (405) 745-7878 Fax Number: (405) 809-1478

E-mail: kristen@provider-medsupply.com Website: N/A

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: on-call 24/7 Sun: on-call 24/7 Holidays: on-call 24/7

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

Name: Kristen Murdock

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: Surgical wound dressings

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

Name: N/A Telephone: N/A Page 1-2010

57061

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: Drug Depot Inc. (dba APS Pharmacy)

Physical Address: 34911 US Hwy 19 N Suite 600

Mailing Address: _____

City: Palm Harbor State: FL Zip Code: 34684

Telephone Number: 727-5472654 Fax Number: 727-541-6444

Toll Free Number: 888-547-2654

E-mail: clotis@apsmeds.com Website: www.apsmeds.com

Managing Pharmacist: Cletis Kou Kou lakis License Number: PS36693

Hours of Operation:

Monday thru Friday 8:00 am 6:00 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 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: JUN 28 2011 Check Number: 5037 Amount: 500.00

57265

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: Pharmacy Services Inc. dba Arkansas Valley AccuMed

Physical Address: 228 Main Street

Mailing Address: 228 Main Street

City: Ordway State: CO Zip Code: 81063

Telephone Number: (719) 267-3544 Fax Number: (719) 267-4443

Toll Free Number: 800-889-3544

E-mail: avaccumed@yahoo.com Website: _____

Managing Pharmacist: Jerry W. Davis, R.Ph. License Number: 10634

Hours of Operation:

Monday thru Friday 8:00 am 5:00 pm Saturday 8:00 am 5:00 pm
Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

Board Use Only

Received: MAY 24 2011 Check Number: 3088 Amount: 500.00

56965

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: CareKinesis, Inc
 Physical Address: 704 E. Main St, STE K
 Mailing Address: 704 E Main St, STE 1K
 City: Moorestown State: NJ Zip Code: 08057
 Telephone Number: 888-974-2763 Fax Number: 856-234-7957
 Toll Free Number: 888-974-2763
 E-mail: info@carekinesis.com Website: www.carekinesis.com
 Managing Pharmacist: Orsula V Knowlton License Number: 28RI0229720c

Hours of Operation:

Monday thru Friday 8:30 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: JUN 06 2011 Check Number: 138 Amount: 500.00

57008

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

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: Edwin's Prescription Pharmacy
Physical Address: 12500 Burbank Blvd, Valley Village CA 916
Mailing Address: 2657 Saturn St. Brea CA 92821
City: Brea State: CA Zip Code: 92821
Telephone Number: 818-761-6131 Fax Number: 818-761-8638
Toll Free Number: _____
E-mail: stephene.samuel@yahoo.com Website: _____
Managing Pharmacist: Philip Louit Berger License Number: RPH 46908

Hours of Operation:

Monday thru Friday 9:00 am 7:00 pm Saturday N/A am _____ pm
Sunday N/A 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 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: JUN 23 2011 Check Number: 896 Amount: 500

57249

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: Pet Meds and Beyond
Physical Address: 2501 W 80th St. #17 Hialeah, FL 33016
Mailing Address: 2501 W 80th St. #17 Hialeah, FL 33016
City: Hialeah State: FL Zip Code: 33016
Telephone Number: 786 228 8537 Fax Number: 866 287 8403
Toll Free Number: 866 285 7614
E-mail: petmedsandbeyond@yahoo.com Website: www.petmedsandbeyond.com
Managing Pharmacist: Edith D. Mahiques License Number: PS38323

Hours of Operation:

Monday thru Friday 9 am 5 pm Saturday 10 am 2 pm
Sunday closed am closed 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: JUN 28 2011 Check Number: 1043 Amount: 500.00

57264

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 0981)

GENERAL INFORMATION

Pharmacy Name: Restore Health Pharmacy, LLC
Physical Address: 1289 Deming Way
Mailing Address: 1289 Deming Way
City: Madison State: WI Zip Code: 53717
Telephone Number: 608.833.7046 Fax Number: 608.833.7412
Toll Free Number: 800.558.7046
E-mail: mwanderer@restorehc.com Website: www.restorehc.com
Managing Pharmacist: Judy Rapp License Number: 9593.040

Hours of Operation:

Monday thru Friday 8³⁰ am 5³⁰ pm Saturday closed ^{am} -on-call only ^{pm}
Sunday closed ^{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 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: JUN 16 2011 Check Number: 70067 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)
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: STOKES Pharmacy

Physical Address: 18000 Horizon Way Suite 700

Mailing Address: same

City: MOUNT Laurel State: NJ Zip Code: 08054

Telephone Number: 856-505-5222 Fax Number: 856-505-5899

Toll Free Number: 800-754-5222

E-mail: emcvey@StokesPharmacy.com Website: STOKES Pharmacy.com

Managing Pharmacist: EMMETT McVey License Number: 28 R102139400

Hours of Operation:

Monday thru Friday 9 am 7 pm EST
Saturday 9 am 1 pm
Sunday Closed am _____ pm
24 Hours NO EST

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: JUN 28 2011 Check Number: 605 Amount: 500.00

57262

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: VALLEY MEDICAL PHARMACY
 Physical Address: 630 MAIN STREET
 Mailing Address: 630 MAIN STREET
 City: BRAWLEY State: CA Zip Code: 92227
 Telephone Number: (760) 344-6303 Fax Number: (760) 344-6321
 Toll Free Number: 1-800-322-0808
 E-mail: VALLEYRX@AOL.COM Website: www.drugsdepot.com
 Managing Pharmacist: DR. DINESH VITHALANI, License Number: RPH37714
M. PHARM, DBA

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 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: JUN 02 2011 Check Number: 1075 Amount: 500.00

VIPPS

56984

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: City Drugs
Physical Address: 5775 S. Rainbow #101 Las Vegas, NV 89107
Mailing Address: 900 Las Vegas Blvd S #1209
City: Las Vegas State: NV Zip Code: 89101
Telephone Number: 702-227-7249 Fax Number: 702-227-3050
Toll Free Number: _____
E-mail: metrodugs@centurylink.net Website: _____
Managing Pharmacist: Tanasorn Fowler License Number: 105168

Hours of Operation:

Monday thru Friday 9 am 6 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: JUN 28 2011 Check Number: 00 Amount: 500.00

57263

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

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

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

New Pharmacy _____	Ownership Change <input checked="" type="checkbox"/>	Name Change _____	Location Change <input checked="" type="checkbox"/>
(Please provide current license number if making changes: PH02253)			

GENERAL INFORMATION

Pharmacy Name: CNS Scrips LLC
Physical Address: 3370 Pinks Place, Ste. F, Las Vegas, NV 89102
Mailing Address: 3370 Pinks Place, Ste. F.
City: Las Vegas State: NV Zip Code: 89102
Telephone Number: 702-731-4800 Fax Number: 702-731-4807
Toll Free Number: _____
E-mail: INFO@CNSSCRIPS.COM Website: N/A
Managing Pharmacist: NELLIE LAO GAW License Number: 15487

Hours of Operation:

Monday thru Friday 9 am 5 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: JUN 02 2011 Check Number: 987 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	<input checked="" type="checkbox"/>	Name Change	_____	Location Change	_____
(Please provide current license number if making changes: PH _____)							

GENERAL INFORMATION

Pharmacy Name: Lovelock Pharmacy, Suite 103
Physical Address: 850 Sixth Street, Lovelock NV 89419
Mailing Address: 5424 Oakwood Cir, Fallon NV 89406
City: Lovelock State: NV Zip Code: 89419
Telephone Number: 775-273-1700 Fax Number: 775-273-9013
Toll Free Number: N/A
E-mail: grant.moulton@gmail.com Website: N/A
Managing Pharmacist: Grant S. Moulton License Number: 9924

Hours of Operation:

Monday thru Friday 9:30am 5:30pm 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: <u>JUN 28 2011</u> Check Number: <u>3005</u> Amount: <u>500.00</u>

57261

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: Meds at Home

Physical Address: 6225 Annie Oakley Dr., Suite 300, Las Vegas, NV 89120

Mailing Address: 6225 Annie Oakley Drive, Suite 300

City: Las Vegas State: NV Zip Code: 89120

Telephone Number: In process with / vendor Fax Number: NONE

Toll Free Number: In process with vendor

E-mail: information@mymailpharmacy.com Website: NONE*

Managing Pharmacist: Thomas Leo Beranek License Number: 10227

Hours of Operation:

Monday thru Friday am pm Saturday am pm

Sunday am pm 24 Hours X

TYPE OF PHARMACY

SERVICES PROVIDED

<input 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 checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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Board Use Only		
Received: <u>JUN 23 2011</u>	Check Number: <u>502</u>	Amount: <u>500-</u>

*Top parent Medco Health Solutions, Inc. has a website

57248

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: Althea Technologies Inc.

Physical Address: 11040 Roselle Street

Mailing Address: 11040 Roselle Street

City: San Diego State: California Zip Code: 92121

Telephone Number: 858 882 0123 Fax Number: 858 882 0133

Toll Free Number: _____

E-mail: bkachioff@altheatech.com Website: www.altheatech.com

Facility Manager: Christopher Manahan

Professional qualifications and experience of facility manager: _____

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: JUN 22 2011 Check Number: 583 Amount: 500-

57187

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: Alvogen, Inc.

Physical Address: Nine Campus Drive, Parsippany, NJ 07054

Mailing Address: Nine Campus Drive

City: Parsippany State: NJ Zip Code: 07054

Telephone Number: 973-796-3400 Fax Number: 973-796-3439

Toll Free Number: N/A

E-mail: jasmine.shah@alvogen.com Website: www.alvogen.com

Facility Manager: Jasmine Shah

Professional qualifications and experience of facility manager: BS Pharmacy; MS Industrial Pharmacy

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: MAY 24 2011 Check Number: 343 Amount: 500.00

56970

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: Arrow International, Inc.

Physical Address: 2 Berry Drive, Lumberton, NJ 08048

Mailing Address: PO Box 12600, Attn: Sherri Schultheiss,

City: RTP State: NC Zip Code: 08048

Telephone Number: 919-361-4150 Fax Number: 919-361-3923

Toll Free Number: _____

E-mail: sherri.schultheiss@teleflex.com Website: http://www.arrowintl.com

Facility Manager: Patrick Jannuzzi

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: JUN 05 2011 Check Number: 20005 Amount: 500.00

57007

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: Camber Pharmaceuticals Inc
Physical Address: 1031 Centennial Ave
Mailing Address: same as above
City: Piscataway State: NJ Zip Code: 08854
Telephone Number: 732-379-2029 Fax Number: 732-379-2067
Toll Free Number: _____
E-mail: mbecker@camberpharma.com Website: www.camberpharma.com
Facility Manager: Kon Osteficuk
Professional qualifications and experience of facility manager:
23 years in the pharmaceutical industry

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: NOV 18 2010 Check Number: 925 Amount: 500.00

55412
2009

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: Cantrell Drug Company
Physical Address: 7321 Cantrell Rd.
Mailing Address: same
City: Little Rock State: AR Zip Code: 72207
Telephone Number: 501-663-3642 Fax Number: 501-907-5975
Toll Free Number: 877-666-5222
E-mail: teasterly@cantrelldrug.com Website: www.cantrelldrug.com
Facility Manager: James L. McCarley, Jr., P.D.
Professional qualifications and experience of facility manager: BS Pharmacy

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. (i.e. Registered with FDA as "Outsourcing Human Drug Compounding")

Board Use Only
Received: 6/13/11 Check Number: 418 Amount: 500⁻

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: Dendreon Distrubtion, LLC dba Dendreon
Physical Address: 1700 Saturn Way, Seal Beach, CA 90740
Mailing Address: 3005 First Ave.
City: Seattle State: WA Zip Code: 98121
Telephone Number: 206-256-4545 Fax Number: 206-299-9881
Toll Free Number: n/a
E-mail: sschaeffer@dendreon.com Website: www.dendreon.com
Facility Manager: Richard Murawski
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 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>JUN 23 2011</u>	Check Number: <u>176</u>	Amount: <u>500</u>

10-K

57253

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: E.R. Squibb & Sons, LLC

Physical Address: 777 Scudders Mill Rd., Plainsboro, NJ 08536

Mailing Address: 6400 William Keck Bypass, Bldg. 210

City: Mt. Vernon State: IN Zip Code: 47620

Telephone Number: 609-897-5300 Fax Number: 609-897-6958

Toll Free Number: N/A

E-mail: usdc@bms.com Website: www.bms.com

Facility Manager: Diane Redler

Professional qualifications and experience of facility manager: Facility manager holds a B.S. in Marketing and has over 23 years managerial experience with the company.

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers

Type of Products to be handled or wholesaled:

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

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

Board Use Only
Received: <u>JUN 07 2011</u> Check Number: <u>968</u> Amount: <u>500.00</u>

57041

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: J. T. Posey Company

Physical Address: 5635 Peck Road

Mailing Address: same as above

City: Arcadia State: CA Zip Code: 91006

Telephone Number: (626) 443-3143 Fax Number: (626) 443-5012

Toll Free Number: (800) 447-6739

E-mail: regulatoryaffairs@posey.com Website: www.posey.com

Facility Manager: Roger Roberts VP, Operations

Professional qualifications and experience of facility manager: Over 20 years of experience in managing medical device manufacturing processes.

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers

Type of Products to be handled or wholesaled:

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

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

Board Use Only
Received: <u>JUN 09 2011</u> Check Number: <u>426</u> Amount: <u>500.</u>

57069

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: Fisher Clinical Services Inc.

Physical Address: 700A Nestleway Breinigsville PA 18031

Mailing Address: 7554 Schantz Road

City: Allentown State: PA Zip Code: 18106

Telephone Number: 610-871-8300 Fax Number: 610-871-9318

Toll Free Number: 888-252-8579 X 8377

E-mail: vicky.whitehouse@thermofisher.com Website: www.fisherclinicalservices.com

Facility Manager: Barry W. Hunsicker

Professional qualifications and experience of facility manager: Manages Distribution Project Managers and has experience in distribution, inventory, SOPs, and maintaining relations in support of 400+ clients since September 1997 with Fisher.

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: JUN 07 2011 Check Number: 143 Amount: 500.00

57040

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

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

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

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

GENERAL INFORMATION

Facility Name: LifeScience Logistics

Physical Address: 1105 E Northfield Drive

Mailing Address: 1105 E Northfield Drive

City: Brownsburg State: IN Zip Code: 46112

Telephone Number: 317-456-0254 Fax Number: 317-852-1821

Toll Free Number: NA

E-mail: kdevoto@lslog.com Website: www.lslog.com

Facility Manager: Barquiel Devoto

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: _____

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

Board Use Only

Received: JUN 23 2011 Check Number: 317 Amount: 500-

VAWD

57252

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: Patterson Logistics Services, Inc.

Physical Address: 7055 Cleveland Road, South Bend, IN 46628

Mailing Address: c/o Patterson Companies, Inc, Attn: Theresa Franz-Scurr, Compliance Coordinator, 1031 Mendota Heights Road

City: St. Paul State: MN Zip Code: 55120

Telephone Number: (574) 472-5800 Fax Number: (574) 472-5801

Toll Free Number: N/A

E-mail: jeff.lea@pattersoncompanies.com Website: www.pattersoncompanies.com

Facility Manager: Jeff Lea, Distribution Center Manager

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

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: Prescription drugs (Human & Veterinary), Over the Counter Drugs (Human & Veterinary), Medical Devices (Rx & OTC), List I Chemicals

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

Board Use Only
Received: JUN 06 2011 Check Number: 371 Amount: 500.00

VAWD

57031

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: TAGI Pharma, Inc.

Physical Address: 722 Progressive Lane, Room 205

Mailing Address: -same-

City: South Beloit State: IL Zip Code: 61080

Telephone Number: (815) 624-7685 Fax Number: (815) 624-7687

Toll Free Number: (800) 397-9228 x301

E-mail: marketing@tagipharma.com Website: www.tagipharma.com

Facility Manager: Robert A. Koopman

Professional qualifications and experience of facility manager: see attached

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers

Type of Products to be handled or wholesaled:

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

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

Board Use Only

Received: JUN 20 2011 Check Number: 1064 Amount: 500.00

57102

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: VersaPharm Incorporated
Physical Address: 1775 W. Oak Parkway, Suite 800
Mailing Address: Same
City: Marionetta State: GA Zip Code: 30062
Telephone Number: 770-499-8100 Fax Number: 770-499-0058
Toll Free Number: _____
E-mail: info@versapharm.com Website: www.versapharm.com
Facility Manager: Carl Mericleth
Professional qualifications and experience of facility manager: _____

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers

Type of Products to be handled or wholesaled:

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

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

Board Use Only	Received: <u>JUN 23 2011</u>	Check Number: <u>684</u>	Amount: <u>500 -</u>
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57251

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