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

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

laws of the State of Nevada.	
New Pharmacy (Please provide current license number	☐ Ownership Change if making changes: PH)
 □ Publicly Traded Corporation – Pages 1,2,3,7 □ Non Publicly Traded Corporation – Pages 1,2,4,7 Please check box for type of ownership and complete 	☐ Partnership - Pages 1,2,5,7 ☐ Sole Owner – Pages 1,2,6,7 correct part of the application.
GENERAL INFORMATION to be completed by all t	
Bharman Ally Scripts	
Physical Address: 201 Lonnie E. Cro	whord Blad Ste D
Mailing Address: <u>Same as al</u>	25710
City: Scottsboro State:	Zip Code: <u>33 (69</u>
Telephone (844)309-7171 Fax: (844)	1309-4173
Toll Free Number: (844)309-7171 (Rec	uired per NAC 639.708)
E-mail: into @allyscripts.com Web	site: allyscripts.com
Managing Pharmacist: Lisa D. Pierce	License Number: AL 16643 applying for NV
-2	offixing in
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No □ ☑ Off-site Cognitive Services
ip □ Retail	☐ ☑ Parenteral **
□ □ Hospital (# beds)	☐ ; ☐ Parenteral (outpatient)
□ ☑ Internet	□ ☑ Outpatient/Discharge
□ 、☑ Nuclear □ 、☑ Ambulatory Surgery Center	☑ ☐ Mail Service
☐ ☐ Community	☐ ☑ Long Term Care
□ ☑ Other:	☐ ☑ Sterile Compounding **
	☐ ☑ Non Sterile Compounding **
All boxes must be checked	☐ ☑ Mail Service Sterile Compounding ** ☐ ☑ Other Services:
For the application to be complete	☐ VA Other Services
	be required to make an



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Check box below for type of ownership and comp ☐ Publicly Traded Corporation — Pages 1,2,3,7 ☐ Non Publicly Traded Corporation — Pages 1,2,	Provide current license number if making changes: PH plete all required forms. ☐ Partnership - Pages 1,2,5,7 4,7 ☑ Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be completed	l by all types of ownership
Pharmacy Name: Alpha-Omega Pharmacy LLC	C
Physical Address: 4142 Commercial Way Sprin	ng Hill, FL 34606
Mailing Address: 4142 Commercial Way	
City: Spring Hill Stat	te: Florida Zip Code: 34606
Telephone: 352-600-7950 Fax:	352-600-7955
Toll Free Number: <u>1-844-557-0835</u>	_ (Required per NAC 639.708)
L-mail. comact@alpna-omegapharmacy.com	Website: www.alpha-omegapharmacy.com
Managing Pharmacist: Don Hanna	License Number: PS17531
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No Off-site Cognitive Services Parenteral ** Outpatient/Discharge Mail Service Long Term Care Sterile Compounding ** Non Sterile Compounding Mail Service Sterile Compounding ** Other Services:

appearance at the board meeting,

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laws of the State of Nevada.	
New Pharmacy (Please provide current license number) Publicly Traded Corporation – Pages 1,2,3,7 Non Publicly Traded Corporation – Pages 1,2,4,7 Please check box for type of ownership and complete	☐ Partnership - Pages 1,2,5,7 ☐ Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete GENERAL INFORMATION to be completed by all Pharmacy Name: Dicot Rx 1, LLC dba Box Physical Address: 725 N. Main St, Ste Mailing Address: 725 N. Main St, Ste City: Doerne State:	types of ownership 2
Managing Pharmacist: Tiffany Rich and P	SERVICES PROVIDED
Yes/No Retail Hospital (# beds) Mainternet 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 ☐ ☐ Sterile Compounding ** ☐ Non Sterile Compounding ☐ Mail Service Sterile Compounding ** ☐ Other Services:
	onvices you will be required to make an

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All New Pharmacy or ☐Ownership Change (Providence of the Check box below for type of ownership and complete ☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Non Publicly Traded Corporation – Pages 1,2,4,7	de current license number if making changes: PH e all required forms. ☐ Partnership - Pages 1,2,5,7 Sole Owner - Pages 1,2,5,7
GENERAL INFORMATION to be completed by	/ all types of ownership
Pharmacy Name: BOOKside Px, LLC	an types of ownership
Physical Address: 11020 A 5tttct	
Mailing Address: IIDAD & STYLLY	
City: DMAN State:	NE Zip Code: 1080127
Fax: 4	12-403-4149
1011 Free Number: 9771-141-4455 (F	Required per NAC 639 708)
E-mail: pharmaciste brooksicherx. com W	ebsite: NA
Managing Pharmacist: Knish Hurky	License Number: 12399
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 ** Outpatient/Discharge Mail Service Long Term Care Sterile Compounding ** Non Sterile Compounding
All boxes must be checked For the application to be complete	☐
**If you check "yes" on any of these types of ser	Nicos ver all'I

^{**}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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Any misrepresentation in the answer to any question on this application is grounds for refusal or

Any misrepresentation in the answer to any ques denial of the application or subsequent revocation	n of the license issued and is a violation of the
laws of the State of Nevada.	
New Pharmacy (Please provide current license nu	☐ Ownership Change (umber if making changes: PH)
Publicly Traded Corporation – Pages 1,2,3,7 ☐ Non Publicly Traded Corporation – Pages 1,2,4,7 Please check box for type of ownership and corr	Partnership - Pages 1,2,5,7
GENERAL INFORMATION to be completed by	y all types of ownership
Pharmacy Name: Chemistry Rx	
Physical Address: 829 Spruce St	5te 100
Mailing Address: 829 Spruce St. City: Phila delphia State:	74. 100 Zip Code: 19/07
Telephone: 855-790-0100 Fax:	267-861-0002
- 11 - N - 12 - 17 - 11 00	(Required per NAC 639.708)
E-mail: 1nfo@Chemistry 1x. con	Website: Www. Alemstryrx.com
Managing Pharmacist: Vick, Jung	License Number: 179170
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
Retail	☐ V Off-site Cognitive Services
Hospital (# beds)	Parenteral **
□ ↓ Internet	□ ▼ Parenteral (outpatient) □ ▼ Outpatient/Discharge
□ Nuclear	1 2
Ambulatory Surgery Center	☐ Mail Service ☐ Long Term Care
□ ★ Community	☐ Sterile Compounding **
□ ★ Other:	Non Sterile Compounding
booked	Mail Service Sterile Compounding
All boxes must be checked For the application to be complete	Other Services:
For the spin-	factions you will be required to make an



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Check box below for type of ownership and compl ☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Non Publicly Traded Corporation – Pages 1,2,4	ovide current license number if making changes: PHete all required forms. ☐ 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: HRx Pharmacy LLC	Types of ownership
Physical Address: 4227 S Highland Dr. Ste 6	
Mailing Address: 4227 S Highland Dr. Ste 6	
City: Salt Lake City	: <u>UTZip Code</u> : <u>84124</u>
Telephone: 801-553-3426 Fax:	801-553-2540
Toll Free Number: 877.401.4317	(Required per NAC one ===
L=HIAII COVWAIKer@amail.com	
	Website: NA
Managing Pharmacist: Cody Walker	License Number: 6450171-1701
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
☑ □ Retail	☐ ☑ Off-site Cognitive Services
☐ ☑ Hospital (# beds)	☐ ☑ Parenteral **
□ ☑ Internet	☐ ☑ Parenteral (outpatient)
□ ☑ Nuclear	□ ☑ Outpatient/Discharge
☐ ☑ Ambulatory Surgery Center	☑ ☐ Mail Service
□ ☑ Community	□ ☑ Long Term Care
□ ☑ Other:	☐ ☑ Sterile Compounding **
	☐ ☑ Non Sterile Compounding
A II 1-	
All boxes must be checked For the application to be complete	☐ ☑ Mail Service Sterile Compounding **

^{**}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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laws of the State of Nevada.	
New Pharmacy (Please provide current license number	Ownership Change er if making changes: PH)
Publicly Traded Corporation – Pages 1,2,3,7 Non Publicly Traded Corporation – Pages 1,2,4,7 Please check box for type of ownership and complete	☐ 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: Incline Health LLC	
Physical Address: 331 Tom Hunter Rd, Fort Lee, NJ	07024
Mailing Address: 331 Tom Hunter Rd, Fort Lee, NJ	
City: Fort Lee State: Ne	Zip Code: 07024
City: Fort Lee	0.70.0040
Telephone: (201) 676-3838 Fax: (201)) 6/6-3848
Toll Free Number: (844) 294-6402 (Re	equired per NAC 639.708)
F-mail· inclinehealthLLC@gmail.com Well	bsite: N/A
Managing Pharmacist: Allison Koch	License Number: 28RI03399000
Managing Filannaoide. 7.migan 11895.	
TYPE OF PHARMACY AND	SERVICES PROVIDED
NUT OF THE PROPERTY OF THE PRO	Yes/No
Yes/No	□ ☑ Off-site Cognitive Services
☐ ☐ Hospital (# beds)	☐ 回 Parenteral **
□ Internet	☐ 🗹 Parenteral (outpatient)
□ Nuclear	□
☐ Ambulatory Surgery Center	☑ ☐ Mail Service
☐ ☐ Community	□ In Long Term Care
□	☐ Sterile Compounding **
-	□ ☑ Non Sterile Compounding
All boxes must be checked	☐ Mail Service Sterile Compounding **
For the application to be complete	□ Other Services:
	ervices, you will be required to make an

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



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☐ Publicly Traded (☑ Non Publicly Trade	r type of ownership and com Corporation – Pages 1,2,3,7 ded Corporation – Pages 1,2	Provide current license number if making changes: PH nplete all required forms. ☐ Partnership - Pages 1,2,5,7 2,4,7 ☐ Sole Owner Pages 1,2,6,7	
GENERAL INFOR	MATION to be completed	d by all types of ownership	
Pharmacy Name:	Lumicera Health Service	es, LLC	
Physical Address:	11000, 120		
Mailing Address: _			
City: Phoenix	Sta	ate: Arizona Zin O I 95054	
Telephone: 855-	847-3553 Fax:	855-547-3558	
Toll Free Number:	955 947 9559	(Required per NAC 639.708)	
-mail:contact@l	umicera.com	Website: www.Lumicera.com	
lanaging Pharmaci		License Number: AZ - S017245	
	OF PHARMACY AND	SERVICES PROVIDED	
Yes/No		Yes/No	
	Retail	☐	
	Hospital (# beds)	☐ ♀ Parenteral **	
	nternet	□	
	Nuclear	☐ '	
	Ambulatory Surgery Center	☑ ☐ Mail Service	
U -	Community	□ ☑ Long Term Care	
	Thor: Indonesia (☐ ☑ Sterile Compounding **	
	Other: Independent	x = 15 iii	
<u> </u>			
☐ ☑ (☑ ☐ (All boxes	must be checked		

^{&#}x27;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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☑New Pharmacy or ☐ Ownership Chang e(Provide cu Check box below for type of ownership and complete all ☐ Publicly Traded Corporation – Pages 1,2,3,7 ☑ Non Publicly Traded Corporation – Pages 1,2,4,7	required forms.
GENERAL INFORMATION to be completed by all	
Pharmacy Name: Medication Review, Inc	
Physical Address:104 S. Freya St, #225 Turquoise F	Flag Bldg
Mailing Address:104 S. Freya St, #225 Turquoise F	lag Bldg
City: Spokane State: W	ashington Zip Code: 99202
Telephone: <u>509-343-5200</u> Fax: <u>509-</u>	
Toll Free Number: <u>800-236-1900</u> (Re	
	osite: www.medicationreview.com
Managing Pharmacist:	License Number:
	Yes/No
Yes/No □ [X] Retail	☐ ☑ Off-site Cognitive Services
□	□ ☑ Parenteral **
☐ ☑ Internet	□ ☑ Parenteral (outpatient)
□ ⊠ Nuclear	□ ☑ Outpatient/Discharge
☐	☐ ဩ Mail Service
□ ☑ Community	□ 🗓 Long Term Care
☑ ☑ Other: Remote order entry	☐ ☐ Sterile Compounding **
Temple start charge	□ □ Non Sterile Compounding
All boxes must be checked	☐ 🙀 Mail Service Sterile Compounding **
For the application to be complete	☐ Other Services: Remote order entry
	with a volumill be required to make an

^{**}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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New Pharmacy (Please provide current lice	☐ Ownership Change ense number if making changes: PH)
 □ Publicly Traded Corporation – Pages 1,2,3, □ Non Publicly Traded Corporation – Pages 1 Please check box for type of ownership and 	7 🖾 Partnership - Pages 1,2,5,7
GENERAL INFORMATION to be complete	ed by all types of ownership
Pharmacy Name: MEDPHARMA PHARMACY PA	RTNERS 11, LP dba MEDPHARMA PHARMACY
Physical Address: 2600 N. STEMMONS FWY, ST.	E 164 DALLAS, TEXAS 75207
Mailing Address: 2600 N. STEMMONS FWY, ST	
	tate:TEXASZip Code:75207
Telephone: <u>469-331-8290</u> Fa	X: 469-331-8291
Toll Free Number: 855-550-0976	
E-mail; infoTX@medpharma.com	
	Website: www.medpharma.com
Managing Pharmacist: ANGELA CHI ALVAREZ	License Number: 48830
Managing Pharmacist: ANGELA CHI ALVAREZ .	License Number: 48830
	License Number: 48830
Managing Pharmacist: ANGELA CHI ALVAREZ TYPE OF PHARMACY AND Yes/No	License Number: 48830
Managing Pharmacist: ANGELA CHI ALVAREZ TYPE OF PHARMACY AND Yes/No 日 口 Retail	License Number: 48830 SERVICES PROVIDED Yes/No
Managing Pharmacist: ANGELA CHI ALVAREZ TYPE OF PHARMACY AND Yes/No	License Number: 48830 SERVICES PROVIDED Yes/No Off-site Cognitive Services
Managing Pharmacist: ANGELA CHI ALVAREZ TYPE OF PHARMACY AND Yes/No 日 口 Retail	License Number: 48830 SERVICES PROVIDED Yes/No □ ☑ Off-site Cognitive Services □ ☑ Parenteral **
Managing Pharmacist: ANGELA CHI ALVAREZ TYPE OF PHARMACY AND Yes/No 区 口 Retail 口 凶 Hospital (# beds)	License Number: 48830 SERVICES PROVIDED Yes/No □ ☑ Off-site Cognitive Services □ ☑ Parenteral ** □ ☑ Parenteral (outpatient)
Managing Pharmacist: ANGELA CHI ALVAREZ TYPE OF PHARMACY AND Yes/No 図 □ Retail □ 図 Hospital (# beds) □ 図 Internet	License Number: 48830 SERVICES PROVIDED Yes/No □ ☑ Off-site Cognitive Services □ ☑ Parenteral ** □ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge
Managing Pharmacist: ANGELA CHI ALVAREZ TYPE OF PHARMACY AND Yes/No 它 □ Retail □ ☑ Hospital (# beds) □ ☑ Internet □ ☑ Nuclear	License Number: 48830 SERVICES PROVIDED Yes/No □ ☑ Off-site Cognitive Services □ ☑ Parenteral ** □ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge ☑ Mail Service
Managing Pharmacist: ANGELA CHI ALVAREZ TYPE OF PHARMACY AND Yes/No □ Retail □ ☑ Hospital (# beds) □ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery Center	License Number: 48830 SERVICES PROVIDED Yes/No □ ☑ Off-site Cognitive Services □ ☑ Parenteral ** □ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge ☑ Mail Service □ ☑ Long Term Care
Managing Pharmacist: ANGELA CHI ALVAREZ TYPE OF PHARMACY AND Yes/No □ Retail □ ☑ Hospital (# beds) □ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery Center □ ☑ Community	License Number: 48830 SERVICES PROVIDED Yes/No □ ☑ Off-site Cognitive Services □ ☑ Parenteral ** □ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge ☑ □ Mail Service □ ☑ Long Term Care □ ☑ Sterile Compounding **
Managing Pharmacist: ANGELA CHI ALVAREZ TYPE OF PHARMACY AND Yes/No 日 日 Retail 日 日 Hospital (# beds) 日 日 Internet 日 日 Nuclear 日 日 Ambulatory Surgery Center	License Number: 48830 SERVICES PROVIDED Yes/No □ ☑ Off-site Cognitive Services □ ☑ Parenteral ** □ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge ☑ □ Mail Service □ ☑ Long Term Care □ ☑ Sterile Compounding **

annogrance at the hoard meeting



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New Pharmacy or Downership Chang e (Provide currection Check box below for type of ownership and complete all reduction Publicly Traded Corporation — Pages 1,2,3,7 Non Publicly Traded Corporation — Pages 1,2,4,7	equired forms. Partnership - Pages 1,2,5,7
GENERAL INFORMATION to be completed by all t	ypes of ownership
Pharmacy Name: <u>Medi Script Pharma</u>	acy
Physical Address: 8121 Broadway 8	Street Suite \$105
Mailing Address: 8121 Broad way 5t	reet Suite #105
City: Houston State:	
Telephone: (713) 910 - 3774 Fax: (713	3)910-3314
Toll Free Number: (877) 578 - 0906 (Red	quired per NAC 639.708)
E-mail: mediscript (XOyahov.com Web	site: NIA
Managing Pharmacist: Katwala Carole Kaluk	cuta_ License Number: 50900
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
☆ □ Retail	□ X Off-site Cognitive Services
☐ 🙀 Hospital (# beds)	☐ X Parenteral **
□ 💢 Internet	□ 网 Parenteral (outpatient)
□ 💢 Nuclear	□
☐ 💢 Ambulatory Surgery Center	Mail Service
Community	□ Kong Term Care
□ □ Other:	☐ X Sterile Compounding **
	□ Non Sterile Compounding
All boxes must be checked	☐ Mail Service Sterile Compounding **
For the application to be complete	☐ Other Services:
	rvices, you will be required to make an

^{**}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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Check box below for Publicly Traded ☐ Non Publicly Tra	or M Ownership Chang e (or type of ownership and con Corporation – Pages 1,2,3,7 ded Corporation – Pages 1,	Provide current license number if making changes: PH 02999 mplete all required forms. ☐ Partnership - Pages 1,2,5,7 2,4,7 ☐ Sole Owner - Pages 1,2,6,7
GENERAL INFOR	RMATION to be complete	ed by all types of ownership
Pharmacy Name:	Novixus Pharmacy Ser	vices
Physical Address:	43159 W. Nine Mile Road	d
Mailing Address:		
City:	Novi Sta	ate: Zip Code:48375-4117
Telephone: 248-	-380-2111 Fax	Zip Code: 483/5-411/
Toll Free Number:	877-668-4987	(Paguired nor NAC and T
E-mail:tom.bostv	vick@novixus.com	Website:www.novixus.com
vianaging Pharmac	sist: Thomas Bostwick	License Number: 5302033608
IYPE	OF PHARMACY AND	SERVICES PROVIDED
	Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community Other:	□ ဩ Long Term Care □ ဩ Sterile Compounding ** □ ဩ Non Sterile Compounding
	application to be complete	□ Mail Service Sterile Compounding ** □ ☑ Other Services:

^{&#}x27;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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☑New Pharmacy or ☐Ownership Change Check box below for type of ownership and o ☐ Publicly Traded Corporation — Pages 1,2,3 ⑤ Non Publicly Traded Corporation — Pages		
GENERAL INFORMATION to be comple	eted by all ty	
Pharmacy Name: Skyline Pharmac	y, 1116.	
Physical Address: 2123 2nd Avenue	e	
Mailing Address: 2123 2nd Avenue		
City: New York	State: NY	Zip Code: 10029
Telephone: 212-996-5929	Fax: 212-	-996-5901
044 950 5094		: NAC 620 709\
Toll Free Number.	Maha Maha	site: www.skylinepharmacy.com
E-mail: Crinsula@ismailileaitheaitheaitheaitheaitheaitheaitheaith	. vvebs Nisanov	V License Number: 052402
Managing Pharmacist: Yana	INISATION	License Number:
TYPE OF PHARMACY		SERVICES PROVIDED
Yes/No		Yes/No
□ Retail		Off-site Cognitive Services
	_)	□ ■ Parenteral **
□		Parenteral (outpatient)
□ Nuclear		Outpatient/Discharge
☐	Center	☑ □ Mail Service
□ ■ Community		Long Term Care
□ □ Other:		□ Sterile Compounding **
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		□ Non Sterile Compounding
All boxes must be checked		☐ ■ Mail Service Sterile Compounding **
For the application to be cor	mplete	☐ Other Services:
		the required to make an

**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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New Pharmacy (Please provide current licer	☐ Ownership Change nse number if making changes: PH)
Non Publicly Traded Corporation – Pages 1,2,3,7 Please check box for type of ownership and	☐ Partnership - Pages 1,2,5,7 2,4,7 ☐ Sole Owner – Pages 1,2,6,7 complete correct part of the application.
GENERAL INFORMATION to be completed	d by all types of ownership
Pharmacy Name: Soleo Health Inc	<u></u>
Physical Address: 1324 W Winton Ave	
Mailing Address: same	
City: Hayward	ito: CA
Telephone: 510-362-7360 Fax	te: <u>CA</u> Zip Code: <u>94545-1408</u>
Foll Free Number: 844 262 7260	
E-mail:licensure@soleohealth.com	(Required per NAC 639.708)
- manncensure@soleonealth.com	\^/- I *(
	Website: www.soleohealth.com
Managing Pharmacist: Melisa Kelley	vvebsite: _www.soleohealth.com License Number: 63901
Managing Pharmacist: Melisa Kelley	
Managing Pharmacist: Melisa Kelley TYPE OF PHARMACY AND	
Managing Pharmacist: Melisa Kelley TYPE OF PHARMACY AND Yes/No	License Number: 63901
Managing Pharmacist: Melisa Kelley TYPE OF PHARMACY AND Yes/No □ Retail	License Number: 63901 SERVICES PROVIDED Yes/No
Managing Pharmacist: Melisa Kelley TYPE OF PHARMACY AND Yes/No ☑ □ Retail □ ☑ Hospital (# beds)	License Number: 63901 SERVICES PROVIDED Yes/No
Managing Pharmacist: _Melisa Kelley TYPE OF PHARMACY AND Yes/No ☑ □ Retail □ ☑ Hospital (# beds) □ ☑ Internet	License Number: 63901 SERVICES PROVIDED Yes/No Off-site Cognitive Services Parenteral **
Managing Pharmacist: Melisa Kelley TYPE OF PHARMACY AND Yes/No ☑ □ Retail □ ☑ Hospital (# beds) □ ☑ Internet □ ☑ Nuclear	License Number: 63901 SERVICES PROVIDED Yes/No □ Ø Off-site Cognitive Services □ Ø Parenteral ** □ Ø Parenteral (outpatient)
Managing Pharmacist: Melisa Kelley TYPE OF PHARMACY AND Yes/No ☑ □ Retail □ ☑ Hospital (# beds) □ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery Center	License Number: 63901 SERVICES PROVIDED Yes/No □ Ø Off-site Cognitive Services □ Ø Parenteral ** □ Ø Parenteral (outpatient) □ Ø Outpatient/Discharge
Managing Pharmacist: _Melisa Kelley TYPE OF PHARMACY AND Yes/No ☑ □ Retail □ ☑ Hospital (# beds) □ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery Center □ ☑ Community	License Number: 63901 SERVICES PROVIDED Yes/No □ Ø Off-site Cognitive Services □ Ø Parenteral ** □ Ø Parenteral (outpatient) □ Ø Outpatient/Discharge Ø □ Mail Service
Managing Pharmacist: _Melisa Kelley TYPE OF PHARMACY AND Yes/No ☑ □ Retail □ ☑ Hospital (# beds) □ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery Center □ ☑ Community	License Number: 63901 SERVICES PROVIDED Yes/No □ ☑ Off-site Cognitive Services □ ☑ Parenteral ** □ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge □ ☑ Mail Service □ ☑ Long Term Care
TYPE OF PHARMACY AND Yes/No ☑ □ Retail □ ☑ Hospital (# beds) □ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery Center □ ☑ Community □ ☑ Other:	SERVICES PROVIDED Yes/No ☐ Ø Off-site Cognitive Services ☐ Ø Parenteral ** ☐ Ø Parenteral (outpatient) ☐ Ø Outpatient/Discharge Ø Mail Service ☐ Ø Sterile Compounding **
Managing Pharmacist: _Melisa Kelley TYPE OF PHARMACY AND Yes/No ☑ □ Retail □ ☑ Hospital (# beds) □ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery Center □ ☑ Community	SERVICES PROVIDED Yes/No Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge Mail Service Mail Service Compounding **

^{**}If you check "yes" on any of these types of services, you will be required to make an

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

	☐Ownership Change type of ownership and o propration – Pages 1,2, ed Corporation – Pages			
	MATION to be compl			
Pharmacy Name:	The Pill Cub			
Physical Address:	133 Arch Street, Suite	7 Redwood	ity, CA 94062	
Mailing Address:	133 Arch Street, Suite	7		
City: Redwood City	У	State:	CA Zip	Code:94062
City	388-7455	Fax: (8	8) 873-6994	
Telephone: (844)	(0.4.4) 229 7455	(P	uired per NAC 639	708)
	(844) 388-7455			
E-mail: linda@thepi	llclub.com	_ We	site: <u>www.tnepiliciar</u>	DDU50770/CA)
Managing Pharma	cist: Linda Virginia Par	nofsky	License N	lumber: RPH56779(CA)
	OF PHARMACY		SERVICES PROV	
Yes/N			Yes/No	
3 562"	□ Retail		☐ ☑ Off-site Co	gnitive Services
N 10000	☑ Hospital (# beds)	□ ☑ Parenteral	π ★ [□]
	☑ Internet		□ ☑ Parenteral	(outpatient)
_	☑ Nuclear		□ ☑ Outpatient.	/Discharge
		Center	☑ 13 Mail Service	ce
	☑ Community		□ ☑ Long Term	Care
	☑ Other:		☐ ☑ Sterile Cor	mpounding **
	Other.		□ ☑ Non Sterile	e Compounding
All b	oxes must be checked		☐ ☑ Mail Servi	ce Sterile Compounding **
1	the application to be co	mplete	□ ☑ Other Sen	vices:
FOLI	the application to be es			
		tupos of s	rvices you will be	required to make an

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



431 W Plumb Lane - Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

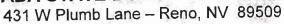
\$500.00 Fee made payable to: Nevada State Board of Pharmacy

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

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Check box below for type of ownership and comple ☐ Publicly Traded Corporation — Pages 1,2,3,7 ☐ Non Publicly Traded Corporation — Pages 1,2,4,	☐ Partnership - Pages 1,2,5,7 ☐ Sole Owner Pages 1,2,6,7
GENERAL INFORMATION to be completed b	ov all types of ownership
Pharmacy Name: TrustedMedRx Inc.	<u> </u>
Physical Address: 6971 N. Federal Hwy,	#203
Mailing Address: 6971 N. Federal Hwy, 7	
Poor Date	
Telephone: 855-939-6337 Fax: 5	FL Zip Code: 33487
Fax: 5	501-206-6688
Foll Free Number: 855-939-6337	(Required per NAC 639.708)
maii: david & trusted medrx.com	Website: Www.TrustedMedRx.com
Aspaging Dhames L. David Stoinhorg	License Number: FL: PS 54676
TYPE OF PHARMACY AND	
Yes/No	SERVICES PROVIDED
型 □ Retail	Yes/No
☐ M Hospital (# beds)	☐ M Off-site Cognitive Services ☐ M Parenteral **
☑ Internet	Parenteral (outpatient)
□ Muclear	VI Customatic (ID)
☐ M Ambulatory Surgery Center	☐ Mail Service
☑ Community	Long Term Care
Other:	Storilo Come
	☐ ✓ Sterile Compounding **
All boxes must be checked	☐ ✓ Non Sterile Compounding
For the application to be complete	☐ ✓ Mail Service Sterile Compounding ** ☐ ✓ Other Services:
or the application to be complete	

appearance at the board meeting,





APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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idvo of the otate of the terms	
New Pharmacy or Downership Chang e (Provide curre Check box below for type of ownership and complete all red Publicly Traded Corporation – Pages 1,2,3,7 Non Publicly Traded Corporation – Pages 1,2,4,7	quired forms. 17 Partnership - Pages 1,2,5,7
GENERAL INFORMATION to be completed by all ty	pes of ownership
Pharmacy Name: U of A Medication Management Ce	
Physical Address: 2001 W Camelback Rd, Ste 290	
Mailing Address: Same.	
City: Phoenix State: AZ	Zip Code: _85015
Telephone: 866-218-6646 Fax: n/a	
Toll Free Number:	
E-mail:_kcalabro@sinfoniarx.com Websi	te:
Managing Pharmacist: Kristin Calabro	License Number: <u>AZ - S017956</u>
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
□ ☑ Retail	☐ ☐ Off-site Cognitive Services
☐ ☑ Hospital (# beds)	□ ☑ Parenteral **
□ ☑ Internet	☐ ☑ Parenteral (outpatient)
☐ ☑ Nuclear	□ □ Outpatient/Discharge
☐ ☐ Ambulatory Surgery Center	□ □ Mail Service
☐ ☐ Community	□ ☑ Long Term Care
☑ Other: Limited Service telephone	☐ ☑ Sterile Compounding **
consultation services only. Not a dispensing pharmacy.	□ □ Non Sterile Compounding
All boxes must be checked	☐ Mail Service Sterile Compounding **
For the application to be complete	
	in a way will be required to make an

**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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431 W Plumb Lane - Reno, NV 89509

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Check box below for type of ownership and completed Publicly Traded Corporation — Pages 1,2,3,7 ✓ Non Publicly Traded Corporation — Pages 1,2,4	ovide current license number if making changes: PH lete all required forms. ☐ Partnership - Pages 1,2,5,7
GENERAL INFORMATION to be completed	
Pharmacy Name: US Specialty Care	by all types of ownership
Physical Address: 7472 S. Tucson Way, Suite 100-A, C	Contractic OO cours
Mailing Address: 500 Eagles Landing Drive	Jeriteriniar, CO 80112
0.11	
City: Lakeland State	e: FL Zip Code: 33810
Telephone: (800) 641-8475 Fax:	None
Toll Free Number: (800) 641-8475	
E-mail: refills@usanssialt	
	Website: www.usspecialtycare.com
Managing Pharmacist: Michael Arnold	License Number CO Bus sousses
	License Number: CO PHA 0015026
TYPE OF PHARMACY AND	
Service of the servic	SERVICES PROVIDED Yes/No
TYPE OF PHARMACY AND Yes/No □ Retail	SERVICES PROVIDED Yes/No
Yes/No Retail Hospital (# beds)	SERVICES PROVIDED
Yes/No Retail Hospital (# beds) Internet	SERVICES PROVIDED Yes/No □ Ø Off-site Cognitive Services
Yes/No Pes/No Retail Hospital (# beds) Internet Nuclear	SERVICES PROVIDED Yes/No □ Ø Off-site Cognitive Services □ Ø Parenteral **
Yes/No Yes/No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center	SERVICES PROVIDED Yes/No □ ☑ Off-site Cognitive Services □ ☑ Parenteral ** ☑ □ Parenteral (outpatient)
Yes/No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community	SERVICES PROVIDED Yes/No □ Ø Off-site Cognitive Services □ Ø Parenteral ** Ø □ Parenteral (outpatient) □ Ø Outpatient/Discharge Ø □ Mail Service □ Ø Long Term Care
Yes/No Yes/No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center	SERVICES PROVIDED Yes/No □ Ø Off-site Cognitive Services □ Ø Parenteral ** Ø □ Parenteral (outpatient) □ Ø Outpatient/Discharge Ø □ Mail Service □ Ø Long Term Care
Yes/No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community Other:	SERVICES PROVIDED Yes/No □ Ø Off-site Cognitive Services □ Ø Parenteral ** ☑ Parenteral (outpatient) □ Ø Outpatient/Discharge □ Mail Service □ Ø Long Term Care □ Ø Sterile Compounding ** □ Non Sterile Compounding
Yes/No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community	SERVICES PROVIDED Yes/No Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge Mail Service Long Term Care Sterile Compounding Mail Service Sterile Compounding

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

431 W Plumb Lane - Reno, NV 89509

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APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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laws of the State of Nevada.	0011-1
Ownership Change (Provide of Check box below for type of ownership and complete all Publicly Traded Corporation – Pages 1,2,3,7 Non Publicly Traded Corporation – Pages 1,2,4,7	☐ Partnership - Pages 1,2,5,7 ☐ Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be completed by al	I types of ownership
Pharmacy Name: Wells Speciality Ph	armacy, Inc
Physical Address: 3796 Howell Brand	1 Rd Winter Park, PL 32792
Mailing Address: 803 S. Orlando Ave St	e V
City: Winter Park State:	PL Zip Code: 32789
Telephone: 401 478 2663 Fax:	
Toll Free Number: 866 699 8239 (R	equired per NAC 639.708)
E-mail: Chade Wells Specialty Pharmacy coin We	photo while well somether Pharmacy, an
E-mail: Chade well present present and the late	License Number: PS18975
Managing Pharmacist: Cunthia Aeloli	
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
Retail	Off-site Cognitive Services
Hospital (# beds)	Parenteral **
[] / Internet	Parenteral (outpatient)
□ ✓ Nuclear	Outpatient/Discharge
Ambulatory Surgery Center	Mail Service
Community	Long Term Care
☐ ☐ Other:	Sterile Compounding **
	Non Sterile Compounding
All boxes must be checked	Mail Service Sterile Compounding **
For the application to be complete	Other Services:
_	pervious you will be required to make an

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

431 W Plumb Lane - Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSI

\$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

☐ New Pharmacy or ②Ownership Chang e (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	03459
GENERAL INFORMATION to be completed by all types of ownership	
Pharmacy Name: Gordian Medical III, Inc. dba Astro Pharmacy	
Physical Address: 617 E. Colorado Street, Glendale, CA 91205	
Mailing Address: 17595 Cartwright Road	
City: Irvine State: CA Zip Code: 92614	
Telephone: (818) 551-9010 Fax: (818) 551-9011	
Toll Face No. 1	
F-mail: Credentialing@amtwounders.	
Managing Pharmacist: Shiva Farzan Website: Not Applicable	-
License Number: 44807	======================================
TYPE OF PHARMACY AND SERVICES PROVIDED	
Yes/No Yes/No	
☐ Retail ☐ ☑ Off-site Cognitive Services	
☐ ☑ Hospital (# beds) ☐ ☒ Parenteral **	1
☐ ☑ Internet ☐ ☑ Parenteral (outpatient)	
□ ☑ Nuclear □ ☑ Outpatient/Discharge	
☐ ☑ Ambulatory Surgery Center ☑ ☐ Mail Service	
☐ ☒ Community ☐ ☒ Long Term Care	
□ ☑ Other: □ ☑ Sterile Compounding **	
☐ Non Sterile Compounding	-
All haves must be charled	
For the application to be complete Mail Service Sterile Compounding Other Services:) **
**If you check "yes" on any of these types of services, you will be required.	- .\

s" on any of these types of services, you will be required to make an appearance at the board meeting,

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

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laws of the State of Nevada.	
New Pharmacy or Downership Chang e (Provide cu Check box below for type of ownership and complete all Publicly Traded Corporation – Pages 1,2,3,7 Non Publicly Traded Corporation – Pages 1,2,4,7	rrent license number if making changes: PH required forms. ☐ 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: Tirmus Pharmacy	, LLC
Physical Address: 10000 Virginia ma	nor Koad, Ste. 350
Mailing Address: 10000 Virginia mo	mor Road, Ste. 350
City: Belsville State:	Mb Zip Code: 20705
Telephone: 844. 347. 6871 Fax: 84	
Toll Free Number: 844, 347, 6871, 0pt2 (Re	equired per NAC 639.708)
	osite: Firmus.org
Managing Pharmacist: Bryan Katz	License Number: 17112
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
■ Retail	□
☐ ☐ Hospital (# beds)	☐ ☐ Parenteral **
□ ☑ Internet	☐ ☐ Parenteral (outpatient)
□ □ Nuclear	□ Outpatient/Discharge
☐ ☑ Ambulatory Surgery Center	☐ ☐ Mail Service
□ ☑ Community	□ □ Long Term Care
□ ☑ Other:	□ ☑ Sterile Compounding **
	✓ □ Non Sterile Compounding
All boxes must be checked	☐ Mail Service Sterile Compounding **
For the application to be complete	Other Services:
	ervices, you will be required to make an

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

431 W Plumb Lane - Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☐ Publicly Traded C ☐ Non Publicly Trad	type of ownership and comporporation – Pages 1,2,3,7 ed Corporation – Pages 1,2,	rovide current license number if making changes: PH_03288 colete all required forms. ☐ Partnership - Pages 1,2,5,7 4,7 ☐ Sole Owner - Pages 1,2,6,7
GENERAL INFORM	MATION to be completed	by all types of ownership
Pharmacy Name:	MARIAN RESPIRATORY CARE,	INC
Physical Address:	28691 US HWY 98 SUITE D1	
Mailing Address:		
City:DAPHNE	Stat	te: Zip Code:
Telephone: 251.47	3.2222 Fax:	855.292.7846
Toll Free Number: _ E-mail: ^{LUCY@MARIAI}	888.623.1626 NRC.COM	_ (Required per NAC 639.708) Website:
		License Number: 12523 SERVICES PROVIDED
Yes/No	Retail Hospital (# beds) nternet	Yes/No Off-site Cognitive Services Parenteral ** Outpatient/Discharge Mail Service Long Term Care Sterile Compounding **
All hoves	must be checked	☐ Non Sterile Compounding ☐ Mail Service Sterile Compounding **

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



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

			20110
Check box below for ty ☐ Publicly Traded Cor ☒ Non Publicly Traded LLC	ype of ownership and complete rporation – Pages 1,2,3,7 d Corporation – Pages 1,2,4,7	an require ☐ Pa	ole Owner – Pages 1,2,6,7
GENERAL INFORM	IATION to be completed by	all types	of ownership
Pharmacy Name:	Pharmaceutical Specialties,	LLC dba	Pharmaceutical Specialties Express
	150 Cleveland Road, Suite E		
Mailing Address: _1	150 Cleveland Road, Suite B		
City: Bogart	State:	_GA	Zip Code: <u>30622</u>
	18-6486 Fax: _8		
Toll Free Number:	800-818-6486 (
E-mail: licensing@I	maxor.com V	Vebsite:	www.psipharmacy.com
Managing Pharmac	ist: William David White		License Number: RPH025505
	OF PHARMACY AND	SEI	RVICES PROVIDED
Yes/No	0	Yes	i/No
	∢ Retail		▼ Off-site Cognitive Services
	(Hospital (# beds)		☑ Parenteral **
	Internet		ズ Parenteral (outpatient)
	₹ Nuclear		Outpatient/Discharge Outpatient√Discharge Outpatient√
1	Ambulatory Surgery Center	×	☐ Mail Service
-	Community		▼ Long Term Care
1	Other: Out of State/Specialty		Sterile Compounding **
		×	□ Non Sterile Compounding
All box	xes must be checked		▼ Mail Service Sterile Compounding **
The second secon	ne application to be complete		Other Services:
	5.11 h	i a a rui a a a	s, you will be required to make an

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



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 ☐ Publicly Traded Corporation — Pages 1,2 ☐ Non Publicly Traded Corporation — Page	complete 2 2,3,7 s 1,2,4,7	all red	nt license number if making changes: PH uired forms. □ Partnership - Pages 1,2,5,7 □ Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be comp	leted by a	II tvi	nes of ownership
Pharmacy Name: RX ONE PHARMACY		cy	ocs of ownership
Physical Address: _9740 BARKER CYPR	SS RD ST	 Ξ 107	
Mailing Address: 9740 BARKER CYPRE			
City: CYPRESS			
Telephone: 281 656 2000	Fax: 28	1 656	2001
Toll Free Number: _888 568 8132	(Re	quir	ed per NAC 620 700)
E-mail:_RXONEPHARMACYTX@GMAIL.COM			NONE
Managing Pharmacist: SHOLEH KARSTEN			
TYPE OF PHARMACY			License Number: 35344
Yes/No	AND		RVICES PROVIDED
⊠ □ Retail			s/No
			☐ Off-site Cognitive Services
□ ☑ Hospital (# beds) □ □ ☑ Internet			☐ Parenteral **
☐ ☐ ✓ Nuclear			☑ Parenteral (outpatient)
			☑ Outpatient/Discharge
— — rumbulatory Surgery Ce	nter		☑ Mail Service
commanty			☑ Long Term Care
□ □ / Other:			☑ Sterile Compounding **
A.II. I		\square	☐ Non Sterile Compounding
All boxes must be checked			
For the application to be comple	ete		□ Other Services:

appearance at the board meeting,

431 W Plumb Lane - Reno, NV 89509

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laws of the State of Nevada.			
New Pharmacy or ☐Ownership Change (Provide current license number if making changes: PHCheck 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: Surecure Specialf	y Phormacy, LLC		
Physical Address: 4005 N Mrsa St	· · ·		
Mailing Address: 4005 N Mesa St	766		
City: El Pass State:	TX Zip Code: T9902		
Telephone: 915.532.2402 Fax: 855.821.7058			
Toll Free Number: 855 532 2400 (Required per NAC 639.708)			
Email: almasuma () annousce (ale com Website: Www. Mysurecure-com			
Managing Pharmacist: Morring License Number: 43279			
TYPE OF PHARMACY AND SERVICES PROVIDED			
Yes/No	Yes/No		
to □ Retail	□ 🗖 Off-site Cognitive Services		
□ 💢 Hospital (# beds)	☐ 每 Parenteral **		
□ ↓ Internet	☐ 每 Parenteral (outpatient)		
□ 😡 Nuclear	□ Outpatient/Discharge		
☐ ★ Ambulatory Surgery Center	Mail Service		
№ □ Community	□ 戊Long Term Care		
□ 15L Other:	☐ ば Sterile Compounding **		
	⊠ Non Sterile Compounding		
All boxes must be checked	☐		
For the application to be complete	□ ★ Other Services:		
	till a make an		

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

431 W Plumb Lane - Reno, NV 89509

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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: The University of Chicago Medical Center DCAM Outpatient Pharmacy			
Physical Address: 5857 S. Maryland Avenue, MC 0010			
Mailing Address: 5841 South Maryland Avenue			
City: Chicago State:	IL Zip Code: 60637		
Telephone: $(773)834-7002$ Fax: $(773)834-7002$	773) 834-7005		
Toll Free Number: (877) 8347002	Required per NAC 639 708)		
E-mai! PMBULA TORA PIMANOS & UCITAS Website: W/A			
Managing Pharmacist: Stuart Kersl	ky License Number: 051.039492		
TYPE OF PHARMACY AND	SERVICES PROVIDED		
Yes/No	Yes/No		
⊠ □ Retail	☐		
☐	☐ ■ Parenteral **		
☐ Internet	☐ ■ Parenteral (outpatient)		
☐	□ ■ Outpatient/Discharge		
Ambulatory Surgery Center	☐ ☐ Mail Service		
☑ ☐ Community	☐		
Other:	☐		
	✓ ☐ Non Sterile Compounding		
All boxes must be checked	☐		
For the application to be complete	☐ Other Services:		
*If you check "yes" on any of these types of services, you will be required to make an			

^{&#}x27;If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,



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laws of the State of Nevada.				
Monomer Pharmacy or ☐ Ownership Change Check box below for type of ownership and c☐ Publicly Traded Corporation – Pages 1,2, ☑ Non Publicly Traded Corporation – Pages	te all redill	еа п	Offins.	
GENERAL INFORMATION to be completed by all types of ownership				
Pharmacy Name: US Specialty Care				
Physical Address: 7472 S. Tucson Way, Suite 1	100-A, C	entennial, CO	8011	2
Mailing Address: 500 Eagles Landing Drive				
City: Lakeland	State	e: <u>FL</u>		Zip Code: 33810
Telephone: (800) 641-8475				
Toll Free Number: (800) 641-8475 (Required per NAC 639.708)				
E-mail: refills@usspecialtycare.com Website: www.usspecialtycare.com				
Managing Pharmacist: Michael Arnold License Number: CO PHA.0015026				
TYPE OF PHARMACY	MIND		es/No	
Yes/No ☑ □ Retail				Off-site Cognitive Services
☐ ☑ Hospital (# beds)			Parenteral **
□ ☑ Internet	_			Parenteral (outpatient)
□ ☑ Nuclear				Outpatient/Discharge
☐ ☑ Ambulatory Surgery	Center			Mail Service
□ ☑ Community				Long Term Care
□ ☑ Other:		_ [Sterile Compounding **
				Non Sterile Compounding
All boxes must be checked				Mail Service Sterile Compounding **
For the application to be cor	nplete		}	Other Services:
				au to make on

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

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

Partnership - Pages 1,2,5,7 Sole Owner - Pages 1,2,6,7 es of ownership T20 Zip Code: 76051 Y16 - 2223 I per NAC 639,708)
Zip Code: 76051
Zip Code: 76051 416 - 2223 per NAC 639.708)
Zip Code: 76051 416 - 2223 per NAC 639.708)
916 - 2223 per NAC 639.708)
916 - 2223 per NAC 639.708)
per NAC 639.708)
per NAC 639.708)
Willy I Hib cry Alculars
License Number: 50375
RVICES PROVIDED
No Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge Mail Service Cong Term Care Sterile Compounding ** Non Sterile Compounding

^{**}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 - (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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New Wholesaler				
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ 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: Amerigen Pharmaceuticals, Inc.				
Physical Address: 9 Polito Avenue. Suite 900				
Mailing Address: SAME				
City: Lyndhurst State: NJ Zip Code: 07071				
Telephone: 732-993-9821 Fax: 732-745-8070				
Toll Free Number: N/A				
E-mail: dquiqqle@amerigenpharma.com Website: www.amerigenpharma.com				
Facility Manager: David Quiggle				
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 be firm:				
 ✓ Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other:				



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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☐ New Wholesaler ☐ Ownership Chai	nge		
(Please provide current license numb	per if making changes: WHOOLG I)		
Publicly Traded Corporation – Pages 1,2,3,4 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5i Please check box for type of ownership and comple	☐ Partnership - Pages 1,2,3,6 ☐ Sole Owner – Pages 1,2,3,7 te correct part of the application.		
GENERAL INFORMATION			
Facility Name: Anda, Inc			
Physical Address: 2915 Weston Rd Weston, FL 33331			
Mailing Address: 1915 Weston Rd			
City: Weston State: F	Zip Code: 33331		
Telephone: 954 217 4500 Fax: 954 217 4606			
Toll Free Number: 800 33\ 2632			
E-mail: emily Scholt-Candanet com Website: www andanet com			
Facility Manager: Jay Spollman			
Professional qualifications and experience of facility manager: 18 years of			
Types of licensed outlets or authorized persons firm will serve:			
☐ Other:	₩ Hospitals Wholesalers		
Type of Products to be handled or wholesaled be firm			
Legend Pharmaceuticals, Supplies or Devices Poisons or Chemicals Controlled Substances (include copy of DEA) Other:	☐ Hypodermic Devices ☑ Veterinary Legend Drugs		

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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

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application or subsequent revocation of the hoones research			
□ New Wholesaler			
(Please provide current floories name)			
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.			
Please check box for type of ownership and care			
GENERAL INFORMATION			
Facility Name: Anda Pharmaceuticals, Inc			
Physical Address: 8644 Polk Lane Olive Branch, MS 38654			
Mailing Address: 2915 Weston Rd			
City: Weston State: FL Zip Code: 33331			
Telephone: 662 892 9100 Fax: 954 211 4606			
Toll Free Number: 800 331 2632			
E-mail: emily. Schultzaandanet. w. Website: www. andanet. com			
Facility Manager: Alberto Esteves			
Professional qualifications and experience of facility manager: 26 years of pharmaceutical experience			
Types of licensed outlets or authorized persons firm will serve:			
Pharmacies DYPractitioners DHOspitals Wholesalers Other:			
Type of Products to be handled or wholesaled be firm:			
Legend Pharmaceuticals, Supplies or Devices Poisons or Chemicals Controlled Substances (include copy of DEA) Other:			



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

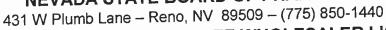
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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Nevada			
☑ New Wholesaler ☐ Ownership Change			
(Please provide current license number if making changes: WH)			
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ YNon Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ 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: _ Empower Pharmacy			
Physical Address: 5980 W Sam Houston Pkwy N Ste 300, Houston, TX 77041			
Mailing Address: 5980 W Sam Houston Pkwy N Ste 300			
City: Houston State: TX Zip Code: 77041			
Telephone: (832) 678-4417 Fax: (832) 678-4419			
Toll Free Number: _(877) 562-8577			
E-mail:asnoorian@hotmail.comWebsite:www.empower.pharmacy			
Facility Manager: Shaun Noorian			
Professional qualifications and experience of facility manager: See attached			
Types of licensed outlets or authorized persons firm will serve:			
□ Pharmacies □ Practitioners □ Hospitals □ Wholesalers			
Type of Products to be handled or wholesaled be firm:			
☐ Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Veterinary Legend Drugs ☐ Other:			
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\$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 Wholesaler - Ownership Change (Please provide current license number if making changes: WH)				
F	1000001				
	□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 □ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b □ Sole Owner – Pages 1,2,3,7 □ Please check box for type of ownership and complete correct part of the application.				
3					
	Physical Address: 781 Far Hills Rd Suite 700 Mailing Address: 7800 Rutherfood Rd Suite 150 Baltinge, No also				
	City: Wew Freedow State: TA Zip Code: 17349				
	Telephone: 410-053-1113 Fax: 410-415-7004				
	Toll Free Number:				
	Toll Free Number:				
	Facility Manager: Seeky Woodsky & Robb Miller				
	a steplity manager all the a courtaint-				
	ALL TE STOPPERO CILIDADION				
	Types of licensed outlets or authorized persons firm will serve:				
	☑ Pharmacies ☑ Other: Devistor ☑ Hospitals ☑ Wholesalers				
	Type of Products to be handled or wholesaled be firm:				
	☐ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices ☐ Veterinary Legend Drugs				
	☐ Controlled Substances (include copy of DEA) ☐ Other:				

Page 1

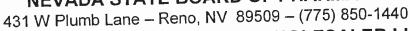


431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
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Application must be printed legibly or typed

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New Wholesale		ange	
	(Please provide current license nun	nber if making changes: WH)	
D Publicly Traded (
☑ Publicly Traded (Corporation – Pages 1,2,3,4	☐ Partnership - Pages 1,2,3,6	
Please check bo	X for type of ownership and complete	☐ Partnership - Pages 1,2,3,6 ,5b ☐ Sole Owner – Pages 1,2,3,7 lete correct part of the application.	
		iete correct part of the application.	
GENERAL INFOR	<u>MATION</u>		
Facility Name:	upin Pharmaceuticals, Inc.		
Physical Address:	111 S. Calvert Street, Harborplace Tower #2	2150, Baltimore, MD, 21202	
Mailing Address: _	111 S. Calvert Street, Harborplace Tower #2	2150	
City: <u>Baltimore</u>	State:	MD Zip Code: 21202	
Telephone: (410) 57	<u>76-2000</u> Fax	x:(410) 576-2221	
Toll Free Number:			
E-mail: info@lupinusa.com Website: lupinpharmaceuticals.com			
Facility Manager: Sudhir Kaushal			
Professional qualifications and experience of facility manager: See attached			
Types of licensed outlets or authorized persons firm will serve:			
☐ Pharmacies ☑ Other: <u>Retailers</u>	☐ Practitioners	☐ Hospitals	
vpe of Products to I	oe handled or wholesaled be fire	<u>m:</u>	
Legend PharmacePoisons or ChemiControlled Substa	euticals Supplies or Devices	☐ Hypodermic Devices☐ Veterinary Legend Drugs	



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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New Wholesaler							
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□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 Non Publicly Traded Corporation – Pages 1,2,3,5a,5b □ Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.							
Please check box for type of ownership and							
GENERAL INFORMATION							
Facility Name: Medical Specialties Distributors, LLC							
1549 Huter Road, Hanover Park, IL 60133							
Mailing Address: 800 Technology Center Drive, Stoughton MA 02072							
City: Stoughton State: Massachusetts Zip Code: 02072							
City: Otale 791 244 7415							
Telephone:							
				Facility Manager: Steven Schaudenecker			
Types of licensed outlets or authorized persons firm will serve:							
☑ Pharmacies ☑ Practitioners ☑ Hospitals 및 Wholesalers ☐ Other:							
Type of Products to be handled or wholesaled be firm:							
☐ Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other: ☐ Hypodermic Devices ☐ Veterinary Legend Drugs ☐ Veterinary Legend Drugs							

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NEVADA STATE BOARD OF PHARMACY

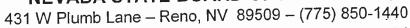
431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

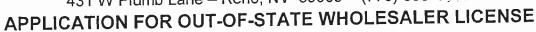
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$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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Alamania				
(Please provide current license number if making changes: WH)				
☐ Publicly Traded Corporation B				
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Sole Owner – Pages 1,2,3,7 ☐ Please check box for type of ownership and complete pages 1,2,3,7				
Please check box for type of ownership and complete correct part of the application.				
GENERAL INFORMATION				
Facility Name:N	Medical Specialties Distrib	utors, LLC		
Physical Address:	rving Texas 75063			
Mailing Address: _	800 Technology Center	Drive, Stoughton MA 02072		
City: Stoughton	Sta	Massachusette		
Telephone: 781		Fax:781-344-7415		
Toll Free Number:				
E-mail: dcook@msdistributors.com Website: www.msdonline.com				
Facility Manager: Doug Hutchinson Website:				
Professional qualifications and experience of facility manager: Please see attached Resume				
Types of licensed outlets or authorized persons firm will serve:				
☑ Pharmacies ☐ Other:	凶 Practitioners	☑ Hospitals ☑ Wholesalers		
Type of Products to be handled or wholesaled be firm:				
☐ Legend Pharmace☐ Poisons or Chemi☐ Controlled Substa	euticals, Supplies or Devi cals nces (include copy of DE	ces Hypodermic Devices		





\$500.00 Fee made payable to: Nevada State Board of Pharmacy
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New Wholesaler
() is a second of the second
Publicly Traded Corporation – Pages 1,2,3,4 Partnership - Pages 1,2,3,6 Non Publicly Traded Corporation – Pages 1,2,3,5a,5b 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: Medical Specialties Distributors, LLC
Physical Address: 800 Technology Center Drive, Stoughton MA 02072
Mailing Address: 800 Technology Center Drive
City: Stoughton State: Massachusetts Zip Code: 02072
Telephone:
Toll Free Number: 800-967-6400
E-mail:dcook@msdistributors.com Website:www.msdonline.com
Facility Manager:Duane D'Angelo
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 be firm:
 ∠ Legend Pharmaceuticals, Supplies or Devices ∠ Poisons or Chemicals ∠ Controlled Substances (include copy of DEA) □ Other:

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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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New Wholesaler
New wholesaler
(* isass provide current license number if making changes: WH)
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 □ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b □ 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: Ollin Pharmaceutical, UC
Physical Address: 4303 South 590 West, Murray, UT 84723
Mailing Address: 4303 Suith 590 West
City: Murray State: MT Zip Code: 84123
Telephone: 801-716-7430 Fax: 801-880-3426
Toll Free Number: NA
E-mail: Management@ollinphama.com Website: NA
Facility Manager: Andrew Jenkins
Professional qualifications and experience of facility manager:
Types of licensed outlets or authorized persons firm will serve:
☑ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Other:
Type of Products to be handled or wholesaled be firm:
 Legend Pharmaceuticals, Supplies or Devices □ Poisons or Chemicals □ 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

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Application must be printed legibly or typed

New Wholesaler	e rif making changes: WH
(Please provide current license frambol	The transfer of the transfer o
 □ Publicly Traded Corporation □ Pages 1,2,3,4 ☑ Non Publicly Traded Corporation □ Pages 1,2,3,5a,5b Please check box for type of ownership and complete 	1 1 2016 OMITE! 11 ages 1,2,0,1
GENERAL INFORMATION	
Facility Name: OPKO Pharmaceuticals, LLC	
Physical Address: 4400 Biscayne Boulevard	
Mailing Address:	
City: Miami State: FL	Zip Code: <u>33137</u>
Telephone: <u>305-575-4221</u> Fax:	305-575-6016
Toll Free Number:	
E-mail: OPKOPSL@opko.com Web	site: www.opkorenal.com
Facility Manager: Laurel Kate Inman	
Professional qualifications and experience of facility	manager: See Attached
Types of licensed outlets or authorized persons firm	will serve:
☐ Pharmacies ☐ Practitioners ☐ Other: Retailers, Specialty Pharmacies ☐ Retailers	
Type of Products to be handled or wholesaled be fi	rm:
 ☑ Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) 	☐ Hypodermic Devices☐ Veterinary Legend Drugs
☐ 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

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The state of N	evada.
New Wholesaler	
(Please provide current license number if making changes: WH)	
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6	
Darrott I ubility I idued Cornoration - Dagger 1 2 2 F- FL - 0	
Please check box for type of ownership and complete correct part of the application.	
GENERAL INFORMATION	
Facility Name: Optime Care, Inc	
Physical Address: 4040 Wedgeway Court	
Mailing Address: _same	
City: Earth City State: MD Zip Code: 630	10
Telephone: 314-731-6900 Fax: 314-731-6901	15_
Toll Free Number: \$88-287-2017	
E-mail: help (optime care com Website: N/A	
Facility Manager: Donovan Quill	
Professional qualifications and experience of facility manager:	
resume	
Types of licensed outlets or authorized persons firm will serve:	
TV Pharmacios	
Other: Hospitals Wholesalers	S
Type of Products to be handled or wholesaled be firm:	
Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices	
T V	
☐ Controlled Substances (include copy of DEA)	

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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The laws of the State of Nevada
■ New Wholesaler
(Please provide current license number if making changes: WH)
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership – Pages 1,2,3,6 □ Partnership – Pages 1,2,3,6
Please check box for type of ownership and complete correct part of the application.
GENERAL INFORMATION
Physical Address: C. C.
Physical Address: 9 Coccy Packway
Mailing Address: 9 Creek Porchway
City: Gothway State: Pa Zip Code: 1906
Telephone: -1866-956-437L Fax: 1-844-876-0017
Toll Free Number: 1842-956-4376
E-mail: DNEWTON @ pentscheath Website: Wall pentschealth Com
Facility Manager: Gres Poletaev
Professional qualifications and experience of facility manager:Seeo.jto.ched
Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
Type of Products to be handled or wholesaled be firm:
Legend Pharmaceuticals, Supplies or Devices Poisons or Chemicals Controlled Substances (include copy of DEA) Other:
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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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New Wholesaler
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☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ 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: Pharmalucence, Inc.
Physical Address: 29 Dunham Road
Mailing Address: 29 Dunham Road
City: Billerica State: MA Zip Code: 01821
Telephone:Fax:Fax:Fax:Fax:
Toll Free Number: 1-800-221-7554
E-mail: jeanne.fiore@sunpharma.com Website: www.pharmalucence.com
Facility Manager: Paul Przetak, Director, Sterile Manufacturing
Professional qualifications and experience of facility manager: See attached
Professional quantications and supplies
Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☑ Other: Radiopharmacies
Type of Products to be handled or wholesaled be firm:
 ✓ Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other:
☐ Controlled Substances (include copy of DEA)

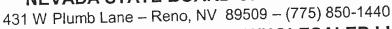


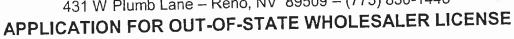
431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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of the license issued and is a violation of the laws of the State of Nevada.
New Wholesaler Ownership Of
(Please provide current license number if making changes: WH)
Dublish T
 △ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 □ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b □ 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: Praxair Distribution, Inc.
Physical Address: _1090 Metric Drive, Lake Havasu, AZ 86403
Mailing Address: Praxair Distribution, Inc., Attn: Barbara Kasting, 2301 SE Co., L. C., D. C.
City: Ankeny State: 14
City: Ankeny State: IA Zip Code: 50021 Telephone: 515-257-5047
Telephone: 515-257-5047 Fax: 515-965-6645 Toll Free Number:
E-mail: barbara_kasting@praxair.com Website: www.praxair.com
Facility Manager: Jeremy Gilesyski Gilesyski
Professional qualifications and experience of facility manager: Nescouring training every year.
Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
Type of Products to be handled or wholesaled be firm:
☐ Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other:





\$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

application or subsequent revocation of the license issued and to a second of the license issued and the second of the license is th
□ New Wholesaler
(Flease provide earlier)
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 Non Publicly Traded Corporation – Pages 1,2,3,5a,5b □ Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.
* WC
GENERAL INFORMATION
Facility Name: Purdue GMP Center LLC
Physical Address: 3070 Kent Ave
Mailing Address: 30 to Vent Ave
City: West Lafo y ette State: IN Zip Code: 47906
Telephone: 165-464-8414 Fax: 165-464-8408
Toll Free Number: NA
Facility Manager: David L. Ewbank (ewbankdle gmpcenter. com)
Facility Manager: David L. Ewbank (ewbanked) egmpcenter. com)
Professional qualifications and experience of facility manager: see attached resume Co
Types of licensed outlets or authorized persons firm will serve:
Pharmacies
Type of Products to be handled or wholesaled be firm:
Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other:



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

To Now Wile I	relation of the laws of the State of Nevada.
☐ New Wholesaler	
(Please provide current license number if m.	aking changes WH 01042
□ Publicly Traded Corporation – Pages 1,2,3,4 □ F	
I S TO THE PROPERTY OF THE PRO	Partnership - Pages 1,2,3,6
Please check box for type of ownership and complete corre	ect part of the application
	part of the application.
GENERAL INFORMATION	
Facility Name: Masters Pharmaceutical, LLC DBA: River City P	Pharma
Physical Address: 11930 Kemper Springs Drive Cincinnati, OF	
	1 45240
Mailing Address: 3600 Pharma Way	
City: Mason State: Ohio	7:00 1 1700
Lelenhone: 513-354 3600	
rax, <u>515-</u>	354-2691
Toll Free Number: <u>800-982-7922</u>	
E-mail: Ibreetz@mastersrx.com Website: W	NAME TO A PART OF THE PART OF
Facility Manager: Lore Breetz	www.mastersrx.com and rivercityrx.com
Professional qualifications and experience of facility manag Profession. Been with Masters for 4 years. See attached resume	20
Profession. Been with Masters for 4 years. See attached resume.	er. 30 years is the Pharmaceutical
vpes of licensed outlets or authorized persons firm will ser	ve:
Pharmacies Practitioners	onital.
Other: Clinics Ho	ospitals Wholesalers
vpe of Products to be handled	
ype of Products to be handled or wholesaled be firm:	
Legend Pharmaceuticals, Supplies or Devices	
r orsoris of Chefficals	JE GOLLINO DOVICES
Controlled Substances (include copy of DEA)	Veterinary Legend Drugs
Other: OTC Products, Medical Devices	
Other: Medical Devices	

UV

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

☐ Ownership C	Change
ease provide current license n	umber if making changes. With
	☐ Partnership - Pages 1,2,3,6 5a,5b ☐ Sole Owner – Pages 1,2,3,7 mplete correct part of the application.
Masters Pharmaceutical, LLC	C d.b.a. River City Pharma
4200 Binion Way, Suite 100,	Mason, OH 45036
3600 Pharma Way	47000
Mason State	:OHZip Code:45036
513-354-2690	_ Fax:513-354-2691
300-982-7922	±
jseiple@mastersrx.com	Website: www.mastersrx.com
Jennifer Seiple	
ations and experience of f	acility manager: See attached resume
tlets or authorized person	ns firm will serve:
Practitioners	図 Hospitals
be handled or wholesaled	i be firm:
ceuticals, Supplies or Devi	ices 图 Hypodermic Devices 图 Veterinary Legend Drugs
	oration – Pages 1,2,3,4 Corporation – Pages 1,2,3,5 or type of ownership and cor TION Masters Pharmaceutical, LLC 4200 Binion Way, Suite 100, 3600 Pharma Way Mason State 513-354-2690 300-982-7922 jseiple@mastersrx.com Jennifer Seiple ations and experience of for the service of the

11

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

Nevada.
☐ New Wholesaler ☐ Ownership Change
(Please provide current license number if making changes: WH03679)
Publicly Traded Corporation – Pages 1,2,3,4 Partnership - Pages 1,2,3,6
The state of the s
Please check box for type of ownership and complete correct part of the application.
GENERAL INFORMATION
Facility Name: SCA Pharma Custicals 110
Physical Address: 8821 Knoed Court
Mailing Address:
City: Little Rock State: M Zip Code: 222015
10cphone. 307-312-3800x. 501-312-3806-
1011 Tee Number. 677-550-50
E-mail: MEdilmon@SCUSCONWebsite:
Facility Manager: Rog Fugene Cravis
Professional qualifications and
Professional qualifications and experience of facility manager: See attached
Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Other: ☐ Hospital Pharmacies
Type of Products to be handled or wholesaled be firm:
☐ Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other:

WW

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

(Flease provide editerational terms of				
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ 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: Slate Run Pharmaceuticals LLC				
Physical Address: 277 W Nationwide Blvd, Suite 260				
Mailing Address: SAME				
City: Columbus State: OH Zip Code: 43215				
Telephone: 614-947-7302 Fax: N/A				
Toll Free Number: (855) 962-7547				
E-mail: info@slaterunpharma.com Website: www.slaterunpharma.com				
Facility Manager: Michael Plessinger				
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 be firm:				
 ✓ Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☑ Other: Over the Counter, OTC 				

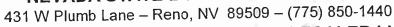


431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

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

☑ New Wholesaler ☐ Ownership Ch	
	lange nber if making changes: WH)
 □ Publicly Traded Corporation – Pages 1,2,3,4 ☑ Non Publicly Traded Corporation – Pages 1,2,3,5a, Please check box for type of ownership and complete 	☐ Partnership - Pages 1,2,3,6 5b ☐ Sole Owner – Pages 1,2,3,7 lete correct part of the application.
GENERAL INFORMATION	
Facility Name: Torrent Pharma Inc.	
Physical Address: 150 Allen Road, Suite 102	
Mailing Address: 150 Allen Road, Suite 102	
City: Basking Ridge State:	NJ Zin Code: 07000
Telephone: 908-280-3333 Fax	X:908-280-3363
Toll Free Number:n/a	
F-mail: day-124 av	osite: http://www.torrentpharma.com/
Facility Manager: Rima Patel	mtp.//www.torrentpnarma.com/
Professional qualifications and experience of facility Four years of pharmaceutical supply chain and distribution	
Types of licensed outlets or authorized persons firm	will serve:
☑ Pharmacies ☐ Practitioners ☐ Other:	☐ Hospitals ☒ Wholesalers
Type of Products to be handled or wholesaled be fire	<u>m:</u>
 Legend Pharmaceuticals, Supplies or Devices □ Poisons or Chemicals ☑ Controlled Substances (include copy of DEA) □ Other: 	☐ Hypodermic Devices☐ Veterinary Legend Drugs



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

☐ New Wholesaler ☐ Ownership Change (Please provide current license number if making changes: WH_00586)				
(Please provide current receise names in making change				
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 □ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b □ 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: West-Ward Pharmaceuticals Corp.				
Physical Address: 1809 Wilson Road, Columbus, Ohio 43228				
Mailing Address: 1801 Wilson Road				
City: Columbus State: OH Zip Code: 43228				
Telephone: 614-276-4000 Fax: 614-274-0974				
Toll Free Number: N/A 24 hr number is 614-276-4000				
E-mail: trunkle@west-ward.com Website: www.west-ward.com				
Facility Manager: Scott McCormick				
Professional qualifications and experience of facility manager: 10 years/ Resume attached				
Types of licensed outlets or authorized persons firm will serve:				
☑ Pharmacies ☐ Practitioners ☑ Hospitals ☑ Wholesalers ☑ Other: Clinics				
Type of Products to be handled or wholesaled be firm:				
 ✓ Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other: Solid Dose, Liquids (Orals), Topical ☐ Hypodermic Devices ☐ Veterinary Legend Drugs 				
U Utilet. Joild 2030, Eliquido (O'calo), 13-				



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

⊠New MDEG	☐ Ownership Chang	je	
Dublioh, Teader	(Please provide current li	cense number if makin	g changes: MP or MW)
IXI NOTI PUDIICIV ra	Corporation – Pages 1,2 Aded Corporation – Page	2,3,4	
FACILITY INFOR			T Production
Facility Name: _^	dvanced Healing Solutions, Inc.		
Physical Address:	1430 3rd Street, Ste 3 Riversid		
	(This must be a business addre	ess, we can not issue a licens	e to a home address)
Mailing Address:	20162 SW Birch Street, Ste 220	A	•
City: Newport Beach			Zip Code: 92660-0792
Telephone:	-4344	Fay. 310-57	79-8763
E-mail:info@ahswc.	com	Website:	N/A
DAYS AND HOUR	S THAT THE FACILIT	Y WILL BE REGU	I ARI V ODEDATING
Mon: 10am to 4pm	Tue: 10amto 4pm	Ned: 10amto 4pm	Thu: 10amto 4pm
Fri: 10am to 4pm	Sat: Closed to S	Sun: ^{Closed} to	Holidays: Closed to
MDEG ADMINISTE Name: Lauren Crame	RATOR INFORMATIO	N: Person in charg	e on a daily basis
TYPE OF MDEG P	RODUCTS THAT WIL	L BE SOLD (CHE	CK ALL APPLICABLE)
☐ Medical Gases** ☐ Respiratory Equ ☐ Life-sustaining e ☐ Diabetic Supplie **If providing these tv	ipment** quipment** s	☐ Assistive E☐ Parenteral☐ Orthotics a☐ Other: Surgica	Equipment l and Enteral Equipment** and Prosethics al Dressings
care in the event of an Name: Vcorp Services, LI	n emergency. Provide n	Telephone:	lace a mechanism to ensure continued number of Nevada contact. 845-425-0077
		Page 1	——————————————————————————————————————



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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Application must be printed legibly or typed

laws of the State of Nevada.	
✓ New MDEG	_)
Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ 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: Aero-Med, Ltd.	
Physical Address: 16 South Commerce Way, Bethlehem, PA 18017	_
(This must be a business address, we can not issue a license to a nome address)	
Mailing Address: 7000 Cardinal Place OCLC - QRA	
City: Dublin State: OH Zip Code: 43017	
Telephone: 860-659-0602 Ext 270 Fax: 614-652-0282	_
E-mail: gmb-facility-licensing@cardinalhealth.com Website: www.cardinalhealth.com	
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING	
Mon: 7:00am to 5:30pm Tue: 7:00am to 5:30pm Wed: 7:00am to 5:30pm Thu: 7:00am to 5:30pm	
Fri: 7:00am to 5:30pm Sat: closed to Sun: closed to Holidays: closed to	
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis	
Name: Robert Gubich Warehouse Operations Manager	
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)	
 ☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic Supplies ☐ Assistive Equipment ☐ Parenteral and Enteral Equipment** ☐ Orthotics and Prosethics Other: Disposable Medical Supplies 	
**If providing these types of services you are required to have in place a mechanism to ensure continuous in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Telephone:	lueu
Name:Page 1	



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

laws of the State o	of Nevada.	of the
□New MDEG	□ 対 Ownership Change (Please provide current license number if making changes: MP or M <mark>W_ MP 01253</mark>	
Non Publicly Traded C	Corporation – Pages 1,2,3,4	<u>)</u>
FACILITY INFORM		
Facility Name:	American Home Medical, Inc.	
Physical Address:	3325 S University Dr STE 106; Davie FL 33328	
Mailing Address:	(This must be a business address, we can not issue a license to a home address) 3325 Bartlett Blvd	1
City: Orlando	State: FL Zip Code: 32811 -423-8770 Fax: 954-423-8772 Fax: 100 Fax	
Telephone: 954	-423-8770	
E-mail: vannostrand.I	linda@aerocareusa.com Website: www.aerocareusa.com	
DAYS AND HOURS	THAT THE FACILITY WILL BE REGULARLY OPERATING	-
Mon10am to 4pm	Tue: 10am to 4pm Wed: 10am to 4pm Thu: 10am to 4pm	
Fri: Loam to 4pm	Sat: to Sun: to Holidays: to	
MDEG ADMINISTRA	ATOR INFORMATION: Person in charge on a daily basis	
Name: Brando	on Soblick, Manager	
TYPE OF MDEG PR	ODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)	
☐ Medical Gases** ☐ Respiratory Equip ☐ Life-sustaining eq ☐ Diabetic Supplies **If providing these type care in the event of an	ostomy and urologic supplies Assistive Equipment Parenteral and Enteral Equipment**	 inued



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.

Ownership Change

New MDEG

(Please provide current license number if making changes: MP or MW					
☐ Publicly Traded Co	Corporation – Pages 1,2,3,4 aded Corporation – Pages 1,2,3,5 check box for type of ownership and complete		☐ Partnership - Pages 1,2,3,6 ☐ Sole Owner – Pages 1,2,3,7		
FACILITY INFORM					
Facility Name:	Doctors Medical LLC				
Physical Address:	800 Executive Dr	ress, we can r	not issue a license	to a home address)	
	800 Executive Driv				
	Oviedo		FL	_ Zip Code:	32765
Telephone:	407-971-8608		Fax:407	-542-7837	
	tdill@rxcinc.com				
	S THAT THE FACIL				
Mon: 9AMto 5PM	Tue: 9AM to 5PM	Wed: 9	OAM to 5PM	Thu: 9AMto 5	PM_
Fri: 9AM to 5PM	Sat: Closedo	Sun: Cl	osedto	Holidays: Close	edo
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis					
Name: Stace	y Matthews				 :
TYPE OF MDEG F	PRODUCTS THAT V	VILL BE	SOLD (CHE	CK ALL APPL	CABLE)
☐ Medical Gases ☐ Respiratory Eq ☐ Life-sustaining ☐ Diabetic Suppli **If providing these care in the event of Name: ☐ ☐ ☐ ☐ ☐ ☐	uipment** equipment**	are requir de name :	☐ Parenter ☐ Orthotics Other: ☐ Other ed to have in and telephor	place a mechan	Shoulder Brooks ism to ensure continued ada contact



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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⊠New MDEG	T Ournarchia Ob		
	☐ Ownership Cha (Please provide currer	nt license number if makir	ng changes: MP or MW)
□ Publicly Traded ☑ Non Publicly Tra Please o	Corporation – Pages ded Corporation – Pa	1,2,3,4	☐ Partnership - Pages 1,2,3,6 ☐ Sole Owner - Pages 1,2,3,7 te correct part of the application.
FACILITY INFORI	MATION		
Facility Name:	ordian Medical IV Inc.		
Physical Address:	1430 3rd Street, Ste 6 Rive	rside, CA 92507-3457	
	(This must be a business a	ddress, we can not issue a licens	se to a home address)
Mailing Address: _	17595 Cartwright Road		
City: Irvine		State: CA	Zip Code: 92614-5847
Telephone: 951-432-	-5808	Fax: ⁹⁵¹⁻³	73-3032
E-mail: credentialing@	@amtwoundcare.com	Website:	N/A
			JLARLY OPERATING
Mon: 10am to 4pm	Tue: 10amto 4pm	Wed: 10amto 4pm	Thu: 10amte 4pm
Fri: 10am to 4pm	Sat: Closedto	Sun: Closedto	Unlider Closed
MDEG ADMINISTR	ATOR INCORMAT	10N 5	Holidays:to
Name: Ingrid Garcia	ATOR INFORMAT	ION: Person in charg	ge on a daily basis
TYPE OF MDEG P	RODUCTS THAT W	ILL BE SOLD (CHE	CK ALL APPLICABLE)
☐ Medical Gases** ☐ Respiratory Equi ☐ Life-sustaining ed ☐ Diabetic Supplies	pment** quipment**	☐ Assistive☐ Parentera☐ Orthotics	Equipment Il and Enteral Equipment** and Prosethics
lame: Vcorp Services, L	n emergency. Provid LC	re required to have in pename and telephone Telephone: Page 1	place a mechanism to ensure continued number of Nevada contact.



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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laws of the State of Nevada.
New MDEG
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 ✓ Non Publicly Traded Corporation – Pages 1,2,3,5 □ Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.
T lease offers box for type 3. 2. 1
FACILITY INFORMATION
Facility Name: _Haywood Vocational Opportunites, Inc. (HVO, Inc.)
Physical Address: 172 Riverbend St., Waynesville, NC 28786 This must be a business address, we can not issue a license to a home address)
(This must be a business address, we dark not lead a
Mailing Address: P.O. Box 7
City: Hazelwood State: NC Zip Code: 28738
Telephone: 828-456-4455 Fax: 828-456-8639
E-mail:tkelley@hvoinc.com Website:www.hvoinc.com
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 8 amto4 pm Tue: 8 amto4 pm Wed: 8 amto4 pm Thu: 8 amto4 pm
Fri: 8 am to 4 pm Sat: to Sun: to Holidays: to
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name:Nathan Trout
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases** ☐ Respiratory Equipment** ☐ Respiratory Equipment** ☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Offnotics and Prosettics Other: Rx Wound Care Products (i.e. bandages, gauzes, etc.)
Diabetic dupplies
care in the event of an emergency. Provide name and telephone names of the second of an emergency.
Name:Page 1



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

laws of the State of Nevada.
□New MDEG
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 □ Sole Owner – Pages 1,2,3,7 □ Pages 1,2,3,6 □ Pages 1,2,3,7 □ Pa
FACILITY INFORMATION
Facility Name: Home Delivery Incontinent Supplies Colne
(This must be a business address, we can not issue a license to the MO U3132
Mailing Address: Same as above
City: State: Zip Code:
Telephone: <u>349978771</u> Fax: <u>3149970997</u>
E-mail: Michelle, Rogers Wholis, com Website: WWW. hdis, com
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5
Fri: 8 to 5 Sat: to Sun: to Holidays: to
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Mark Nedun
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic Supplies **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: □ Assistive Equipment □ Parenteral and Enteral Equipment** □ Orthotics and Prosethics □ Other: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Page 1



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

laws of the State of Nevada.
New MDEG Ownership Change (Please provide current license number if making changes: MP or MW)
☐ Publicly Traded Corporation ☐ Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ 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: InSleep Technologies, LLC
Physical Address: 3265 Meridian Parkway, Suite 114 Weston FL 333
(This must be a business address, we can not issue a license to a notife address)
Mailing Address: 3265 Meridian Parkway, Suite 11
City: Weston State: Florida Zip Code: 33331
Telephone: 954-356-1943 Fax: 954-888-9600
E-mail:mklestzick@insleephealth.com Website:www.insleephealth.com
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 9amto 5pm Tue: 9amto 5pm Wed: 9amto 5pm Thu: 9amto 5pm
Fri: 9amto5pm Sat: closedto Sun: closedto Holidays: closedto
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: _ Moshe Klestzick
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
 ☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic Supplies ☐ Assistive Equipment ☐ Parenteral and Enteral Equipment** ☐ Orthotics and Prosethics Other: FDA Approved Snoring Device - Rx is Required
Diabetic Supplies **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:
Page 1 041.97



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

The state of Nevada.
Window MDEG ☐ Ownership Change
(Please provide current license number if making changes: MP or MW)
☐ Publicly Traded Corporation — Pages 1,2,3,4 ☐ Non Publicly Traded Corporation — Pages 1,2,3,5 ☐ Sole Owner — Pages 1,2,3,7 ☐ Partnership — Pages 1,2,3,6 ☐ Sole Owner — Pages 1,2,3,7
FACILITY INFORMATION
Facility Name: Life Source Medical, Inc.
Physical Address: 377 South Swing Rd. Greenshorn, NC 27409 (This must be a business address, we can not sue a license to a home address)
Mailing Address: 377 South Swing Rd
City: Greensboro State: N.C. Zin Codo: 271100
Telephone: 336-316-1166 Fax: 33(0-316-11111
E-mail: Tite Source med Otriad. M. con Website: NA
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: \$\triangle \to
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Gorgi Naumous ki
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic Supplies ☐ Diabetic Supplies ☐ Other: Durable Medical Equipment* ☐ Care in the event of an emergency. Provide name and telephone number of Nevada contact. ☐ Telephone: ☐ Passistive Equipment ☐ Parenteral and Enteral Equipment* ☐ Durable Medical Equipment* ☐ Parenteral and Enteral Equipment* ☐ Durable Medical Equipment* ☐ Parenteral and Enteral Equipment* ☐ Durable Medical Equipment* ☐ Parenteral and Enteral Equipment* ☐ Durable Medical Equipment* ☐ Parenteral and Enteral Equipment* ☐ Durable Medical Equipment* ☐ Parenteral and Enteral Equipment* ☐ Durable Medical Equipment* ☐ Durable Medical Equipment* ☐ Parenteral and Enteral Equipment* ☐ Durable Medical Equipment* ☐ Durable Medical Equipment* ☐ Parenteral and Enteral Equipment* ☐ Durable Medical Equipment* ☐ Parenteral and Enteral Equipment* ☐ Durable Medical Equipment* ☐ Durable Medical Equipment* ☐ Durable Medical Equipment* ☐ Parenteral and Enteral Equipment* ☐ Durable Medical Equipment* ☐ Durable Medical Equipment* ☐ Parenteral and Enteral Equipment* ☐ Durable Medical Equipment* ☐ Durable Medical Equipment* ☐ Parenteral and Enteral Equipment* ☐ Durable Medical Equipment* ☐ Durable Medical Equipment*



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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Application must be printed legibly or typed

✓New MDEG □ Ownership Change (Please provide current license number if making changes: MP or MW)		
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ 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: One Source Medical Group			
Physical Address: 15733 San Padro, San Antonio TX 78232 (This must be a business address, we can not issue a license to a home address)			
Mailing Address:			
Telephone: 866-834-7473 Fax: 877-490-9111			
City: State: Zip Code: Telephone: 866-834-7473 Fax: 877-490-9111 E-mail: bdefoe@Onesourcemg.com Website: www. onesourcemg.com			
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING			
Mon: 8:30 to 5:00 Tue: 8:30 to 5 Wed: 8:30 to 5 Thu: 8:30 to 5 Cantray	1 Standers m e		
Fri: 1:30 to 5:60 Sat: to Sun: to Holidays: to	·		
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis			
Name: Jon Jimenez			
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)			
☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic Supplies **If providing these types of services you are required to have in place a mechanism to ensure care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: ☐ Assistive Equipment ☐ Parenteral and Enteral Equipment** ☐ Orthotics and Prosethics ☐ Other: Catheters, Ivo logicals, Inc. **If providing these types of services you are required to have in place a mechanism to ensure of care in the event of an emergency. Provide name and telephone number of Nevada contact. Telephone: Page 1	continued by		



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□ New MDEG		
□ Publicly Traded Corporation – Pages 1,2,3,4		
FACILITY INFORMATION		
Facility Name:Orbit Medical of Portland, Inc.		
Physical Address: 9847 South 500 West #500, Sandy, UT 84070		
(This must be a business address, we can not issue a license to a home address) Mailing Address: 9847 South 500 West #500		
City: Sandy State: UT Zip Code: 84070		
Telephone: 801-713-2072 Fax: 801-713-5151		
E-mail: sross@tibromedical.com Website:		
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING		
Mon: 9AM to 4PM Tue: 9AM to 4PM Wed: 9AM to 4PM Thu: 9AM to 4PM		
Fri: 9AM to 4PM Sat: to Sun: to Holidays: to		
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis		
Name: Shawn Ross		
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)		
 ✓ Medical Gases** ✓ Respiratory Equipment** ✓ Life-sustaining equipment** ✓ Diabetic Supplies ✓ Assistive Equipment ✓ Parenteral and Enteral Equipment** ✓ Orthotics and Prosethics 		
**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: Shawn Ross Telephone: 801-713-2072 Page 1		



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laws of the State of Nevada.
New MDEG
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 □ 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: Otto Pock Orthogodic Services LC
Physical Address: 11501 Alteria Parture & Austra TY 78758-3597 (This must be a business address, we can not issue a license to a home address)
Mailing Address: 11501 Alterra Parkury Auro
City: Austin State: 14 Zip Code: 78758 3597
Telephone: 124-134-5774 Fax: 544-442-2301
E-mail: JESSICKE, (Hunc & OHE book QUA) Website: would offor sekill going
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: <u>역 to 3 分</u> Tue: <u>역 to 3 分</u> Wed: <u>역 to 3 元</u> Thu: <u></u>
Fri: 4 to 3.30 Sat: to NA Sun: to NA Holidays: to NA
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: 1884 (a clune
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases** ☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Controlled and Prosethics
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: Page 1



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

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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.

laws of the State of Nevada.
☐ Ownership Change (Please provide current license number if making changes: MP or MW)
☐ Publicly Traded Corporation Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Sole Owner Pages 1,2,3,7 ☐ Pages 1,2,3,6 ☐ Pages 1,2,3,7 ☐ Pages
FACILITY INFORMATION
Facility Name: PA Healthcare Pharmacentical Company
Physical Address: 7183 Navy RD SUITE A (This must be a business address, we can not issue a license to a home address)
Mailing Address: Same
City: San Dego State: CA Zip Code: 92119
Telephone: 888-335-0180 Fax: 888-502-27-54
E-mail: INFOR Pah Pharm. Com Website: Wald Pamed Supply. Com
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5
Fri: 9 to 5 Sat: 1/16 Sun: 1/16/A Holidays: Nto/A
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Anthony Bell
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic Supplies ☐ Other: ☐ Cothotics and Prosethics ☐ Other: ☐ Other

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APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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☑New MDEG ☐ Ownership Change (Please provide current license number if making changes: MP or MW)			
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ 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: PAYLESS MEDICAL LLC			
Physical Address: 300 DOMINION DRIVE SUITE 425-A (This must be a business address, we can not issue a license to a home address)			
Mailing Address: SAME			
City: MORRISVILLE State: NC Zip Code: 27560			
Telephone:1.866.533.0772			
E-mail: _JOE.HUBBARD@PAYLESSMEDICAL.COMWebsite: _WWW.PAYLESSMEDICAL.COM			
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING			
Mon: 9:AM to 8:PM Tue: 9:AM to 8:PM Wed: 9:AM to 8:PM Thu: 9:AMto 8:PM			
Fri: 9:AM to 8:PM Sat: ONLINE to 24/7 Sun: ONLINE to 24/7 Holidays: ONLINE to 24/7			
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis			
Name: JON ROBICHAUD			
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)			
☐ Medical Gases** ☐ Assistive Equipment			
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment** ☐ Life-sustaining equipment** ☐ Orthotics and Prosethics			
☐ Life-sustaining equipment** ☐ Orthotics and Prosethics ☐ Diabetic Supplies ☐ Other: ostomy, urology, incontinence, wound care, mobility, pm			
**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:			

NNN

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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TINOW MDEC				
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 □ 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: Gordian Medical VI, Inc. d.b.a. Quality Medical Equipment & Supply				
Physical Address: 20162 SW Birch Street, Ste 220B Newport Beach, CA 92660-0792				
(This must be a business address, we can not issue a license to a home address) Mailing Address: 17595 Cartwright Road				
City: State: Zip Code:				
Telephone: 949-287-8022 Fax: 949-874-3088				
E-mail:				
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING				
Mon: 10am to 5pm Tue: 10amto 5pm Wed: 10amto 5pm Thu: 10amto 5pm				
Fri: 10am to 5pm Sat: Closed to Sun: Closed to Holidays: Closed to				
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis Name:				
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)				
☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic Supplies **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: VCorp Services, LLC. Assistive Equipment				



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New MDEG ☐ Ownership Change		
(Please provide current license number if making changes: MP or MW)		
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 □ Sole Owner – Pages 1,2,3,7		
Non Publicly Traded Corporation – Pages 1,2,3,5 □ 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: Respironics Logistics Services, LLC		
Physical Address: 174 Tech Center Drive, Suite 200, Mt. Pleasant, PA 15666 (This must be a business address, we can not issue a license to a home address)		
(This must be a business address, we can not issue a notice to a notice address)		
Mailing Address: Philips Healthcare, Attn: Connie Marchany, 3000 Minuteman Road		
City: Andover State: MA Zip Code: 01810		
Telephone: 724-387-5200 Fax: 724-925-2607		
E-mail: Robert.gritzer@philips.com Website: www.philips.com		
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING		
Mon: 10.00 AM tO 6:00 PM Tue: 10:00 AM tO 6:00 PM Wed: 10:00 AM tO 6:00 PM Thu: 10:00 AM tO 6:00 PM		
Fri: 10.00 AM to 6.00 PM Sat: closed to closed Sun: closed to closed Holidays: closed to closed		
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis		
Name: Robert Gritzer		
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)		
☐ Medical Gases** ☐ Assistive Equipment		
□ Respiratory Equipment** □ Parenteral and Enteral Equipment**		
☐ Life-sustaining equipment** ☐ Orthotics and Prosethics		
☐ Diabetic Supplies Other Prescription and Non-Prescription Medical Devices		
**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: Robert Gritzer Telephone: 724-640-5232		
Name: Robert Gritzer Telephone: 724-640-5232 Page 1		



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New MDEG		
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 □ 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: Snap LLC		
Physical Address: 63 Market Street, Venice, CA 90291		
Mailing Address: 63 Market Street		
City: Venice State: CA Zip Code: 90291		
Telephone: (310) 339-3339 Fax:		
E-mail: mark.randall@snapchat.com Website:		
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING		
Mon: <u>9am to 5pm</u> Tue: <u>9am to 5pm</u> Wed: <u>9am to 5pm</u> Thu: <u>9am to 5pm</u>		
Fri: <u>9am to 5pm</u> Sat: <u>N/A</u> Sun: <u>N/A</u> Holidays: <u>N/A</u>		
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis		
Name: Mark Randall		
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)		
☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic Supplies **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: ☐ Assistive Equipment ☐ Parenteral and Enteral Equipment** ☐ Orthotics and Prosethics ☐ Other: Sunglasses **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: ☐ Page 1		



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APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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laws of the State of	Nevada.		
(P	Ownership Change lease provide current license number if making changes: MP or MW)		
Non Publicly Traded Co Please ch	rporation – Pages 1,2,3,4		
FACILITY INFORM	<u>ATION</u>		
Facility Name:	SpecialtyCare, Inc.		
	902 Airpark Center Drive (This must be a business address, we can not issue a license to a home address)		
Mailing Address: _	902 Airpark Center Drive		
City: Nashville	State: <u>TN</u> Zip Code: <u>37217</u>		
Telephone: 615-346-8808 Fax: 615-345-6825			
E-mail: Joe.Segu	ra@specialtycare.net Website: www.specialtycare.net		
	S THAT THE FACILITY WILL BE REGULARLY OPERATING		
Mon: 8 to 4:30	Tue: 8 to 4:30 Wed: 8 to 4:30 Thu: 8 to 4:30		
Fri: 8 to 4:30	Sat: to Sun: to Holidays: to		
MDEG ADMINISTR	ATOR INFORMATION: Person in charge on a daily basis		
Name:Jose Se	gura		
TYPE OF MDEG P	RODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)		
 ☐ Medical Gases* ☐ Respiratory Equ ☐ Life-sustaining of Diabetic Supplies **If providing these to the supplies 	parenteral and Enteral Equipment** equipment** □ Orthotics and Prosethics Other: Various devices and equipment used in surgeries 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. Telephone:		
Tunto.	Page 1		



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APPLICATION FOR NEVADA PHARMACY LICENSE

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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 large of the State of News 1

	s issued and is a violation of the laws of the State of Nevada.
New Pharmacy Ownership Ch	nange ☐ Name Change ☐ Location Change
(Please provide c	urrent license number if making changes: PH)
☐ Publicly Traded Corporation – Pages 1,2,3,	7.0- Ol
☐ Non Publicly Traded Corporation – Pages 1	2 4a 4h 7 8a 8h
Please check box for type of owner	,2,4a,4b,7,8a,8b ☐ Sole Owner – Pages 1,2,6,7,8a,8b rship and complete correct part of the application.
GENERAL INFORMATION to be complete	ed by all types of ownership
Pharmacy Name: Nevada advance	I Phin Surgical Center, we
Physical Address: 10791 Don6	Le RBIVE
Mailing Address: 10791 Poubl	e R Blvd
City: Reno S	tate: <u>NV</u> Zip Code: <u>895 21</u> Fax:775 - 284 - 865 4
Telephone: 775-284-8650	Fax: 775-284-8654
Toll Free Number:	
E-mail: 18MG(serda@ yahoo con	Website:
Managing Pharmacist: Mary Grea	License Number: 10687
Hours of Operation:	
Monday thru Friday 8 am 5 pm	Ondown d
Sunda	Saturdayampm
Sundayampm	24 Hours
TYPE OF PHARMACY	SERVICES PROVIDED
□ Retail	Off. site Cognitive Comi
☐ Hospital (# beds)	☐ Off-site Cognitive Services ☐ Parenteral
☐ Internet	☐ Parenteral (outpatient)
☐ Nuclear	☐ Outpatient/Discharge
☐ Out of State	☐ Mail Service
Ambulatory Surgery Center	☐ Long Term Care



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	☐ Name Change ☐ Location Change se number if making changes: PH		
Publicly Traded Corporation – Pages 1,2,3,7,8a,8b			
GENERAL INFORMATION to be completed by all	types of ownership		
Pharmacy Name: Olsen's Corner Drug Store Com	pounding Center		
Physical Address: 200 W Fifth Street			
Mailing Address: 1041 S Grass Valley Rd			
City: Winnemucca State: N	<u>V</u> Zip Code: <u>89445</u>		
Telephone:			
Toll Free Number:n/a			
E-mail: colsen@olsenscornerdrugstore.com Web	osite: <u>olsenscornerdrugstore.com</u>		
Managing Pharmacist: <u>Henry K. Brown</u>	License Number: 19302		
Hours of Operation:			
Monday thru Friday <u>10</u> am <u>6</u> pm	Saturdayampm		
Sundayampm	24 Hours		
TYPE OF PHARMACY	SERVICES PROVIDED		
Retail	☐ Off-site Cognitive Services		
☐ Hospital (# beds)	□_Parenteral		
□ Internet	Parenteral (outpatient)		
☐ Nuclear	☐ Outpatient/Discharge		
☐ Out of State	☐ Mail Service		
☐ Ambulatory Surgery Center	☐ Long Term Care		

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⊠ New Pharmacy □ Ownership Change (Please provide current li	☐ Name Change ☐ Location Change cense number if making changes: PH)
(Please provide current ii	cense number if making changes. PH
□ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b □ Partnership - Pages 1,2,5,7,8a,8b □ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b □ Sole Owner – Pages 1,2,6,7,8a,8b □ 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: TANGO PHARMACY	
Physical Address: 4090 W. CRAIG RD UNIT 101, NORTH LAS VEGAS, NV 89032	
Mailing Address: P.O. BOX 50186	
City: <u>HENDERSON</u> State:	NV Zip Code: <u>89016</u>
Telephone: N/A F	Fax: N/A
Toll Free Number: N/A	
E-mail: N/A Website: N/A	
Managing Pharmacist: ROBENSON APIBO-TANGO License Number: 17611	
Hours of Operation:	
Monday thru Friday 9:00 am 7:00 pm	Saturday <u>9:00</u> am <u>3:00</u> pm
Sunday <u>N/A</u> am <u>N/A</u> pm	24 Hours N/A
TYPE OF PHARMACY	SERVICES PROVIDED
🛛 Retail	☐ Off-site Cognitive Services
☐ Hospital (# beds)	☐ Parenteral
☐ Internet	☐ Parenteral (outpatient)
□ Nuclear	☐ Outpatient/Discharge
☐ Out of State	☐ Mail Service
☐ Ambulatory Surgery Center	☐ Long Term Care