

A

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509  
**APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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** or ☐ **Ownership Change** (Provide current license number if making changes: PH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms.  
☐ Publicly Traded Corporation – Pages 1,2,3,7      ☐ Partnership – Pages 1,2,5,7  
☐ Non Publicly Traded Corporation – Pages 1,2,4,7      ☒ Sole Owner – Pages 1,2,6,7

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: American Service and Product, Inc.

Physical Address: 14612 107th Court

Mailing Address: 14612 107th Court

City: Orland Park State: IL Zip Code: 60467

Telephone: 708-671-1200 Fax: 708-448-8598

Toll Free Number: 877-285-2127 (Required per NAC 639.708)

E-mail: jennifer@we care asap.com Website: www.wecareasap.com

Managing Pharmacist: Jennifer Otto License Number: 051291032 (12)

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☐ ☒ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services  
☐ ☒ Parenteral \*\*  
☐ ☒ Parenteral (outpatient)  
☐ ☒ Outpatient/Discharge  
☒ ☐ Mail Service  
☐ ☒ Long Term Care  
☐ ☒ Sterile Compounding \*\*  
☐ ☒ Non Sterile Compounding  
☐ ☒ Mail Service Sterile Compounding \*\*  
☐ ☒ Other Services: \_\_\_\_\_

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

101538

B

## NEVADA STATE BOARD OF PHARMACY

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☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7  
☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

**GENERAL INFORMATION to be completed by all types of ownership**Pharmacy Name: Avera e CARE PharmacyPhysical Address: 4103 N. Loop 1604 W, Suite 202Mailing Address: (same)City: San Antonio State: TX Zip Code: 78249Telephone: 210-610-0413 Fax: 210-549-4061Toll Free Number: 855-283-7279 (Required per NAC 639.708)E-mail: Jeremy.Mueller@Avera.org Website: www.averaecare.orgManaging Pharmacist: Jeremy Mueller License Number: 19546 ✓**TYPE OF PHARMACY AND****SERVICES PROVIDED**

Yes/No

- ☐ ☒ Retail  
☐ ☒ Hospital (# beds \_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☒ ☐ Other: Off-site  
Cognitive services

All boxes must be checked

For the application to be complete

Yes/No

- ☒ ☐ Off-site Cognitive Services  
☐ ☒ Parenteral \*\*  
☐ ☒ Parenteral (outpatient)  
☐ ☒ Outpatient/Discharge  
☐ ☒ Mail Service  
☐ ☒ Long Term Care  
☐ ☒ Sterile Compounding \*\*  
☐ ☒ Non Sterile Compounding  
☐ ☒ Mail Service Sterile Compounding \*\*  
☐ ☒ Other Services: \_\_\_\_\_

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☐ Partnership – Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Caremart Pharmacy LLC

Physical Address: 9502 Van Wyck Express Way

Mailing Address: 9502 Van Wyck Express Way

City: South Richmond Hill State: NY Zip Code: 11419

Telephone: 718-683-5556 Fax: 718-683-5557

Toll Free Number: 833-208-5556 (Required per NAC 639.708)

E-mail: caremartpharma@gmail.com Website: \_\_\_\_\_

Managing Pharmacist: Shazig Bhatti License Number: 049504

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☐ ☒ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services  
☐ ☒ Parenteral \*\*  
☐ ☒ Parenteral (outpatient)  
☐ ☒ Outpatient/Discharge  
☐ ☐ Mail Service  
☐ ☒ Long Term Care  
☐ ☒ Sterile Compounding \*\*  
☐ ☒ Non Sterile Compounding  
☐ ☒ Mail Service Sterile Compounding \*\*  
☐ ☒ Other Services: \_\_\_\_\_

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☐ Non Publicly Traded Corporation – Pages 1,2,4,7      ☐ Sole Owner – Pages 1,2,6,7

**GENERAL INFORMATION to be completed by all types of ownership**Pharmacy Name: Crestview Pharmacy Services LLCPhysical Address: 3225 South Hardy Drive Suite 100Mailing Address: 3225 South Hardy Drive Suite 100City: Tempe State: AZ Zip Code: 85282Telephone: 480-485-1366 Fax: 480-718-7573Toll Free Number: 877-842-6535 (Required per NAC 639.708)E-mail: management@crestviewpharmacyservices.com Website: www.crestviewpharmacyservices.com (in progress)Managing Pharmacist: Kathleen Craig License Number: S012633**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No

- ☐ ☒ Retail  
☐ ☒ Hospital (# beds       )  
☐ ☒ Internet \*See Enclosed Statement\*  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☒ ☐ Other: Central Processing

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services  
☐ ☒ Parenteral \*\*  
☐ ☒ Parenteral (outpatient)  
☐ ☒ Outpatient/Discharge  
☐ ☒ Mail Service  
☐ ☒ Long Term Care  
☐ ☒ Sterile Compounding \*\*  
☐ ☒ Non Sterile Compounding  
☐ ☒ Mail Service Sterile Compounding \*\*  
☒ ☐ Other Services: Central Processing

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**



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☐ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: CTCA/Rx

Physical Address: 610 Celebrate Life Parkway, Newnan GA 30265

Mailing Address: 1620 W. Northwest Highway, Suite 100

City: Grapevine State: TX Zip Code: 76051

Telephone: 678-552-2013 Fax: 678-552-2014

Toll Free Number: 1-833-570-4736 (Required per NAC 639.708)

E-mail: licensure@receptrx.com

Website: \_\_\_\_\_

Managing Pharmacist: Valeana Domercant License Number: RPH026437

### TYPE OF PHARMACY

AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☒ ☐ Community  
☐ ☒ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services  
☐ ☒ Parenteral \*\*  
☐ ☒ Parenteral (outpatient)  
☐ ☒ Outpatient/Discharge  
☒ ☐ Mail Service  
☐ ☒ Long Term Care  
☐ ☒ Sterile Compounding \*\*  
☐ ☒ Non Sterile Compounding  
☐ ☒ Mail Service Sterile Compounding \*\*  
☐ ☒ Other Services: \_\_\_\_\_

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☐ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: ProCare Pharmacy, L.L.C. dba CVS/pharmacy #10762

Physical Address: 9555 Kings Charter Dr., Suite D, Ashland, VA 23005

Mailing Address: 1 CVS Drive, MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 804-550-2028 Fax: 804-550-2078

Toll Free Number: 844-650-1637 (Required per NAC 639.708)

E-mail: statereply@cvscaremark.com Website: www.cvs.com/content/multidose

Managing Pharmacist: Regina Richardson License Number: 0202210708  
(Maiden Name: Bresson)

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☒ ☐ Community  
☐ ☐ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services  
☐ ☒ Parenteral \*\*  
☐ ☒ Parenteral (outpatient)  
☐ ☒ Outpatient/Discharge  
☒ ☐ Mail Service  
☐ ☒ Long Term Care  
☐ ☒ Sterile Compounding \*\*  
☐ ☒ Non Sterile Compounding  
☐ ☒ Mail Service Sterile Compounding \*\*  
☐ ☐ Other Services: \_\_\_\_\_

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### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Dolphin Health Pharmacy

Physical Address: 7400 MACARTHUR BLVD STE. A

Mailing Address: " " "

City: OAKLAND State: CA Zip Code: 94605

Telephone: 510 900-3131 Fax: 510-638-7590

Toll Free Number: 1844436-5744 (Required per NAC 639.708)

E-mail: nitalp@rxsend.com Website: dolphinhealth.com

Managing Pharmacist: Nhu Quynh Ngoc Pham Ng. License Number: 71138

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☒ ☐ Community  
☐ ☐ Other: \_\_\_\_\_

All boxes must be checked  
For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services  
☐ ☒ Parenteral \*\*  
☐ ☒ Parenteral (outpatient)  
☐ ☒ Outpatient/Discharge  
☒ ☐ Mail Service  
☐ ☒ Long Term Care  
☐ ☒ Sterile Compounding \*\*  
☐ ☒ Non Sterile Compounding  
☐ ☒ Mail Service Sterile Compounding \*\*  
☒ ☐ Other Services: specialty drugs

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H

# NEVADA STATE BOARD OF PHARMACY

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☐ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Gaston Pharmacy #1

Physical Address: 2600 N Stemmons Fwy #176

Mailing Address: same as above

City: Dallas State: Texas Zip Code: 75207

Telephone: 469-466-1242 Fax: 469-533-4515

Toll Free Number: 866-513-6157 (Required per NAC 639.708)

E-mail: info@gastonrx.com Website: none

Managing Pharmacist: Marvin Arnold License Number: 23152

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
- ☐ ☒ Hospital (# beds \_\_\_\_\_)
- ☐ ☒ Internet
- ☐ ☒ Nuclear
- ☐ ☒ Ambulatory Surgery Center
- ☒ ☐ Community
- ☐ ☐ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
- ☐ ☒ Parenteral \*\*
- ☐ ☒ Parenteral (outpatient)
- ☐ ☒ Outpatient/Discharge
- ☒ ☐ Mail Service
- ☐ ☒ Long Term Care
- ☐ ☒ Sterile Compounding \*\*
- ☐ ☒ Non Sterile Compounding
- ☐ ☒ Mail Service Sterile Compounding \*\*
- ☐ ☐ Other Services: \_\_\_\_\_

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# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

1

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☐ Partnership - Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Hudgins Pharmacy, Inc.

Physical Address: 256 Main Street, PO Box 98

Mailing Address: 256 Main Street, PO Box 98

City: Mathews State: VA Zip Code: 23109

Telephone: 804-725-2222 Fax: 804-725-2783

Toll Free Number: 866-643-3292 (Required per NAC 639.708)

E-mail: LICENSING@HUDGINSPHARMACY.COM Website: N/A

Managing Pharmacist: Chiquita Loving License Number: 0202211347

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

☐ ☒ Retail

☐ ☒ Hospital (# beds \_\_\_\_)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☒ ☐ Community

☐ ☒ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral \*\*

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding \*\*

☐ ☒ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding \*\*

☐ ☒ Other Services: \_\_\_\_\_

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☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: METRO DRUGS PHARMACY DEPARTMENT

Physical Address: 79 HUDSON STREET SUITE 302

Mailing Address: 79 HUDSON STREET SUITE 302

City: HOBOKEN State: N.J. Zip Code: 07030

Telephone: 201-253-1100 Fax: 201-253-1101

Toll Free Number: 888-258-0106 (Required per NAC 639.708)

E-mail: MARKSC@metrodrugs.com Website: www.metrodrugs.pharmacy

Managing Pharmacist: MARK SCOTTI License Number: 28RI03542600

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☒ ☐ Community  
☒ ☐ Other: SPECIALTY - FERTILITY

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services  
☐ ☒ Parenteral \*\*  
☐ ☒ Parenteral (outpatient)  
☐ ☒ Outpatient/Discharge  
☒ ☐ Mail Service  
☐ ☒ Long Term Care  
☐ ☒ Sterile Compounding \*\*  
☐ ☒ Non Sterile Compounding  
☐ ☒ Mail Service Sterile Compounding \*\*  
☐ ☒ Other Services: \_\_\_\_\_

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☐ Non Publicly Traded Corporation – Pages 1,2,4,7

☒ Sole Owner – Pages 1,2,6,7

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Midtown Express Pharmacy

Physical Address: 300 20th Avenue N. #105

Mailing Address: same as above

City: Nashville State: TN Zip Code: 37203

Telephone: 615-320-8410 Fax: 615-284-3573

Toll Free Number: 844-320-8410 (Required per NAC 639.708)

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

Managing Pharmacist: Henry J. Dunklau IV License Number: 29209-TN

**TYPE OF PHARMACY AND**

**SERVICES PROVIDED**

Yes/No

- ☐ ☒ Retail  
☐ ☒ Hospital (# beds \_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☒ ☐ Community  
☐ ☐ Other: \_\_\_\_\_

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Yes/No

- ☐ ☒ Off-site Cognitive Services  
☐ ☒ Parenteral \*\*  
☐ ☒ Parenteral (outpatient)  
☐ ☒ Outpatient/Discharge  
☒ ☐ Mail Service  
☐ ☒ Long Term Care  
☐ ☒ Sterile Compounding \*\*  
☐ ☒ Non Sterile Compounding  
☐ ☒ Mail Service Sterile Compounding \*\*  
☐ ☐ Other Services: \_\_\_\_\_

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☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Pharmacy Consultants, LLC dba Omnicare Clinical Intervention Center

Physical Address: 348-A East Blackstock Road

Mailing Address: One CVS Drive, Licensing Dept/MC 1160, Woonsocket, RI 02895

City: Spartanburg State: SC Zip Code: 29301

Telephone: 888-346-4158 Fax: 866-343-9895

Toll Free Number: 888-346-4158 (Required per NAC 639.708)

E-mail: statereply@cvscaremark.com Website: N/A

Managing Pharmacist: Janine Cleveland License Number: 19683 ✓

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail  
☐ ☒ Hospital (# beds \_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☒ ☐ Other: Call Center

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services  
☐ ☒ Parenteral \*\*  
☐ ☒ Parenteral (outpatient)  
☐ ☒ Outpatient/Discharge  
☐ ☒ Mail Service  
☐ ☒ Long Term Care  
☐ ☒ Sterile Compounding \*\*  
☐ ☒ Non Sterile Compounding  
☐ ☒ Mail Service Sterile Compounding \*\*  
☒ ☐ Other Services: Clinical Pharmacy Services  
Non-Dispensing

\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

101536



M

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509  
**APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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 or ☒ **Ownership Change** (Provide current license number if making changes: **PH 03680**)  
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☒ Partnership – Pages 1,2,5,7

☐ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Rainwood Rx LLC

Physical Address: 20513 Nicholas Circle Ste 3 Elkhorn NE 68022

Mailing Address: 20513 Nicholas Circle Ste 3

City: Elkhorn State: NE Zip Code: 68022

Telephone: 402-281-1919 Fax: 402-718-9421

Toll Free Number: 855-809-9717 (Required per NAC 639.708)

E-mail: pharmacist@rainwoodrx.com Website: www.rainwoodrx.com ( In Progress)

Managing Pharmacist: Tanner Anderson License Number: 13586

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds       )  
☐ ☒ Internet **See Statement**  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☐ ☒ Other:

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services  
☐ ☒ Parenteral \*\*  
☐ ☒ Parenteral (outpatient)  
☐ ☒ Outpatient/Discharge  
☒ ☐ Mail Service  
☐ ☒ Long Term Care  
☐ ☒ Sterile Compounding \*\*  
☐ ☒ Non Sterile Compounding  
☐ ☒ Mail Service Sterile Compounding \*\*  
☐ ☒ Other Services:

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**



20513 Nicholas Circle, Suite 3  
Elkhorn, NE 68022

To whom it may concern,

We did not check "INTERNET" on "Type of Pharmacy" in regard to the internet question due to we do not consider the pharmacy to be conducting business on the Internet. While we are creating a pharmacy-specific website so that consumers can easily find a contact number or information about the pharmacy, we do not use the internet to obtain information from consumers to fill or refill prescriptions. We do utilize the internet to perform lead generation activities and communicate to consumers the availability of pharmacy services through a network of pharmacies to which we belong (specific pharmacies are not referenced in these communications), but we do not understand this to be "conducting business" on the internet.

Thank you,

Rainwood Rx LLC

N

## NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☐ New Pharmacy or ☒ **Ownership Change** (Provide current license number if making changes: PH 03792)  
 Check box below for type of ownership and complete all required forms.  
☐ Publicly Traded Corporation – Pages 1,2,3,7      ☐ Partnership – Pages 1,2,5,7  
☒ Non Publicly Traded Corporation – Pages 1,2,4,7      ☐ Sole Owner – Pages 1,2,6,7

**GENERAL INFORMATION to be completed by all types of ownership**Pharmacy Name: RARx, LLCPhysical Address: 1911 Church Street Ste 202Mailing Address: sameCity: Nashville State: TN Zip Code: 37203Telephone: 844 319 2259 Fax: 844 319 2260Toll Free Number: 844 319 2259 (Required per NAC 639.708)E-mail: bwescott@rxpartnersmgmt.com Website: www.rarxpharmacy.comManaging Pharmacist: Brentley Wescott License Number: 13021**TYPE OF PHARMACY AND****SERVICES PROVIDED**

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☒ ☐ Community  
☐ ☒ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services  
☐ ☒ Parenteral \*\*  
☐ ☒ Parenteral (outpatient)  
☐ ☒ Outpatient/Discharge  
☒ ☐ Mail Service  
☐ ☒ Long Term Care  
☐ ☒ Sterile Compounding \*\*  
☐ ☒ Non Sterile Compounding  
☐ ☒ Mail Service Sterile Compounding \*\*  
☐ ☒ Other Services: \_\_\_\_\_

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership - Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: RAINA RX LLC dba ROUTE 300 PHARMACY

Physical Address: 1208 Route 300, Suite 103, Newburgh, NY 12550

Mailing Address: 1208 Route 300, Suite 103

City: Newburgh State: NY Zip Code: 12550

Telephone: 845-275-0816 Fax: 845-275-0846

Toll Free Number: 800-810-9274 (Required per NAC 639.708)

E-mail: apatel@route300pharmacy.com Website: www.route300pharmacy.com

Managing Pharmacist: Amar Patel License Number: 053122 NY

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☒ ☐ Community  
☐ ☒ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services  
☐ ☒ Parenteral \*\*  
☐ ☒ Parenteral (outpatient)  
☐ ☒ Outpatient/Discharge  
☒ ☐ Mail Service  
☐ ☒ Long Term Care  
☐ ☒ Sterile Compounding \*\*  
☐ ☒ Non Sterile Compounding  
☐ ☒ Mail Service Sterile Compounding \*\*  
☐ ☒ Other Services: \_\_\_\_\_

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**



P

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH\_\_\_\_)  
Check box below for type of ownership and complete all required forms.  
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7  
☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: SRX Pharmacy

Physical Address: 3500 East Fletcher Ave Suite 120 Tampa, FL 33613

Mailing Address: 3500 East Fletcher Ave Suite 120

City: Tampa State: FL Zip Code: 33613

Telephone: 813-632-9032 Fax: 813-632-9035

Toll Free Number: 833-336-3990 (Required per NAC 639.708)

E-mail: jack.diamond@srxsolutions.com Website: n/a

Managing Pharmacist: Jack Diamond License Number: PS24807

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
- ☐ ☒ Hospital (# beds \_\_\_\_\_)
- ☐ ☒ Internet
- ☐ ☒ Nuclear
- ☐ ☒ Ambulatory Surgery Center
- ☒ ☐ Community
- ☐ ☒ Other: \_\_\_\_\_

All boxes must be checked  
For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
- ☐ ☒ Parenteral \*\*
- ☐ ☒ Parenteral (outpatient)
- ☐ ☒ Outpatient/Discharge
- ☒ ☐ Mail Service
- ☐ ☒ Long Term Care
- ☐ ☒ Sterile Compounding \*\*
- ☐ ☒ Non Sterile Compounding
- ☐ ☒ Mail Service Sterile Compounding \*\*
- ☐ ☒ Other Services: \_\_\_\_\_

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

101767

Q

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509  
**APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE**

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership - Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Tarrytown Expocare, LLC

Physical Address: 8500 Shoal Creek Boulevard, Building 3, STE 200

Mailing Address: 8500 Shoal Creek Boulevard, Building 3, STE 200

City: Austin State: Texas Zip Code: 78757

Telephone: 512-617-7312 Fax: 512-617-7313

Toll Free Number: 855-887-9397 (Required per NAC 639.708)

E-mail: licensing@tarrytownexpocare.com

Website: www.tarrytownexpocare.com

Managing Pharmacist: Zach Corbell License Number: 42510

**TYPE OF PHARMACY AND**

**SERVICES PROVIDED**

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☐ ☒ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services  
☐ ☒ Parenteral \*\*  
☐ ☒ Parenteral (outpatient)  
☐ ☒ Outpatient/Discharge  
☐ ☒ Mail Service  
☒ ☐ Long Term Care  
☐ ☒ Sterile Compounding \*\*  
☐ ☒ Non Sterile Compounding  
☐ ☒ Mail Service Sterile Compounding \*\*  
☐ ☒ Other Services: \_\_\_\_\_

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

R

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509  
**APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE**

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☐ New Pharmacy or ☒ **Ownership Change** (Provide current license number if making changes: **PH03854**)  
Check box below for type of ownership and complete all required forms.  
☐ Publicly Traded Corporation – Pages 1,2,3,7      ☐ Partnership – Pages 1,2,5,7  
☐ Non Publicly Traded Corporation – Pages 1,2,4,7      ☒ Sole Owner – Pages 1,2,6,7

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Optown Drugs Pharmacy

Physical Address: 14737 Champaing RD

Mailing Address: SAME AS PHYSICAL

City: ALLEN PARK State: MI Zip Code: 48101

Telephone: 313-383-8300 Fax: 313-769-6889

Toll Free Number: 866-250-2241 (Required per NAC 639.708)

E-mail: pharmacy2@optown Drugs Pharmacy . com Website: N/A

Managing Pharmacist: STEPHANIE COUCH License Number: 5302030936

**TYPE OF PHARMACY AND**

**SERVICES PROVIDED**

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☒ ☐ Community  
☐ ☒ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services  
☐ ☒ Parenteral \*\*  
☐ ☒ Parenteral (outpatient)  
☐ ☒ Outpatient/Discharge  
☒ ☒ Mail Service  
☐ ☒ Long Term Care  
☐ ☒ Sterile Compounding \*\*  
☐ ☒ Non Sterile Compounding  
☐ ☒ Mail Service Sterile Compounding \*\*  
☐ ☒ Other Services: \_\_\_\_\_

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

5

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Valencia Pharmacy, Inc.

Physical Address: 7330 Southwest Freeway Suite A2 Houston TX 77074

Mailing Address: 7330 Southwest Freeway Suite A2

City: Houston State: TX Zip Code: 77074

Telephone: 713-995-1900 Fax: 713-995-1901

Toll Free Number: 1-866-287-1186 (Required per NAC 639.708)

E-mail: ValenciaTXRX@gmail.com Website: https://www.valenciapharma.com/

Managing Pharmacist: Alix Vincent License Number: 59990

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☒ ☐ Community  
☐ ☒ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services  
☐ ☒ Parenteral \*\*  
☐ ☒ Parenteral (outpatient)  
☐ ☒ Outpatient/Discharge  
☒ ☒ Mail Service  
☐ ☒ Long Term Care  
☐ ☒ Sterile Compounding \*\*  
☐ ☒ Non Sterile Compounding  
☐ ☒ Mail Service Sterile Compounding \*\*  
☒ ☐ Other Services: Non-Resident Pharmacy

\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

10/16/01



# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☐ New Pharmacy or ☒ **Ownership Change** (Provide current license number if making changes: **PH 03648**)  
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☒ Partnership - Pages 1,2,5,7

☐ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Walnut Creek Rx LLC

Physical Address: 11020 Q Street Omaha, NE 68137

Mailing Address: 11020 Q Street

City: Omaha State: NE Zip Code: 68137

Telephone: 402-281-1958 Fax: 402-403-4149

Toll Free Number: 877-647-4455 (Required per NAC 639.708)

E-mail: pharmacist@walnutcreekrx.com Website: www.walnutcreekrx.com (In Progress)

Managing Pharmacist: Kristi Hurley License Number: 12388

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds       )

☐ ☒ Internet See Statement *\*See Enclosed Statement*

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☒ Community

☐ ☒ Other:                                 

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral \*\*

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding \*\*

☐ ☒ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding \*\*

☐ ☒ Other Services:                                 

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**



11020 Q Street  
Omaha, NE 68137

To whom it may concern,

We did not check "Internet" in regard to the internet question due to we do not consider the pharmacy to be conducting business on the Internet. While we are creating a pharmacy-specific website so that consumers can easily find a contact number or information about the pharmacy, we do not use the internet to obtain information from consumers to fill or refill prescriptions. We do utilize the internet to perform lead generation activities and communicate to consumers the availability of pharmacy services through a network of pharmacies to which we belong (specific pharmacies are not referenced in these communications), but we do not understand this to be "conducting business" on the internet.

Thank you,

Walnut Creek Rx LLC

J

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509  
**APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE**

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☐ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms.  
☐ Publicly Traded Corporation – Pages 1,2,3,7      ☐ Partnership – Pages 1,2,5,7  
☐ Non Publicly Traded Corporation – Pages 1,2,4,7      ☒ Sole Owner – Pages 1,2,6,7

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Lakeview Pharmacy of Racine Inc

Physical Address: 516 Monument Square

Mailing Address: 516 Monument Square

City: Racine State: WI Zip Code: 53403

Telephone: 262.632.0520 Fax: 262.632.6777

Toll Free Number: 800.852.1445 (Required per NAC 639.708)

E-mail: melinda@lakeviewpharmacy.com Website: lakeviewpharmacy.com

Managing Pharmacist: Megan Haapanen License Number: 13307.40

**TYPE OF PHARMACY      **AND**      SERVICES PROVIDED**

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☒ ☐ Community  
☐ ☐ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services  
☐ ☒ Parenteral \*\*  
☐ ☒ Parenteral (outpatient)  
☐ ☒ Outpatient/Discharge  
☒ ☐ Mail Service  
☐ ☒ Long Term Care  
☐ ☒ Sterile Compounding \*\*  
☒ ☐ Non Sterile Compounding  
☐ ☒ Mail Service Sterile Compounding \*\*  
☐ ☐ Other Services: \_\_\_\_\_

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

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# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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Check box below for type of ownership and complete all required forms.  
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☒ Partnership – Pages 1,2,5,7  
☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Phar - More Rx, LLC

Physical Address: 29 Bala Ave Ste 114

Mailing Address: 29 Bala Ave Ste 114

City: Bala Cynwyd State: PA Zip Code: 19004

Telephone: 484 278 4308 Fax: 610 206 3516

Toll Free Number: 866 790 9878 (Required per NAC 639.708)

E-mail: info@pharmorex.com Website: \_\_\_\_\_

Managing Pharmacist: Elisia Jones License Number: RP 44563

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☐ ☒ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services  
☐ ☒ Parenteral \*\*  
☐ ☒ Parenteral (outpatient)  
☐ ☒ Outpatient/Discharge  
☒ ☐ Mail Service  
☐ ☒ Long Term Care  
☐ ☒ Sterile Compounding \*\*  
☒ ☐ Non Sterile Compounding  
☐ ☒ Mail Service Sterile Compounding \*\*  
☐ ☒ Other Services: \_\_\_\_\_

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

W

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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Check box below for type of ownership and complete all required forms.  
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7  
☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Premier Pharmacy Services

Physical Address: 711 Anderson Ave, Cliffside Park, NJ 07010

Mailing Address: 410 Cloverleaf Dr, Baldwin Park, CA 91706

City: see above State: see above Zip Code: see above

Telephone: 201-313-9797 Fax: 201-313-9798

Toll Free Number: 866-295-3015 (Required per NAC 639.708)

E-mail: contracting@premierpharmacy.com Website: n/a

Managing Pharmacist: Yoon-Young Kim License Number: 28RI03143700

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☒ ☐ Community  
☐ ☒ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services  
☐ ☒ Parenteral \*\*  
☐ ☒ Parenteral (outpatient)  
☐ ☒ Outpatient/Discharge  
☒ ☐ Mail Service  
☐ ☒ Long Term Care  
☐ ☒ Sterile Compounding \*\*  
☒ ☐ Non Sterile Compounding  
☐ ☒ Mail Service Sterile Compounding \*\*  
☐ ☒ Other Services: \_\_\_\_\_

\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

101766



X

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
(non-refundable and not transferable money order or cashier's check only)  
Application must be printed legibly or typed

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.

<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH _____)	
Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Alcon Laboratories, Inc.  
Physical Address: 6601 Oak Grove Rd., Suite 200  
City: Ft. Worth State: Tx Zip Code: 76134  
Telephone Number: 817-363-1371 Fax Number: 817-551-5079  
Toll Free Number: 817-363-1371  
E-mail: Stephani.prewitt@alcon.com Website: www.alcon.com  
Facility Manager: Stephani Prewitt  
Professional qualifications and experience of facility manager: Attached Resume

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies      ☒ Practitioners      ☒ Hospitals      ☒ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

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

Y

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Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Aquestive Therapeutics, Inc.

Physical Address: 30 Technology Drive

City: Warren State: NJ Zip Code: 07059

Telephone Number: (908) 941-1900 Fax Number: (908) 561-1209

Toll Free Number: N/A

E-mail: StateLicensing@aquestive.com Website: www.aquestive.com

Facility Manager: Robert Arnold

Professional qualifications and experience of facility manager: See attached resume

**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

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

Z

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See Attachment A

☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: **WH 02394**)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: AveXis, Inc.

Physical Address: 1940 USG Drive

City: Libertyville State: IL Zip Code: 60048

Telephone Number: 847-572-8922 Fax Number: 847-510-0775

Toll Free Number: 844-428-3947

E-mail: Agharst031@avexis.com Website: www.avexis.com

Facility Manager: Amanda D. Gharst

Professional qualifications and experience of facility manager: See Attachment C

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☐ Wholesalers  
☒ Other: Distributors and Clinics

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

AA

# NEVADA STATE BOARD OF PHARMACY

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Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership – Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

### GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Circassia Pharmaceuticals Inc.

Physical Address: 5151 McCrimmon Parkway, Suite 260

City: Morrisville State: NC Zip Code: 27560

Telephone Number: 866-275-6469 Fax Number: 866-630-6469

Toll Free Number: 866-275-6469

E-mail: state.licensing@circassia.com Website: www.circassia.com

Facility Manager: David Acheson

Professional qualifications and experience of facility manager: See attached

### Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers  
☐ Other: \_\_\_\_\_

### Type of Products to be handled or wholesaled by firm:

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



BB

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☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Crosstex International, Inc.

Physical Address: 10 Ranick Rd

City: Hauppauge

State: NY

Zip Code: 11788

Telephone Number: 888-276-7783

Fax Number: 631-582-1726

Toll Free Number: 888-276-7783

E-mail: pablom@crosstex.com

Website: www.crosstex.com

Facility Manager: Pablo Martinez

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

☐ 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: class 1 and class 2 US-FDA regulated devices

CC

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☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Direct Success Inc. dba Direct Success Pharmacy Department

Physical Address: 1710 Highway 34

City: Farmingdale State: NJ Zip Code: 07727

Telephone Number: 732-919-1234 Fax Number: 732-280-1350

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

E-mail: compliance@dsuccess.com Website: www.directsuccessinc.com

Facility Manager: Nick Cusanelli

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  
☒ Other: Veterinarians

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

DD

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☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Exelixis U.S., LLC

Physical Address: 1851 Harbor Bay Parkway

City: Alameda State: CA Zip Code: 94502

Telephone Number: (650) 837-7000 Fax Number: (650) 837-8300

Toll Free Number: N/A

E-mail: exelixis\_compliance@exelixis.com Website: https://www.exelixis.com/

Facility Manager: Jeffrey Hessekiel

Professional qualifications and experience of facility manager: \_\_\_\_\_  
Executive Vice President, General Counsel

**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers

☒ Other: Specialty Pharmacies and Specialty Distributors

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Poisons or Chemicals

☐ Controlled Substances (include copy of DEA)

☐ Other: \_\_\_\_\_

☐ Hypodermic Devices

☐ Veterinary Legend Drugs

EE

# NEVADA STATE BOARD OF PHARMACY

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### GENERAL INFORMATION

Facility Name: Horizon Medicines LLC

Physical Address: 150 Saunders Rd. Suite 200, Lake Forest, IL 60045

Mailing Address: 150 Saunders Rd, Suite 200

City: Lake Forest State: IL Zip Code: 60045

Telephone: 224-383-3000 Fax: 224-383-3001

Toll Free Number: N/A

E-mail: statelicense@horizonpharma.com Website: www.horizonpharma.com

Facility Manager: George Hampton

Professional qualifications and experience of facility manager: See attached

### Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies
 ☐ Practitioners
 ☒ Hospitals
 ☒ Wholesalers  
☒ Other: Nursing homes and Long Term Care facilities

### 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: \_\_\_\_\_

101521



FF

# NEVADA STATE BOARD OF PHARMACY

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☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

### GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Innogenix, LLC.

Physical Address: 8200 New Horizons Blvd

City: Amityville State: NY Zip Code: 11701

Telephone Number: (631) 450-4704 Fax Number: (631) 450-4707

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

E-mail: pgupta@innogenix.com

Website: http://www.innogenix.com/

Facility Manager: Pankaj Gupta

Professional qualifications and experience of facility manager: CV Attached

### Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers  
☐ Other: \_\_\_\_\_

### Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☒ Other: Over-the-Counter Drugs

GG

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☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: INTERCHEM CORPORATION

Physical Address: 6 PEARL COURT, SUITE M

City: ALLENDALE State: NJ Zip Code: 07401

Telephone Number: (201) 261-7333 Fax Number: (201) 261-7333

Toll Free Number: N/A

E-mail: stephanie@interchem.com Website: www.interchem.com

Facility Manager: RONALD MANNINO, RPh., CHAIRMAN

Professional qualifications and experience of facility manager: 37+ years as Chairman and co-founder of Interchem Corporation, the nation's largest provider of pharmaceutical bulk active raw materials and fine chemicals to the pharmaceutical industry.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies      ☐ Practitioners      ☐ Hospitals      ☐ Wholesalers  
☒ Other: API manufacturers

Type of Products to be handled or wholesaled by firm:

(APIs only, fine chemicals)  
☒ Legend Pharmaceuticals, ~~Supplies or Devices~~      ☐ Hypodermic Devices  
☐ Poisons or Chemicals      ☐ Veterinary Legend Drugs  
☒ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

HH

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☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: JM Logistical Services LLC

Physical Address: 14001 Mines Road, Suite B

City: Laredo State: Texas Zip Code: 78045

Telephone Number: (956) 625-6637 Fax Number: \_\_\_\_\_

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

E-mail: Juan@RxLogistical.com Website: \_\_\_\_\_

Facility Manager: Juan Vasquez

Professional qualifications and experience of facility manager: \_\_\_\_\_  
Warehouse Manager with 10 years career experience in transportation and distribution environments.

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

101651

II

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

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<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH____ Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input type="checkbox"/> Partnership - Pages 1,2,3,7 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6 <input type="checkbox"/> Sole Owner – Pages 1,2,3,8	
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**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Medunik USA, Inc.

Physical Address: 919 Conestoga Drive, Building One, Suite 202

City: Rosemont State: PA Zip Code: 19010

Telephone Number: 844-633-8645 Fax Number: 267-428-1809

Toll Free Number: NA

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

Facility Manager: Dennis Hopkins

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: Specialty Pharmacies

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



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☒ Publicly Traded Corporation – Pages 1,2,3,4      ☐ Partnership - Pages 1,2,3,7  
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Melinta Therapeutics, Inc.

Physical Address: 300 Tri-State International, Suite 272

City: Lincolnshire State: IL Zip Code: 60069

Telephone Number: (312) 724-9400 Fax Number: (224) 377-8030

Toll Free Number: N/A

E-mail: statelicensing@melinta.com Website: http://melinta.com/

Facility Manager: Paul Estrem

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  
☐ 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: \_\_\_\_\_

KK

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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Oak Drugs Inc.

Physical Address: 80 Red Schoolhouse Road, Building 2, Suite 20

City: Chestnut Ridge State: NY Zip Code: 10977

Telephone Number: 845-600-1122 Fax Number: 877-824-0702

Toll Free Number: n/a

E-mail: compliance.oakdrugs@gmail.com Website: www.oakdrugs.com

Facility Manager: Edner Carl Narcisse

Professional qualifications and experience of facility manager: Resume attached

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies      ☐ Practitioners      ☐ Hospitals      ☒ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

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

11

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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 or ☐ Ownership Change (Provide current license number if making changes: WH\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: PHARMA-C, INC.

Physical Address: 120 ROUTE 17 NORTH, SUITE 136

City: PARAMUS State: NJ Zip Code: 07652

Telephone Number: (201) 261-7333 Fax Number: (201) 857-8211

Toll Free Number: N/A

E-mail: vdurante@pharma-crx.com Website: www.pharma-crx.com

Facility Manager: VINCENT DURANTE, VICE PRESIDENT

Professional qualifications and experience of facility manager: 25+ years of progressive Pharmaceutical/ Health & Beauty Aid Managerial and Sales experience, with emphasis in manufacturing, international Trade and Marketing.

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

MM

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
**(non-refundable and not transferable money order or cashier's check only)**  
Application must be printed legibly or typed

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Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4      ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Primus Pharmaceuticals, Inc

Physical Address: 7373 N. Scottsdale Rd STE B-200

City: Scottsdale State: AZ Zip Code: 85253

Telephone Number: 480-483-1410 Fax Number: 480-483-2604

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

E-mail: mmartin@primusrx.com Website: www.primusrx.com

Facility Manager: Michael Martin

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

☐ 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: \_\_\_\_\_

NN

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
**(non-refundable and not transferable money order or cashier's check only)**  
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<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH _____) Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Quagen Pharmaceuticals LLC

Physical Address: 34 Fairfield Place

City: West Caldwell State: NJ Zip Code: 07006

Telephone Number: (973) 228-9600 Fax Number: (973) 228-9633

Toll Free Number: N/A

E-mail: ashish@quagenpharma.com Website: www.quagenpharma.com

Facility Manager: Ashish Shah

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  
☐ 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: Over-the-Counter Drugs

101650



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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
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<input checked="" type="checkbox"/> <b>New Wholesaler</b> or <input type="checkbox"/> <b>Ownership Change</b> (Provide current license number if making changes: WH _____) Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> <b>Publicly Traded Corporation</b> – Pages 1,2,3,4	<input type="checkbox"/> <b>Partnership</b> - Pages 1,2,3,7
<input checked="" type="checkbox"/> <b>Non Publicly Traded Corporation</b> – Pages 1,2,3,5,6	<input type="checkbox"/> <b>Sole Owner</b> – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Salus Medical, LLC

Physical Address: 2202 West Lone Cactus Drive

City: Phoenix State: Arizona Zip Code: 85027

Telephone Number: 888-566-3778 Fax Number: \_\_\_\_\_

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

E-mail: compliance.salusmedical@gmail.com Website: \_\_\_\_\_

Facility Manager: Hernan Alvarez

Professional qualifications and experience of facility manager: See attached

**Types of licensed outlets or authorized persons firm will serve:**

☒ **Pharmacies**                      ☐ **Practitioners**                      ☐ **Hospitals**                      ☒ **Wholesalers**  
☐ **Other:** \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

☒ **Legend Pharmaceuticals, Supplies or Devices**                      ☐ **Hypodermic Devices**  
☐ **Poisons or Chemicals**                      ☐ **Veterinary Legend Drugs**  
☒ **Controlled Substances (include copy of DEA)**  
☐ **Other:** \_\_\_\_\_

101519

PP

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
**(non-refundable and not transferable money order or cashier's check only)**  
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☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Schnucks Pharmacy Distribution Center

Physical Address: 13188 Lakefront Dr.

City: Earth City State: MO Zip Code: 63045

Telephone Number: 314-344-9654 Fax Number: 314-344-9259

Toll Free Number: 314-994-4158

E-mail: licensing@Schnucks.com Website: Schnucks.com

Facility Manager: Jed E. Penney

Professional qualifications and experience of facility manager: \_\_\_\_\_  
Jed has worked in legal and compliance for the last 16 years

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

QQ

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

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☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: ScieGen Pharmaceuticals Inc.

Physical Address: 89, Arkay Drive

City: Hauppauge State: New York Zip Code: 11788

Telephone Number: 631-434-2723 Fax Number: 631-357-3178

Toll Free Number: 1-855-724-3436

E-mail: info@sciegenpharm.com Website: http://sciegenpharm.com

Facility Manager: Venkata Siva Reddy PALEMPALLI

Professional qualifications and experience of facility manager: Kindly refer attached resume.

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers  
☒ Other: Licensed Distributors

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

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**NEVADA STATE BOARD OF PHARMACY**

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

**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

**(non-refundable and not transferable money order or cashier's check only)**

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Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
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☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Scripts Wholesale Inc.

Physical Address: 5006 16th Ave suite 3

City: Brooklyn State: ny Zip Code: 11204

Telephone Number: 347-663-2043 Fax Number: 347-685-1911

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

E-mail: 1430steven@gmail.com Website: scriptswholesale.com

Facility Manager: Steven Diamantstein

Professional qualifications and experience of facility manager: Steven has 10 years of experience working for Scripts

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: \_\_\_\_\_



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

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☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Spectrum Laboratory Products, Inc. D/B/A Spectrum Chemical Mfg. Corp.

Physical Address: 755-769-777 Jersey Ave

City: New Brunswick State: NJ Zip Code: 08901

Telephone Number: 732-214-1300 Fax Number: 310-516-2014

Toll Free Number: 1-800-772-8786

E-mail: itirmizi@spectrumchemical.com Website: WWW.SPECTRUMCHEMICAL.COM

Facility Manager: Ibad Tirmizi

Professional qualifications and experience of facility manager: over 10 years of experience in drug manufacturing and quality control/quality assurance

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers  
☒ Other: Academic institutions and facilities for research & development.

**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: \*\*Spectrum does not manufacture / sell finished dosages, only Active and Inactive Pharmaceutical Ingredients, solvents, etc.



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# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

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 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

### GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Western Wellness Solutions, LLC

Physical Address: 391 Sutter St. Suite 515

City: San Francisco State: CA Zip Code: 94108

Telephone Number: (855) 977-0975 Fax Number: (888) 960-2829

Toll Free Number: N/A

E-mail: hannah@phil.us Website: N/A

Facility Manager: Hannah Simon

Professional qualifications and experience of facility manager: Registered Pharmacist

### 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: \_\_\_\_\_

UU

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

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 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4      ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: WORLD GEN, LLC.

Physical Address: 120 ROUTE 17 NORTH, SUITE 127

City: PARAMUS State: NJ Zip Code: 07652

Telephone Number: (201) 261-7333 Fax Number: (201) 857-8211

Toll Free Number: (866) 513-9882

E-mail: vdurante@worldgenrx.com Website: www.worldgenrx.com

Facility Manager: VINCENT DURANTE

Professional qualifications and experience of facility manager: 25+ years of progressive Pharmaceutical/ Health and Beauty Aid Managerial and Sales experience, with emphasis in manufacturing, International Trade and Marketing.

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: \_\_\_\_\_

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
**(non-refundable and not transferable money order or cashier's check only)**  
Application must be printed legibly or typed

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☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4      ☒ Partnership - Pages 1,2,3,7  
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: WG CRITICAL CARE, LLC.

Physical Address: 120 ROUTE 17 NORTH, SUITE 130

City: PARAMUS State: NJ Zip Code: 07652

Telephone Number: (201) 261-7333 Fax Number: (201) 857-8211

Toll Free Number: (866) 513-9882

E-mail: vdurante@wgccah.com Website: www.wgcriticalcare.com

Facility Manager: VINCENT DURANTE

Professional qualifications and experience of facility manager: 25+ years of progressive Pharmaceutical/ Health and Beauty Aid Managerial and Sales experience, with emphasis in manufacturing, International Trade and Marketing.

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

WW

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
**(non-refundable and not transferable money order or cashier's check only)**  
 Application must be printed legibly or typed

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<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH____ Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input type="checkbox"/> Partnership - Pages 1,2,3,7 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6 <input type="checkbox"/> Sole Owner – Pages 1,2,3,8	
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**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Xellia Pharmaceuticals USA, LLC

Physical Address: 200 Northfield Road

City: Bedford, State: Ohio Zip Code: 44146

Telephone Number: 440-359-2050 Fax Number: 440-359-2465

Toll Free Number: N/A

E-mail: nirav.chandarana@xellia.com Website: www.xellia.com

Facility Manager: Matthew J. Slaw

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  
☒ Other: Manufacturers

**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: Active Pharmaceutical Ingredients and Finished Dose Form

XX

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
**(non-refundable and not transferable money order or cashier's check only)**  
Application must be printed legibly or typed

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☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: XPO Logistics Supply Chain, Inc.

Physical Address: 3300 Eagle Parkway

City: Ft. Worth State: Texas Zip Code: 76177

Telephone Number: (336) 447-2652 Fax Number: (336) 217-1847

Toll Free Number: Not Applicable

E-mail: Andy.Wattleworth@xpo.com Website: http://www.xpo.com/

Facility Manager: Gary Brumbaugh

Professional qualifications and experience of facility manager: See resume attached hereto.

**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: OTC Non-prescription devices and products of customer

10-K

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
(non-refundable and not transferable money order or cashier's check only)  
Application must be printed legibly or typed

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 or ☐ Ownership Change (Provide current license number if making changes: MD or MW \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms.  
☐ Publicly Traded Corporation – Pages 1,2,3,4      ☐ Partnership – Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Aeroflow Urology, Inc.

Physical Address: 65 Beale Rd #100, Arden, NC 28704

Mailing Address: 3165 Sweeten Creek Rd

City: Asheville State: NC Zip Code: 28803

Telephone Number: 844-276-5588 Fax Number: 866-420-7099

Toll Free Number: 844-276-5588

E-mail: audra.beauchamp@aeroflow.com Website: aeroflowurology.com

**MDEG Administrator Information (Person in charge on a daily basis.)**

Name: Audra Beauchamp

**Days and Hours that the Facility will be Regularly Operated:**

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5  
Fri: 9 to 5 Sat: 10 to 3 Sun: to Holidays: to

**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 checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Other: _____                 |  |

\*\* If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and a telephone number of a Nevada contact.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_



ZZ

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation □ Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation □ Pages 1,2,3,5	<input type="checkbox"/> Sole Owner □ Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: Avondale HME 3, Inc.

Physical Address: 41089 Enterprise Circle North # 112  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: same

City: Temecula State: CA Zip Code: 92590

Telephone: 1-877-353-1193 Fax: \_\_\_\_\_

E-mail: mmarcotti@avondalehme.com Website: \_\_\_\_\_

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

Mon: 9 to 3:30 Tue: 9 to 3:30 Wed: 9 to 3:30 Thu: 9 to 3:30  
Fri: 9 to 3:30 Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Meagan Marcotti

### 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>off the shelf orthotics</u>                       |

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

101530

AAA

**NEVADA STATE BOARD OF PHARMACY**

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

**APPLICATION FOR OUT-OF-STATE MDEG LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

**(non-refundable and not transferable money order or cashier's check only)**

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation □ Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation □ Pages 1,2,3,5	<input type="checkbox"/> Sole Owner □ Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

**FACILITY INFORMATION**Facility Name: Back Braces Plus, IncPhysical Address: 9365 US HWY 19N STE. A, PINELLAS PARK, FL 33782

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

Mailing Address: 9365 US HWY 19N STE. ACity: Pinellas Park State: FL Zip Code: 33782Telephone: 1-727-685-5904 Fax: 1-727-685-5953E-mail: info@backbracesplus.com Website: \_\_\_\_\_**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**Mon: 9AM to 5PM Tue: 9AM to 5PM Wed: 9AM to 5PM Thu: 9AM to 5PMFri: 9AM to 5PM Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**Name: Jimmy Darling III**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           | Other: <u>Off the shelf orthotics</u>                        |

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

BBB

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
(**non-refundable** and **not transferable money order or cashier s check only**) Application must  
be printed legibly or typed

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<input type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW <u>N/A</u> )
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

**FACILITY INFORMATION**

Facility Name: B. BRAUN INTERVENTIONAL SYSTEMS INC.

Physical Address: 200 BOULDER DRIVE. BREINIGSVILLE. PA 18031  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 824 TWELFTH AVENUE

City: BETHLEHEM State: PA Zip Code: 18018

Telephone: 610-997-4694 Fax: 610-997-4255

E-mail: PETER.FLOSDORF@BBBRAUNINTERVENTIONAL.COM Website: WWW.BISUSA.ORG

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

Mon: 8AM to 10PM Tue: 8AM to 10PM Wed: 8AM to 10PM Thu: 8AM to 10PM

Fri: 8AM to 10PM Sat: NONE Sun: NONE Holidays: 8AM to 10PM OR NONE

**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**

Name: PETER FLOSDORF

**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>N/A</u>   |

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Name: N/A

Telephone: N/A

CCC

## NEVADA STATE BOARD OF PHARMACY

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

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(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: Butterfly Network, Inc.

Physical Address: 530 Old Whitfield Street, Guilford, CT 06437  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: (same)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: 203-204-6600 Fax: 203-458-2514

E-mail: bsawin@butterflynetwork.com Website: www.butterflynetwork.com

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

Mon: 9:00 to 5:00 Tue: 9:00 to 5:00 Wed: 9:00 to 5:00 Thu: 9:00 to 5:00

Fri: 9:00 to 5:00 Sat: N/A to Sun: N/A to Holidays: N/A to

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Brian Sawin, Senior Regulatory Affairs Manager

### 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>Device Class 2 - diagnostic ultrasound imaging</u> |

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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# NEVADA STATE BOARD OF PHARMACY

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

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(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation □ Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation □ Pages 1,2,3,5	<input type="checkbox"/> Sole Owner □ Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: C&E Medical, INC

Physical Address: 3914 Murphy Canyon Road, Suite A212  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3914 Murphy Canyon Road, Suite A212

City: San Diego State: CA Zip Code: 921238

Telephone: 1-866-699-9661 Fax: 1-800-650-9641

E-mail: info@candemed.com Website: \_\_\_\_\_

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

Mon: 9 to 330 Tue: 9 to 330 Wed: 9 to 330 Thu: 9 to 330

Fri: 9 to 330 Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Carolyn Tomaino

### 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           | Other: <u>off the shelf orthotics</u>                        |

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Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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EEE

# NEVADA STATE BOARD OF PHARMACY

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

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(Please provide current license number if making changes: MP or MW _____)	
<input checked="" type="checkbox"/> Publicly Traded Corporation Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation Pages 1,2,3,5	<input type="checkbox"/> Sole Owner Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: Cardinal Health 200 LLC

Physical Address: 110 Kendall Park Lane Atlanta, GA 30336

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

Mailing Address: 7000 Cardinal PI Attention Cynthia Rhodes

City: Dublin State: OH Zip Code: 43017

Telephone: 614-553-3076 Fax: 614-652-0282

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

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

Mon: 5am to 230am Tue: Same Wed: Same Thu: Same

Fri: Same Sat: Same Sun: Same Holidays: Same

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: James Rachal

### 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>Prescription and OTC Devices</u> |

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Name: \_\_\_\_\_

Telephone: \_\_\_\_\_



FFF

# NEVADA STATE BOARD OF PHARMACY

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

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<input checked="" type="checkbox"/> Publicly Traded Corporation Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation Pages 1,2,3,5	<input type="checkbox"/> Sole Owner Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: Cardinal Health 200 LLC

Physical Address: 2 Ludlow Dr Chicopee, MA 01022

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

Mailing Address: 7000 Cardinal PI Attention Cynthia Rhodes

City: Dublin State: OH Zip Code: 43017

Telephone: 614-553-3076 Fax: 614-652-0282

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

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

Mon: \_\_\_\_\_ to \_\_\_\_\_ Tue: \_\_\_\_\_ to \_\_\_\_\_ Wed: \_\_\_\_\_ to \_\_\_\_\_ Thu: \_\_\_\_\_ to \_\_\_\_\_

Fri: \_\_\_\_\_ to \_\_\_\_\_ Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_ M-F 24 hrs Closed S & S

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Anne Gagnon

### 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>Perscription and OTC Devices</u> |

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

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GGG

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
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<input checked="" type="checkbox"/> Publicly Traded Corporation Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation Pages 1,2,3,5	<input type="checkbox"/> Sole Owner Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: Cardinal Health 200 LLC

Physical Address: 815 Tek Dr Crystal Lake, IL 60014

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

Mailing Address: 7000 Cardinal PI Attention Cynthia Rhodes

City: Dublin State: OH Zip Code: 43017

Telephone: 614-553-3076 Fax: 614-652-0282

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

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

Mon: \_\_\_\_\_ to \_\_\_\_\_ Tue: \_\_\_\_\_ to \_\_\_\_\_ Wed: \_\_\_\_\_ to \_\_\_\_\_ Thu: \_\_\_\_\_ to 7am - 11pm M-F

Fri: \_\_\_\_\_ to \_\_\_\_\_ Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Dreanna Alston

### 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>Prescription and OTC Devices</u> |

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Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

HHH

# NEVADA STATE BOARD OF PHARMACY

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

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<input checked="" type="checkbox"/> Publicly Traded Corporation Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation Pages 1,2,3,5	<input type="checkbox"/> Sole Owner Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: Cardinal Health 200 LLC

Physical Address: 2010 E International Speedway Blvd Deland, FL 32724

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

Mailing Address: 7000 Cardinal PI Attention Cynthia Rhodes

City: Dublin State: OH Zip Code: 43017

Telephone: 614-553-3076 Fax: 614-652-0282

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

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

Mon: 5am to 230am Tue: Same Wed: Same Thu: Same

Fri: Same Sat: Same Sun: Same Holidays: Same

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Barton Wiggans

### 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>Prescription and OTC Devices</u> |

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Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

111

## NEVADA STATE BOARD OF PHARMACY

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

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<input type="checkbox"/> Non Publicly Traded Corporation Pages 1,2,3,5	<input type="checkbox"/> Sole Owner Pages 1,2,3,7	
Please check box for type of ownership and complete correct part of the application.		

#### FACILITY INFORMATION

Facility Name: Cardinal Health 200 LLC

Physical Address: 1222 Sherwood Road Norfolk, NE 68701

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

Mailing Address: 7000 Cardinal PI Attention Cynthia Rhodes

City: Dublin State: OH Zip Code: 43017

Telephone: 614-553-3076 Fax: 614-652-0282

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

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

Mon: \_\_\_\_\_ to \_\_\_\_\_ Tue: \_\_\_\_\_ to \_\_\_\_\_ Wed: \_\_\_\_\_ to \_\_\_\_\_ Thu: \_\_\_\_\_ to \_\_\_\_\_ 7am - 4 pm M-F

Fri: \_\_\_\_\_ to \_\_\_\_\_ Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

#### **MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**

Name: Gabe Hansen

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

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

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Name: \_\_\_\_\_

Telephone: \_\_\_\_\_





## NEVADA STATE BOARD OF PHARMACY

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

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input checked="" type="checkbox"/> Publicly Traded Corporation Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation Pages 1,2,3,5	<input type="checkbox"/> Sole Owner Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: Cardinal Health 200 LLC

Physical Address: 1313 W Grant Blvd Wabasha, MN 55981

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

Mailing Address: 7000 Cardinal PI Attention Cynthia Rhodes

City: Dublin State: OH Zip Code: 43017

Telephone: 614-553-3076 Fax: 614-652-0282

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

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

Mon: \_\_\_\_\_ to \_\_\_\_\_ Tue: \_\_\_\_\_ to \_\_\_\_\_ Wed: \_\_\_\_\_ to \_\_\_\_\_ Thu: \_\_\_\_\_ to \_\_\_\_\_ 7am - 11 pm M-F

Fri: \_\_\_\_\_ to \_\_\_\_\_ Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jeffery Breuer

### 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>Prescription and OTC Devices</u> |

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

KKK

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: CLARIFY MEDICAL INC

Physical Address: 401 W A Street, Suite 950  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 401 W A Street, Suite 950

City: SAN DIEGO State: CA Zip Code: 92101

Telephone: (877) 520-5697 Fax: (844) 562-6896

E-mail: don@clarifymed.com Website: www.clarifymed.com

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

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

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: DON CANAL

### 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>home light therapy system</u>                     |

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: N/A Telephone: N/A



NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation ☐ Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation ☐ Pages 1,2,3,5	<input type="checkbox"/> Sole Owner ☐ Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

**FACILITY INFORMATION**

Facility Name: Discovery Medical Supply

Physical Address: 1301 Seminole Blvd. # 117,  
(This must be a business address, we can not issue a license to a home address)

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

City: Largo State: FL Zip Code: 33770

Telephone: 1-833-292-1581 Fax: \_\_\_\_\_

E-mail: info@discoverymedicalsupply Website: \_\_\_\_\_

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

Mon: 9 to 3:30 Tue: 9 to 3:30 Wed: 9 to 3:30 Thu: 9 to 3:30  
Fri: 9 to 3:30 Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

**MDEG ADMINISTRATOR INFORMATION:** Person in charge on a daily basis

Name: Meagan Marcolli

**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>off shelf orthotics</u>                           |

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

MMM

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation □ Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation □ Pages 1,2,3,5	<input checked="" type="checkbox"/> Sole Owner □ Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: Essential HME 2, Inc

Physical Address: 175 W. Lexington Ave. Ste. A El Cajon, CA 92020  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 175 W. Lexington Ave. Ste. A

City: El Cajon State: CA Zip Code: 92020

Telephone: 844-782-8440 Fax: 888-821-4251

E-mail: kpack@essentialhme.com Website: \_\_\_\_\_

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

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

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Katie Pack

### 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>Off the shelf orthotics</u>                       |

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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NNN

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation Pages 1,2,3,5	<input checked="" type="checkbox"/> Sole Owner Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: Gemstar Inc.

Physical Address: 27 Robert Pitt Drive Monsey NY 10952  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 27 Robert Pitt Drive

City: Monsey State: NY Zip Code: 10952

Telephone: 845-425-7676 Fax: 845-425-2620

E-mail: nmoeller@gemstarinc.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 1 Sat: — to — Sun: — to — Holidays: — to —

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Aron Grossman

### 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 | Other: _____  |

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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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 LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

**(non-refundable and not transferable money order or cashier's check only)**

Application must be printed legibly or typed

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation □ Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation □ Pages 1,2,3,5	<input type="checkbox"/> Sole Owner □ Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

**FACILITY INFORMATION**Facility Name: SD Orthotics, Inc.Physical Address: 148 E. 30th St., Suite 104 National City, CA 91950  
(This must be a business address, we can not issue a license to a home address)Mailing Address: 148 E. 30th St., Suite 104City: National City State: CA Zip Code: 91950Telephone: 1-866-387-5106 Fax: 619-789-4704E-mail: info@sdorthotics.com Website: \_\_\_\_\_**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**Mon: 9AM to 5PM Tue: 9AM to 5PM Wed: 9AM to 5PM Thu: 9AM to 5PMFri: 9AM to 5PM Sat: to Sun: to Holidays: to**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**Name: Stan Young**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           | Other: <u>Off the shelf Orthotics</u>                        |

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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PPP

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW_____)	
<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: XPO Logistics Supply Chain, Inc.

Physical Address: 2349 Route 130, South Brunswick, New Jersey 08902

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

Mailing Address: XPOLogistics, Attn:Richard EF Valitutto, General Counsel, 4035 Piedmont Parkway

City: High Point State: NC Zip Code: 27265

Telephone: (336) 232-4128 Fax: (336) 217-1847

E-mail: Richard.Valitutto@xpo.com Website: www.xpo.xom

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

Mon: 7 to 9:30 Tue: 7 to 9:30 Wed: 7 to 9:30 Thu: 7 to 9:30

Fri: 7 to 9:30 Sat: NA to NA Sun: NA to NA Holidays: NA to NA

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Donovan Barnes

### 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 - See Exhibit B</u>               |

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: Charles A. Wattleworth

Telephone: (336) 447-2652

10-K

101653

QQQ

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

**(non-refundable and not transferable money order or cashier's check only)**

Application must be printed legibly or typed

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.

<input checked="" type="checkbox"/> New Pharmacy or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: PH____ Check <u>box</u> below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.	
<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,10,11a&b <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b	<input type="checkbox"/> Partnership - Pages 1,2,6,10,11a&b <input type="checkbox"/> Sole Owner – Pages 1,2,8,10,11a&b

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: ER at Aliante, a Department of MountainView Hospital

Physical Address: 7207 ALIANTE PARKWAY

City: NORTH LAS VEGAS State: NEVADA Zip Code: 89084

Telephone: 702-962-9000 Fax: 702-962-5508

Website: https://mountainview-hospital.com/service/er-at-aliante E-mail: francisca.akoh@hcahealthcare.com

Managing Pharmacist: FRANCISCA AKOH

\_\_\_\_\_  
 License Number: 17829

TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
<input type="checkbox"/> <input checked="" type="checkbox"/> Retail	<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input checked="" type="checkbox"/> <input type="checkbox"/> Hospital (# beds <u>11</u> )	<input checked="" type="checkbox"/> <input type="checkbox"/> Parenteral
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear	<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community	<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____	<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding
	<input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding
	<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding
	<input checked="" type="checkbox"/> <input type="checkbox"/> Other Services
All boxes must be checked For the application to be complete	Administration of medications for patients in ER under the supervision of the medical providers.



RRR

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

**(non-refundable and not transferable money order or cashier's check only)**

Application must be printed legibly or typed

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.

<input checked="" type="checkbox"/> New Pharmacy or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: PH_____ Check <u>box</u> below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,10,11a&b <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b	<input type="checkbox"/> Partnership - Pages 1,2,6,10,11a&b <input type="checkbox"/> Sole Owner – Pages 1,2,8,10,11a&b

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Sav-On Pharmacy #3489

Physical Address: 6730 N Hualapai Way

City: Las Vegas State: NV Zip Code: 89149

Telephone: TBD Fax: TBD

Toll Free Number: NA E-mail: rxlicenses@albertsons.com

Website: www.albertsons.com

Managing Pharmacist: Eric VanMeter License Number: 17356

**TYPE OF PHARMACY AND**

**SERVICES PROVIDED**

Yes/No

- ☒ ☐ Retail
- ☐ ☒ Hospital (# beds \_\_\_\_\_)
- ☐ ☒ Internet
- ☐ ☒ Nuclear
- ☐ ☒ Ambulatory Surgery Center
- ☐ ☒ Community
- ☐ ☐ Other: \_\_\_\_\_

All boxes must be checked  
For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
- ☐ ☒ Parenteral
- ☐ ☒ Parenteral (outpatient)
- ☐ ☒ Outpatient/Discharge
- ☐ ☒ Mail Service
- ☐ ☒ Long Term Care
- ☐ ☒ Sterile Compounding
- ☒ ☐ Non Sterile Compounding
- ☐ ☒ Mail Service Sterile Compounding
- ☒ ☐ Other Services: Immunizations  
Pet meds w/prescriptions

SSS

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: LINCARE INC.

Physical Address: 280 A ST. UNIT 210, FALLON, NV 89406  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: PO BOX 9004 ATTN: LICENSING

City: CLEARWATER State: FL Zip Code: 33758

Telephone: 727-431-8416 Fax: 877-524-9504

E-mail: LICENSING@LINCARE.COM Website: WWW.LINCARE.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: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

### MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: DEBRA JOHNSON

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

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

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: DEBRA JOHNSON Telephone: 888-399-8895