

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: ALLCARE PHARMACY, INC.

Physical Address: 12 PLYMOUTH STREET, SUITE 100

Mailing Address: 12 PLYMOUTH STREET, SUITE 100

City: WORCESTER State: MASSACHUSETTS Zip Code: 01608-2121

Telephone: 508-754-8800 Fax: 508-754-8878

Toll Free Number: 1-855-716-3563 (Required per NAC 639.708)

E-mail: AREN.LEIGHTON@RXALLCARE.COM Website: HTTPS://WWW.RXALLCARE.COM

Managing Pharmacist: PAUL LENZ License Number: PH25313

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,

93518

B

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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: Global Medical Therapeutics

Physical Address: 1890 south 3850 west #121A

Mailing Address: 1890 south 3850 west #121A

City: Salt Lake City State: Utah Zip Code: 84104-4909

Telephone: 801-935-4305 Fax: 801-953-0908

Toll Free Number: 844-498-2517 (Required per NAC 639.708)

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

Managing Pharmacist: Syed Maysam Mortazavi License Number: 5560080-1701

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: <u>N/A</u>		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
All boxes must be checked		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
For the application to be complete		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: <u>N/A</u>

**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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C

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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: Heritage Biologics, Inc
Physical Address: 255 NW Victoria Drive
Mailing Address: 255 NW Victoria Drive
City: Lee's Summit State: MO Zip Code: 64086
Telephone: 816-875-5101 Fax: 844-878-6917
Toll Free Number: 855-937-7273 (Required per NAC 639.708)
E-mail: hskelton@heritagebiologics.com Website: www.heritagebiologics.com
Managing Pharmacist: Holly S Skelton License Number: 2010023011

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 type="checkbox"/> <input type="checkbox"/> Other Services: _____

All boxes must be checked
For the application to be complete

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D

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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: Paragon Healthcare Specialty

Physical Address: 17111 Preston Rd., Ste 100

Mailing Address: 17111 Preston Rd., Ste 100

City: Dallas State: TX Zip Code: 75248-1234

Telephone: 888-588-1072 Fax: 866-388-1488

Toll Free Number: 888-588-1072 (Required per NAC 639.708)

E-mail: eh@paragonhealthcare.com Website: www.paragonspecialty.com

Managing Pharmacist: Eric Dustin Ho License Number: SI668(TX)

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: Hemophilia

All boxes must be checked
For the application to be complete

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93711

E

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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: Pioneer Pharmaceuticals, LLC

Physical Address: 5101 Avenue H, #18

Mailing Address: 5101 Avenue H, #18

City: Rosenberg State: TX Zip Code: 77471

Telephone: 832.759.5114 Fax: 832.759.5115

Toll Free Number: 8779261650 (Required per NAC 639.708)

E-mail: christinap@pharmlicensing.com N/A

Managing Pharmacist: Joseph Hall License Number: 16754

TYPE OF PHARMACY AND SERVICES PROVIDED

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 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>DME</u>

All boxes must be checked
For the application to be complete

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93579

F

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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: Priority Care Pharmacy Services, LLC

Physical Address: 11000 Highland Drive

Mailing Address: 11000 Highland Drive

City: Amory State: MS Zip Code: 38821

Telephone: 888-333-1290 Fax: (877)828-4330

Toll Free Number: 888-333-1290 (Required per NAC 639.708)

E-mail: pharmacy@prioritycarerx.net Website: _____

Managing Pharmacist: William H. Austin License Number: E-07344

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"/> Other: _____
<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 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: _____

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93417

G

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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: ProCare Pharmacy Care, LLC

Physical Address: 3891 Commerce Parkway

Mailing Address: 3891 Commerce Parkway

City: Miramar State: FL Zip Code: 33025

Telephone: 800-662-0586 Fax: 800-662-0590

Toll Free Number: 800-662-0586 (Required per NAC 639.708)

E-mail: dsawh@procarerx.com Website: www.procarerx.com

Managing Pharmacist: Daven Sawh License Number: PS47900

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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93646

H

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

Partnership ^{Limited} – 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: Recept Pharmacy #1

Physical Address: 800 8th Ave., Ste. 130 Fort Worth, TX 76104

Mailing Address: 1620 W. Northwest Hwy, Ste. 100

City: grapevine State: TX Zip Code: 76051

Telephone: 817-335-5712 Fax: 817-332-5363

Toll Free Number: 866-326-1425 (Required per NAC 639.708)

E-mail: tammie@receptrx.com Website: receptrx.com

Managing Pharmacist: Wesley Skalak License Number: 43221/23060

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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93603

I

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New Pharmacy or Ownership Change (Provide current license number if making changes: PH 02879)
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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: VALLEY CAMPUS PHARMACY, INC. dba TNH PHARMACY 2

Physical Address: 15211 VANOWEN STREET SUITE 301 VAN NUYS, CA 91405

Mailing Address: ATTN: LICENSING 4100 S. SAGINAW ST.

City: FLINT State: MI Zip Code: 48507

Telephone: 818-988-1288 Fax: 855-356-1096

Toll Free Number: 877-849-9591 (Required per NAC 639.708)

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

Managing Pharmacist: HAGOP SIMITYAN License Number: RPH 65882

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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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: Wecare Pharmaceutical Services Inc.

Physical Address: 2121 North D Street San Bernardino CA 92405

Mailing Address: 2121 North D Street

City: San Bernardino State: CA Zip Code: 92405

Telephone: (909) 693-3376 Fax: (909) 494-5582

Toll Free Number: (877) 301-0636 (Required per NAC 639.708)

E-mail: Erik Tran@Rxwecare.com Website: www.rxwecare.com

Managing Pharmacist: Hong Tran License Number: 52824

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: _____

All boxes must be checked
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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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K

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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

LLC

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Farre's Baytown Pharmacy

Physical Address: 620 Blue Meadow Rd., Bay St. Louis, MS 39520

Mailing Address: Same

City: _____ State: _____ Zip Code: _____

Telephone: 228-220-1050 Fax: 228-467-4638

Toll Free Number: 855-853-9390 (Required per NAC 639.708)

E-mail: bmarcia@baytownpharmacy.com Website: _____

Managing Pharmacist: William A. Marcia License Number: T-010844

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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