

# 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: MEDSTAR PHARMACY LLC

Physical Address: 9843 SW 184TH ST , PALMETTO BAY, FL 33157

Mailing Address: 8260 NW 27TH ST #403 ATTN: LICENSING DEPT

City: DORAL State: FL Zip Code: 33122

Telephone: (305) 278-1659 Fax: (305) 278-1660

Toll Free Number: 877-853-1538 (Required per NAC 639.708)

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

Managing Pharmacist: MARTHE ANTOINE License Number: PS 30371

### 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,**

91590

# APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes  No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes  No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes  No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes  No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes  No

**If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached.** Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

ZACHARY SCHIFFMAN

Print Name of Authorized Person

1/19/16

Date

Page 2

Board Use Only

Date Processed: 1/27/16

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A PUBLICLY TRADED CORPORATION**

State of Incorporation: Florida  
Parent Company if any: N/A  
Corporation Name: US MED,LLC  
Mailing Address: 8260 NW 27 STREET  
City: MIAMI State: FLORIDA Zip: 33122  
Telephone: (305)436-3066 Fax: (305) 436 1137  
Contact Person: ZACHARY SCHIFFMAN

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: N/A  
Registration number issued: \_\_\_\_\_  
Stock Exchange: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

Monday thru Friday 9 am 5 pm                      Saturday closed am \_\_\_\_\_ pm  
Sunday closed am \_\_\_\_\_ pm                      24 Hours \_\_\_\_\_

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

**Must be included with the application for a publicly traded corporation**

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months. SEE ATTACHED

List of officers and directors.  
SEE ATTACHED

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, ZACHERY SCHIFFMAN

Responsible Person of MEDSTAR PHARMACY, LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

ZACHERY SCHIFFMAN

Print Name of Authorized Person



Date