

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: Maxxon Home Health Care, LLC dba 1RX Central Pharmacy & Medical Supplies

Physical Address: 1550 NW Federal Hwy Stuart, FL 34994

Mailing Address: 8250 NW 27th Street Ste 304 Attn: Licensing

City: Doral State: FL Zip Code: 33122

Telephone: 866-222-8148 Fax: 866-635-0585

Toll Free Number: 866-222-8148 (Required per NAC 639.708)

E-mail: licensing@maxxon-rx.com Website: N/A

Managing Pharmacist: Jennifer Fernandez License Number: PS50615

**TYPE OF PHARMACY AND SERVICES PROVIDED**

- Yes/No
- Retail
  - Hospital (# beds \_\_\_\_\_)
  - Internet
  - Nuclear
  - Ambulatory Surgery Center
  - Community
  - Other: \_\_\_\_\_

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

All boxes must be checked  
For the application to be complete

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

93245

B

NEVADA STATE BOARD OF PHARMACY

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Application box containing ownership options: New Pharmacy or Ownership Change, Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, Sole Owner.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Acro Pharmaceutical Services LLC
Physical Address: 313 Henderson Drive, Sharon Hill, PA 19079-1034
Mailing Address: 313 Henderson Drive
City: Sharon Hill State: PA Zip Code: 19079-1034
Telephone: 484-494-8217 Fax: 484-494-8235
Toll Free Number: 800-906-7798
E-mail: cduffy@acropharmacy.com Website: www.acropharmacy.com
Managing Pharmacist: Christopher Duffy License Number: RP438772

TYPE OF PHARMACY AND SERVICES PROVIDED

- Yes/No columns for Retail, Hospital, Internet, Nuclear, Ambulatory Surgery Center, Community, Other: Specialty, Off-site Cognitive Services, Parenteral, Outpatient/Discharge, Mail Service, Long Term Care, Sterile Compounding, Non Sterile Compounding, Mail Service Sterile Compounding, Other Services: Call Center.

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

C

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

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

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

Pharmacy Name: Riverside Pharmacy Associates (dba Apex Specialty Pharmacy)  
 Physical Address: 616 NW Platte Valley Drive  
 Mailing Address: 616 NW Platte Valley Drive  
 City: Riverside State: MO Zip Code: 64150  
 Telephone: 816.741.8844 Fax: 816.741.8849  
 Toll Free Number: 855.257.2584 (Required per NAC 639.708)  
 E-mail: darren@rxapex.com Website: www.Rxapex.com  
 Managing Pharmacist: Darren Lea Pharm.D. License Number: 45269

<u>TYPE OF PHARMACY</u>	<u>AND</u>	<u>SERVICES PROVIDED</u>
Yes/No		Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> <input 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 type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked  
 For the application to be complete

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93042

D

# NEVADA STATE BOARD OF PHARMACY

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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: AVELLA OF DEER VALLEY, INC. #38

Physical Address: 24416 N. 19<sup>th</sup> AVE.

Mailing Address: 1606 W. WHISPERING WIND BLD. 2<sup>ND</sup> FLOOR

City: PHOENIX State: AZ Zip Code: 85085

Telephone: (877) 719-6349 Fax: (877) 719-6362

Toll Free Number: (877) 719-6349 (Required per NAC 639.708)

E-mail: teri.kinzie@avella.com Website: www.avella.com

Managing Pharmacist: CHRISTOPHER DIROFFIA License Number: AZ: Sφ16655

### TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
<input checked="" type="checkbox"/>	<input type="checkbox"/> Retail	<input type="checkbox"/>	<input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/>	<input checked="" type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/>	<input type="checkbox"/> Community	<input type="checkbox"/>	<input checked="" type="checkbox"/> Long Term Care
<input checked="" type="checkbox"/>	<input type="checkbox"/> Other: <u>MAIL ORDER</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked  
For the application to be complete

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92945

E

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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: wright Specialty Pharmacy and Diabetic Supply, LLC  
OBA Benevere Specialty Pharmacy

Physical Address: 60 Market Center Dr. Ste. 103

Mailing Address: 60 Market Center Dr. Ste. 103

City: Collinsville State: TN Zip Code: 38017

Telephone: 901-314-5752 Fax: 901-314-5760

Toll Free Number: 855-344-8724 (Required per NAC 639.708)

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

Managing Pharmacist: Erin Sego License Number: 27033

### TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	AND	Yes/No
<input type="checkbox"/> <input checked="" type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input checked="" type="checkbox"/> <input type="checkbox"/> Other: <u>Specialty</u>		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" 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: <u>Specialty</u>

All boxes must be checked  
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92980

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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: CALIFORNIA SPECIALTY PHARMACY

Physical Address: 12466 E WASHINGTON BLVD

Mailing Address: 12466 E WASHINGTON BLVD

City: Whittier State: CA Zip Code: 90602

Telephone: 877-602-7779 Fax: 866-853-6555

Toll Free Number: 877-602-7779 (Required per NAC 639.708)

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

Managing Pharmacist: ETHAN HUYNH License Number: 58232

### TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	AND	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input checked="" type="checkbox"/> <input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/> Other: <u>Home Infusion</u>		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" 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: <u>Specialty Pharmacy</u>

All boxes must be checked  
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92853

G

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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: Fresenius USA Manufacturing, Inc. d/b/a Fresenius Medical Care North America

Physical Address: 371 S Royal Lane, Suite A DFW Airport, TX 75261-2008

Mailing Address: 920 Winter Street ATTN: Regulatory Affairs, Licensing

City: Waltham State: MA Zip Code: 02451

Telephone: 972-393-4000 Ext 4042 Fax: 972-393-4087

Toll Free Number: 866-577-8632 (Required per NAC 639.708)

E-mail: Frank.Petrillo@fmc-na.com Website: www.fmcna.com

Managing Pharmacist: Marilyn Flynn License Number: Texas Lic#30325

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No	AND	Yes/No
<input type="checkbox"/> <input checked="" type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input checked="" type="checkbox"/> <input type="checkbox"/> Other: <u>Closed Door Dialysis Pharmacy</u>		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked  
 For the application to be complete

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

92303

H

# 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: Medication Management Program

Physical Address: 921 Chatham Lane, Suite 100

Mailing Address: 921 Chatham Lane, Suite 100

City: Columbus State: OH Zip Code: 43221

Telephone: 614-292-1126 Fax: 614-688-2460

Toll Free Number: 844-866-3735 (Required per NAC 639.708)

E-mail: coleman.860@osu.edu Website: \_\_\_\_\_

Managing Pharmacist: Ashley Coleman License Number: RPH.03131875-1

### TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	AND	Yes/No
<input type="checkbox"/> <input checked="" type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/> Other: <u>Call Center</u>		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" 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: <u>Telephone consultation</u>

All boxes must be checked  
For the application to be complete

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

93205



I

# NEVADA STATE BOARD OF PHARMACY

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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: MedShop Pharmacy, Incorporated

Physical Address: 7895 Highway 119 suite 1

Mailing Address: 7895 Highway 119 Suite 1

City: Alabaster State: Alabama Zip Code: 35007

Telephone: 205-621-8407 Fax: 844-628-7569

Toll Free Number: 844-268-8500 (Required per NAC 639.708)

E-mail: Susan@medshoppharmacy.com Website: www.medshoppharmacy.com

Managing Pharmacist: Carla McEwen License Number: 13688

### 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,

93045

NEVADA STATE BOARD OF PHARMACY

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Application type selection box:
[X] New Pharmacy or [ ] Ownership Change
[ ] Publicly Traded Corporation - Pages 1,2,3,7
[ ] Partnership - Pages 1,2,5,7
[ ] Sole Owner - Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: PATIENT DIRECT RX

Physical Address: 159 GIBRALTAR RD

Mailing Address: 159 GIBRALTAR RD

City: HORSNAM State: NV Zip Code: 89404

Telephone: 866-567-1642 Fax: 215-323-4106

Toll Free Number: 866-567-1642 (Required per NAC 639.708)

E-mail: EBORELL@patientdirectrx.com Website: X

Managing Pharmacist: ERIC BORELL License Number: R036529 L PA

TYPE OF PHARMACY AND SERVICES PROVIDED

Checkboxes for pharmacy types (Retail, Hospital, Internet, Nuclear, Ambulatory Surgery Center, Community, Other: MAIL) and services (Off-site Cognitive Services, Parenteral, 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,

93235

K

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: PREMIER HEALTH PHARMACY, INC. DB/A PREMIER HEALTH PHARMACY

Physical Address: 20-07 127th St #312 College Point, NY. 11356

Mailing Address: 20-07 127th St #312

City: College Point State: NY Zip Code: 11356

Telephone: 718-661-0872 Fax: 718-661-0873

Toll Free Number: 844-859-5094 (Required per NAC 639.708)

E-mail: SKolta@ismarthealthcare.com Website: N/A

Managing Pharmacist: SAMANTHA LEE License Number: 052989

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,

93237

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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- |   |  |
|---|--|
| <input type="checkbox"/> New Pharmacy   | <input checked="" type="checkbox"/> Ownership Change<br>(Please provide current license number if making changes: PH02510) |
| <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7                | <input type="checkbox"/> Partnership - Pages 1,2,5,7   |
| <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7 | <input type="checkbox"/> Sole Owner – Pages 1,2,6,7  |
- Please check box for type of ownership and complete correct part of the application.

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

Pharmacy Name: R&R Compounding, DBA Talon Compounding

Physical Address: 2950 Thousand Oaks

Mailing Address: Same

City: San Antonio State: TX Zip Code: 78232

Telephone: 210 424 0025 Fax: 210 424 -0026

Toll Free Number: 800 250 6232 (Required per NAC 639.708)

E-mail: pharmacy@taloncompounding.com Website: taloncompounding.com

Managing Pharmacist: Rachel Pittman License Number: 51474

### TYPE OF PHARMACY AND SERVICES PROVIDED

- | Yes/No   | AND | Yes/No   |
|--|-----|--|
| <input checked="" type="checkbox"/> <input type="checkbox"/> Retail                    |     | <input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services         |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)   |     | <input type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> <input 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 type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding             |
|  |     | <input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding ** |
|  |     | <input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____               |
- All boxes must be checked  
For the application to be complete

\*\*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

\$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: Vickers Priority Care Pharmacy, LLC.
Physical Address: 31040 1st Avenue Northeast, Suite 5
Mailing Address: 31040 1st Avenue Northeast, Suite 5
City: Carbon Hill State: Alabama Zip Code: 35549
Telephone: (205) 924-9999 Fax: (205) 924-1998
Toll Free Number: 888-333-1290 (Required per NAC 639.708)
E-mail: vickers@prioritycarerx.net Website:
Managing Pharmacist: Hester Guy Able License Number: 10067

TYPE OF PHARMACY AND SERVICES PROVIDED

Form with two columns: TYPE OF PHARMACY AND SERVICES PROVIDED. Includes checkboxes for Retail, Hospital, Internet, Nuclear, Ambulatory Surgery Center, Community, Other, Off-site Cognitive Services, Parenteral, Outpatient/Discharge, Mail Service, Long Term Care, Sterile Compounding, Non Sterile Compounding, Mail Service Sterile Compounding, and 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,

93043

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**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)

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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 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: Walgreens #03707

Physical Address: 2100 Webster St., Room 105, San Francisco, CA 94115

Mailing Address: P.O. Box 901 Attn: Karina Lipnickas

City: Deerfield State: IL Zip Code: 60015

Telephone: (415) 441-5742 Fax: (415) 441-6915

Toll Free Number: 1-800-704-1137 (Required per NAC 639.708)

E-mail: rxm.03717@store.walgreens.com Website: www.walgreens.com

Managing Pharmacist: Michael Tse License Number: 62973

**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,**

92944

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**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: 1 Stop Pharmacy  
Physical Address: 11725 W. Bellfort  
Mailing Address: 11725 W. Bellfort  
City: Stafford State: TX Zip Code: 77477  
Telephone: 832 328 5996 Fax: 832 328 9126  
Toll Free Number: 844-676-8635 (Required per NAC 639.708)  
E-mail: licensing@one-stoppharmacy.com Website: N/A  
Managing Pharmacist: Collette Maria Scott License Number: 34813

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No		Yes/No	
<input checked="" type="checkbox"/>	<input type="checkbox"/> Retail	<input type="checkbox"/>	<input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/>	<input checked="" type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked  
For the application to be complete

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

93204