

A

NEVADA STATE BOARD OF PHARMACY
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 *cashier's check*
(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: AllyScripts
Physical Address: 201 Lonnie E. Crawford Blvd Ste B
Mailing Address: Same as above
City: Scottsboro State: AL Zip Code: 35769
Telephone: (844)309-7171 Fax: (844)309-7173
Toll Free Number: (844)309-7171 (Required per NAC 639.708)
E-mail: info@allyscripts.com Website: allyscripts.com
Managing Pharmacist: Lisa D. Pierce License Number: AL 16643
applying for NV

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked
For the application to be complete

Yes/No

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

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

B

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Alpha-Omega Pharmacy LLC.

Physical Address: 4142 Commercial Way Spring Hill, FL 34606

Mailing Address: 4142 Commercial Way

City: Spring Hill State: Florida Zip Code: 34606

Telephone: 352-600-7950 Fax: 352-600-7955

Toll Free Number: 1-844-557-0835 (Required per NAC 639.708)

E-mail: contact@alpha-omegapharmacy.com Website: www.alpha-omegapharmacy.com

Managing Pharmacist: Don Hanna License Number: PS17531

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked
For the application to be complete

Yes/No

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

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C

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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: DicotrX 1, LLC dba Boerne Drug Company
Physical Address: 725 N. Main St, Ste 2
Mailing Address: 725 N. Main St, Ste 2
City: Boerne State: TX Zip Code: 78004
Telephone: 830-331-8183 Fax: 830-428-2581
Toll Free Number: 844-641-7513 (Required per NAC 639.708)
E-mail: fax@boernedrug.com Website: www.boernedrug.com
Managing Pharmacist: Tiffany Richard, PIC License Number: 51373 - Tiffany Richard

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

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Yes/No

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Brookside Rx, LLC

Physical Address: 11020 A Street

Mailing Address: 11020 A Street

City: Omaha

State: NE

Zip Code: 68137

Telephone: 402-374-4024

Fax: 402-403-4149

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

E-mail: pharmacist@brooksidern.com Website: N/A

Managing Pharmacist: Knish Hurley License Number: 12300

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked
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Yes/No

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

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E

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☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7
- Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Chemistry Rx Pharmacy
Physical Address: 829 Spruce st Ste 100
Mailing Address: 829 Spruce st Ste 100
City: Philadelphia State: PA Zip Code: 19107
Telephone: 855-790-0100 Fax: 267-861-0862
Toll Free Number: 855-790-0100 (Required per NAC 639.708)
E-mail: info@chemistryrx.com Website: www.chemistryrx.com
Managing Pharmacist: Vicki Jung License Number: RP 44978

TYPE OF PHARMACY AND

Yes/No

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

All boxes must be checked
For the application to be complete

SERVICES PROVIDED

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
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☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☒ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: HRx Pharmacy LLC

Physical Address: 4227 S Highland Dr. Ste 6

Mailing Address: 4227 S Highland Dr. Ste 6

City: Salt Lake City State: UT Zip Code: 84124

Telephone: 801-553-3426 Fax: 801-553-2540

Toll Free Number: 877-401-4311 (Required per NAC 639.708)

E-mail: cdywalker@gmail.com

Website: N/A

Managing Pharmacist: Cody Walker License Number: 6450171-1701

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked
For the application to be complete

Yes/No

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

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G

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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 07024
 City: Fort Lee State: New Jersey Zip Code: 07024
 Telephone: (201) 676-3838 Fax: (201) 676-3848
 Toll Free Number: (844) 294-6402 (Required per NAC 639.708)
 E-mail: inclinehealthLLC@gmail.com Website: N/A
 Managing Pharmacist: Allison Koch License Number: 28RI03399000

<u>TYPE OF PHARMACY</u>	<u>AND</u>	<u>SERVICES PROVIDED</u>
Yes/No		Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked
 For the application to be complete

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H

NEVADA STATE BOARD OF PHARMACY

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

GENERAL INFORMATION to be completed by all types of ownershipPharmacy Name: Lumicera Health Services, LLCPhysical Address: 5350 E High Street Suite 200Mailing Address: 5350 E High Street Suite 200City: Phoenix State: Arizona Zip Code: 85054Telephone: 855-847-3553 Fax: 855-547-3558Toll Free Number: 855-847-3553 (Required per NAC 639.708)E-mail: contact@lumicera.com Website: www.Lumicera.comManaging Pharmacist: Peter Nielson License Number: AZ - S017245**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No

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

All boxes must be checked
 For the application to be complete

Yes/No

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Medication Review, Inc

Physical Address: 104 S. Freya St, #225 Turquoise Flag Bldg

Mailing Address: 104 S. Freya St, #225 Turquoise Flag Bldg

City: Spokane State: Washington Zip Code: 99202

Telephone: 509-343-5200 Fax: 509-343-5199

Toll Free Number: 800-236-1900 (Required per NAC 639.708)

E-mail: arodriguez@medicationreview.com Website: www.medicationreview.com

Managing Pharmacist: _____ License Number: _____

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☒ ☐ Other: Remote order entry

All boxes must be checked

For the application to be complete

Yes/No

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

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

Pharmacy Name: MEDPHARMA PHARMACY PARTNERS 11, LP dba MEDPHARMA PHARMACY

Physical Address: 2600 N. STEMMONS FWY, STE 164 DALLAS, TEXAS 75207

Mailing Address: 2600 N. STEMMONS FWY, STE 164

City: DALLAS State: TEXAS Zip Code: 75207

Telephone: 469-331-8290 Fax: 469-331-8291

Toll Free Number: 855-550-0976 (Required per NAC 639.708)

E-mail: infoTX@medpharma.com Website: www.medpharma.com

Managing Pharmacist: ANGELA CHI ALVAREZ License Number: 48830

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked
For the application to be complete

Yes/No

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Medi Script Pharmacy
 Physical Address: 8121 Broadway Street Suite #105
 Mailing Address: 8121 Broadway Street Suite #105
 City: Houston State: TX Zip Code: 77061
 Telephone: (713) 910-3774 Fax: (713) 910-3314
 Toll Free Number: (877) 578-0906 (Required per NAC 639.708)
 E-mail: mediscriptrx@yahoo.com Website: N/A
 Managing Pharmacist: Katwala Carole Kalukuta License Number: 50900

TYPE OF PHARMACY	AND	SERVICES PROVIDED
Yes/No		Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input type="checkbox"/> Other Services: _____

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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: Novixus Pharmacy Services

Physical Address: 43159 W. Nine Mile Road

Mailing Address: Same as above

City: Novi State: MI Zip Code: 48375-4117

Telephone: 248-380-2111 Fax: 877-395-4836

Toll Free Number: 877-668-4987 (Required per NAC 639.708)

E-mail: tom.bostwick@novixus.com Website: www.novixus.com

Managing Pharmacist: Thomas Bostwick License Number: 5302033608

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked
For the application to be complete

Yes/No

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

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

M

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

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

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

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Skyline Pharmacy, Inc.
Physical Address: 2123 2nd Avenue
Mailing Address: 2123 2nd Avenue
City: New York State: NY Zip Code: 10029
Telephone: 212-996-5929 Fax: 212-996-5901
Toll Free Number: 844-859-5094 (Required per NAC 639.708)
E-mail: christina@ismarthealthcare.com Website: www.skylinepharmacy.com
Managing Pharmacist: Yana Nisanov License Number: 052402

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail	<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds ____)	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear	<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center	<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community	<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input type="checkbox"/> Other: _____	<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
	<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
	<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
	<input type="checkbox"/> <input type="checkbox"/> Other Services: _____

All boxes must be checked
For the application to be complete

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

01117

N

NEVADA STATE BOARD OF PHARMACY
 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
 (non-refundable and not transferable money order or cashier's check only)

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☒ New Pharmacy

☐ Ownership Change

(Please provide current license number if making changes: PH _____)

☐ 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

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: Soleo Health Inc

Physical Address: 1324 W Winton Ave

Mailing Address: same

City: Hayward State: CA Zip Code: 94545-1408

Telephone: 510-362-7360 Fax: 510-460-1389

Toll Free Number: 844-362-7360 (Required per NAC 639.708)

E-mail: licensure@soleohealth.com Website: www.soleohealth.com

Managing Pharmacist: Melisa Kelley License Number: 63901

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds _____)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☒ Community

☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral **

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding **

☐ ☒ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding **

☐ ☒ Other Services: _____

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

D

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: The Pill Cub

Physical Address: 133 Arch Street, Suite 7 Redwood City, CA 94062

Mailing Address: 133 Arch Street, Suite 7

City: Redwood City State: CA Zip Code: 94062

Telephone: (844) 388-7455 Fax: (888) 873-6994

Toll Free Number: (844) 388-7455 (Required per NAC 639.708)

E-mail: linda@thepillclub.com Website: www.thepillclub.com

Managing Pharmacist: Linda Virginia Panofsky License Number: RPH56779(CA)

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

04533

P

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: TrustedMedRx Inc.
Physical Address: 6971 N. Federal Hwy, #203
Mailing Address: 6971 N. Federal Hwy, #203
City: Boca Raton State: FL Zip Code: 33487
Telephone: 855-939-6337 Fax: 561-206-6688
Toll Free Number: 855-939-6337 (Required per NAC 639.708)
E-mail: david@trustedmedrx.com Website: www.TrustedMedRx.com
Managing Pharmacist: David Steinberg License Number: FL: PS 54676

TYPE OF PHARMACY		AND	SERVICES PROVIDED	
Yes/No			Yes/No	
<input checked="" type="checkbox"/>	<input type="checkbox"/> Retail		<input type="checkbox"/>	<input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/>	<input checked="" type="checkbox"/> Hospital (# beds ____)		<input type="checkbox"/>	<input checked="" type="checkbox"/> Parenteral **
<input checked="" type="checkbox"/>	<input type="checkbox"/> Internet		<input type="checkbox"/>	<input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/>	<input checked="" type="checkbox"/> Nuclear		<input checked="" type="checkbox"/>	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/>	<input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/>	<input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/>	<input type="checkbox"/> Community		<input checked="" type="checkbox"/>	<input type="checkbox"/> Long Term Care
<input type="checkbox"/>	<input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/>	<input checked="" type="checkbox"/> Sterile Compounding **
			<input type="checkbox"/>	<input checked="" type="checkbox"/> Non Sterile Compounding
			<input type="checkbox"/>	<input checked="" type="checkbox"/> Mail Service Sterile Compounding **
			<input type="checkbox"/>	<input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked
For the application to be complete

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

94410

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: U of A Medication Management Center #2

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: 866-218-6646 (Required per NAC 639.708)

E-mail: kcalabro@sinfoniarx.com Website: n/a

Managing Pharmacist: Kristin Calabro License Number: AZ - S017956

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☒ ☐ Other: Limited Service telephone
consultation services only.
Not a dispensing pharmacy.

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☐ ☒ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☒ ☐ Other Services: Medication Therapy
Management Service, counseling only via telephone.

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

01/15/24

R

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)

Check box below for type of ownership and complete all required forms.

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

☐ Partnership – Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: US Specialty Care

Physical Address: 7472 S. Tucson Way, Suite 100-A, Centennial, CO 80112

Mailing Address: 500 Eagles Landing Drive

City: Lakeland

State: FL

Zip Code: 33810

Telephone: (800) 641-8475

Fax: None

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 AND

SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds _____)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☒ Community

☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral **

☒ ☐ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding **

☐ ☒ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding **

☐ ☒ Other Services: _____

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

04701

S

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☐ New Pharmacy or ☒ **Ownership Change** (Provide current license number if making changes: PH 02161)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Wells Speciality Pharmacy, Inc

Physical Address: 3796 Howell Branch Rd Winter Park, FL 32792

Mailing Address: 803 S. Orlando Ave Ste D

City: Winter Park State: FL Zip Code: 32789

Telephone: 407 478 2663 Fax: 407 671 7960

Toll Free Number: 866 699 8239 (Required per NAC 639.708)

E-mail: Chad@WellsSpecialityPharmacy.com Website: www.WellsSpecialityPharmacy.com

Managing Pharmacist: Cynthia Hebli License Number: PS18275

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked
For the application to be complete

Yes/No

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

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

T

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: PH 03459)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7
☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: 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 Free Number: (800) 685-6522 (Required per NAC 639.708)

E-mail: credentialing@amtoundcare.com Website: Not Applicable

Managing Pharmacist: Shiva Farzan License Number: 44807

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked
For the application to be complete

Yes/No

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

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

U

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Firmus Pharmacy, LLC
Physical Address: 10000 Virginia Manor Road, Ste. 350
Mailing Address: 10000 Virginia Manor Road, Ste. 350
City: Bellsville State: MD Zip Code: 20705
Telephone: 844. 347. 6871 Fax: 844. 347. 6870
Toll Free Number: 844. 347. 6871, Opt 2 (Required per NAC 639.708)
E-mail: tsattin@firmus.org Website: Firmus.org
Managing Pharmacist: Bryan Katz License Number: 17112

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked
For the application to be complete

Yes/No

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

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

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
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☐ New Pharmacy or ☒ **Ownership Change** (Provide current license number if making changes: PH 03288)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7
☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: MARIAN RESPIRATORY CARE, INC
Physical Address: 28691 US HWY 98 SUITE D1
Mailing Address: _____
City: DAPHNE State: AL Zip Code: 36526
Telephone: 251.473.2222 Fax: 855.292.7846
Toll Free Number: 888.623.1626 (Required per NAC 639.708)
E-mail: LUCY@MARIANRC.COM Website: MARIANRX.COM
Managing Pharmacist: ROY HAYWOOD License Number: 12523

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked
For the application to be complete

Yes/No

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

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

W

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

Application must be printed legibly or typed

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: PH 03148

☐ Partnership - Pages 1,2,5,7

☐ Sole Owner – Pages 1,2,6,7

LLC

Pharmacy Name: Pharmaceutical Specialties, LLC dba Pharmaceutical Specialties ExpressPharmacy Name: Pharmaceutical Specialties, LLC dba Pharmaceutical Specialties Express

Physical Address: 150 Cleveland Road, Suite B

Mailing Address: 150 Cleveland Road, Suite B

City: Bogart State: GA Zip Code: 30622

Telephone: 800-818-6486 Fax: 800-818-6490

Toll Free Number: 800-818-6486 (Required per NAC 639.708)

E-mail: licensing@maxor.com Website: www.psipharmacy.com

Managing Pharmacist: William David White License Number: RPH025505

TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
<input type="checkbox"/> <input checked="" type="checkbox"/> Retail	<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds ____)	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear	<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center	<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community	<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input checked="" type="checkbox"/> <input type="checkbox"/> Other: <u>Out of State/Specialty</u>	<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
	<input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding
	<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
	<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked
For the application to be complete

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

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: RX ONE PHARMACY

Physical Address: 9740 BARKER CYPRESS RD STE 107

Mailing Address: 9740 BARKER CYPRESS RD STE 107

City: CYPRESS State: TEXAS Zip Code: 77433

Telephone: 281 656 2000 Fax: 281 656 2001

Toll Free Number: 888 568 8132 (Required per NAC 639.708)

E-mail: RXONEPHARMACYTX@GMAIL.COM Website: NONE

Managing Pharmacist: SHOLEH KARSTEN License Number: 35344

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

Y

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

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

Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Suricare Specialty Pharmacy, LLC
Physical Address: 4005 N Mesa St
Mailing Address: 4005 N Mesa St
City: El Paso State: TX Zip Code: 79902
Telephone: 915-532-2400 Fax: 855-821-7058
Toll Free Number: 855-532-2400 (Required per NAC 639.708)
E-mail: dmoreno@mysuricare.com Website: www.mysuricare.com
Managing Pharmacist: Daniel Moreno License Number: 73279

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked
For the application to be complete

Yes/No

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

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

2

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: 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) 834-7005

Toll Free Number: (877) 8347002 (Required per NAC 639.708)

E-mail: AMBULATORY PHARMACY @ UCHICAGO.EDU Website: N/A

Managing Pharmacist: Stuart Kersky License Number: 051.039492

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

AA

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: US Specialty Care

Physical Address: 7472 S. Tucson Way, Suite 100-A, Centennial, CO 80112

Mailing Address: 500 Eagles Landing Drive

City: Lakeland State: FL Zip Code: 33810

Telephone: (800) 641-8475 Fax: None

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	AND	SERVICES PROVIDED
Yes/No		Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input checked="" type="checkbox"/> <input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____
All boxes must be checked For the application to be complete		

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

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BB

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: YOUR RX PHARMACY

Physical Address: 2637 IRA E. WOODS AVE #200

Mailing Address: _____

City: GRAPEVINE

State: TX

Zip Code: 76051

Telephone: 817-416-2222

Fax: 817-416-2223

Toll Free Number: 866-549-5455

(Required per NAC 639.708)

E-mail: YOURRXPHARMACY@YAHOO

Website: www.yourrxpharmacy.com

Managing Pharmacist: DAT NGUYEN

License Number: 50375

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked
For the application to be complete

Yes/No

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

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

CC

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

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

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

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

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

GENERAL INFORMATION

Facility Name: 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: dquiggle@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:

<input type="checkbox"/> Pharmacies	<input type="checkbox"/> Practitioners	<input type="checkbox"/> Hospitals	<input checked="" type="checkbox"/> Wholesalers
<input type="checkbox"/> Other: _____			

Type of Products to be handled or wholesaled by firm:

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

UM

94527

DD

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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☐ New Wholesaler☒ Ownership Change

(Please provide current license number if making changes: WH006911)

☒ 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 INFORMATIONFacility Name: Anda, IncPhysical Address: 2915 Weston Rd Weston, FL 33331Mailing Address: 2915 Weston RdCity: Weston State: FL Zip Code: 33331Telephone: 954 217 4500 Fax: 954 217 4606Toll Free Number: 800 331 2632E-mail: emily.schultz@andanet.com Website: www.andanet.comFacility Manager: Jay SpellmanProfessional qualifications and experience of facility manager: 18 years of pharmaceutical experience

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies☒ Practitioners☒ Hospitals☒ Wholesalers☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

EE

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

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

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Wholesaler ☒ Ownership Change
(Please provide current license number if making changes: WH01814)

☐ 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: 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: 954 217 4606
Toll Free Number: 800 331 2632
E-mail: emily.schultz@andanet.com Website: www.andanet.com
Facility Manager: Alberto Esteres
Professional qualifications and experience of facility manager: 26 years of pharmaceutical experience

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

FF

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

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

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

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

GENERAL INFORMATION

Facility Name: 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.com Website: 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
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

GG

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

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

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<input checked="" type="checkbox"/> New Wholesaler - Additional location	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH _____)
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Partnership - Pages 1,2,3,6 <input type="checkbox"/> Sole Owner – Pages 1,2,3,7
--	---

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Heathsource Distributors, LLC

Physical Address: 781 Far Hills Rd Suite 700

Mailing Address: 7000 Ruthenford Rd Suite 150 Baltimore, MD 21242

City: NEW Freedom State: PA Zip Code: 17819

Telephone: 410-653-1113 Fax: 410-415-7004

Toll Free Number: _____

E-mail: jwoolasky@heathsourcecdist.com Website: www.heathsourcecdist.com

Facility Manager: Jerry Woolasky & Robb Miller

Professional qualifications and experience of facility manager: owner of company - President of Heathsource Maryland location since 2003
Robb - is a Director of operations

Types of licensed outlets or authorized persons firm will serve:

- | | | | |
|--|--|------------------------------------|---|
| <input checked="" type="checkbox"/> Pharmacies | <input type="checkbox"/> Practitioners | <input type="checkbox"/> Hospitals | <input checked="" type="checkbox"/> Wholesalers |
| <input checked="" type="checkbox"/> Other: <u>Dentists</u> | | | |

Type of Products to be handled or wholesaled by firm:

- | | |
|---|--|
| <input type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices | <input type="checkbox"/> Hypodermic Devices |
| <input type="checkbox"/> Poisons or Chemicals | <input type="checkbox"/> Veterinary Legend Drugs |
| <input type="checkbox"/> Controlled Substances (include copy of DEA) | |
| <input checked="" type="checkbox"/> Other: <u>non-controlled prescription medications</u> | |

**officers are the same no need for fingerprints*

HH

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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☒ 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

☒ 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: Lupin Pharmaceuticals, Inc.

Physical Address: 111 S. Calvert Street, Harborplace Tower #2150, Baltimore, MD, 21202

Mailing Address: 111 S. Calvert Street, Harborplace Tower #2150

City: Baltimore State: MD Zip Code: 21202

Telephone: (410) 576-2000 Fax: (410) 576-2221

Toll Free Number: N/A

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

☐ Practitioners

☐ Hospitals

☒ Wholesalers

☒ Other: Retailers

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Poisons or Chemicals

☒ Controlled Substances (include copy of DEA)

☐ Other: _____

☐ Hypodermic Devices

☐ Veterinary Legend Drugs

11

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 must be printed legibly or typed

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☒ 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
☒ 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: 1549 Huter Road, Hanover Park, IL 60133
Mailing Address: 800 Technology Center Drive, Stoughton MA 02072
City: Stoughton State: Massachusetts Zip Code: 02072
Telephone: 781-344-6000 Fax: 781-344-7415
Toll Free Number: 800-967-6400
E-mail: dcook@msdistributors.com Website: www.msdonline.com
Facility Manager: Steven Schaudenecker
Professional qualifications and experience of facility manager: Please see attached Resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

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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☒ 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

☒ 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: 8726 N. Royal Lane, Irving Texas 75063

Mailing Address: 800 Technology Center Drive, Stoughton MA 02072

City: Stoughton State: Massachusetts Zip Code: 02072

Telephone: 781-344-6000 Fax: 781-344-7415

Toll Free Number: 800-967-6400

E-mail: dcook@msdistributors.com Website: www.msdonline.com

Facility Manager: Doug Hutchinson

Professional qualifications and experience of facility manager: Please see attached Resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies

☒ Practitioners

☒ Hospitals

☒ Wholesalers

☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☒ Hypodermic Devices

☐ Poisons or Chemicals

☐ Veterinary Legend Drugs

☐ Controlled Substances (include copy of DEA)

☐ Other: _____

KK

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

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

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

GENERAL INFORMATION

Facility Name: 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: 781-344-6000 Fax: 781-344-7415

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 by firm:

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

VACUUM

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

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

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

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

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

GENERAL INFORMATION

Facility Name: Ollin Pharmaceutical, LLC

Physical Address: 4303 South 590 West, Murray, UT 84123

Mailing Address: 4303 South 590 West

City: Murray State: UT Zip Code: 84123

Telephone: 801-716-7430 Fax: 801-880-3426

Toll Free Number: NA

E-mail: management@ollinpharma.com Website: NA

Facility Manager: Andrew Jenkins

Professional qualifications and experience of facility manager:
*Please see attached Resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

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

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

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 _____)

☐ 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: OPKO Pharmaceuticals, LLC

Physical Address: 4400 Biscayne Boulevard

Mailing Address: _____

City: Miami State: FL Zip Code: 33137

Telephone: 305-575-4221 Fax: 305-575-6016

Toll Free Number: _____

E-mail: OPKOPSL@opko.com Website: 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 ☒ Hospitals ☒ Wholesalers
☒ Other: Retailers, Specialty Pharmacies

Type of Products to be handled or wholesaled by firm:

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

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

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

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

Facility Name: Optime Care, Inc

Physical Address: 4060 Wedgeway Court

Mailing Address: same

City: Earth City State: MO Zip Code: 63045

Telephone: 314-731-6900 Fax: 314-731-6901

Toll Free Number: 888-287-2017

E-mail: help@optimecare.com Website: N/A

Facility Manager: Donovan Quill

Professional qualifications and experience of facility manager: see attached resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies
 ☒ Practitioners
 ☒ Hospitals
 ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

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

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

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

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

GENERAL INFORMATION

Facility Name: Cardinal Health 110, LLC dba ParMed Pharmaceuticals

Physical Address: 5960 E. Shelby Drive, Suite 100, Memphis, TN 38141

Mailing Address: 7000 Cardinal Place, OCLC-QRA, Dublin, OH 43017

City: -- State: -- Zip Code: --

Telephone: 734-743-6089 Fax: 734-743-7089

Toll Free Number: --

E-mail: licensure@cardinalhealth.com Website: www.parmed.com

Facility Manager: Richard Crossley - Manager, Warehouse Operations

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

<input checked="" type="checkbox"/> Pharmacies	<input type="checkbox"/> Practitioners	<input checked="" type="checkbox"/> Hospitals	<input type="checkbox"/> Wholesalers
<input checked="" type="checkbox"/> Other: <u>Clinics, Alternate Care</u>			

Type of Products to be handled or wholesaled by firm:

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

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

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

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 _____)

☐ 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: Pentec Health Inc

Physical Address: 9 Creek Parkway

Mailing Address: 9 Creek Parkway

City: Bartholomew State: Pa Zip Code: 19061

Telephone: 1-866-956-4376 Fax: 1-844-876-0017

Toll Free Number: 1-866-956-4376

E-mail: DNEWTON@pentechealth.com Website: www.pentechealth.com

Facility Manager: Greg Poletack

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

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

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

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

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

GENERAL INFORMATION

Facility Name: Pharmalucence, Inc.

Physical Address: 29 Dunham Road

Mailing Address: 29 Dunham Road

City: Billerica State: MA Zip Code: 01821

Telephone: 781-275-7120 Fax: 781-275-5191

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

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Radiopharmacies

Type of Products to be handled or wholesaled by firm:

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

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

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

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<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH _____)
<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Praxair Distribution, Inc.

Physical Address: 1090 Metric Drive, Lake Havasu, AZ 86403

Mailing Address: Praxair Distribution, Inc., Attn: Barbara Kasting, 2301 SE Creekview Drive

City: Ankeny State: IA Zip Code: 50021

Telephone: 515-257-5047 Fax: 515-965-6645

Toll Free Number: _____

E-mail: barbara_kasting@praxair.com Website: www.praxair.com

Facility Manager: Jeremy Giles *Giles*

Professional qualifications and experience of facility manager: 14 years as manager
Recurring training every year

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

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

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

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<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH02212)
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Purdue Gmp Center LLC

Physical Address: 3070 Kent Ave

Mailing Address: 3070 Kent Ave

City: West Lafayette State: IN Zip Code: 47906

Telephone: 765-464-8414 Fax: 765-464-8408

Toll Free Number: N/A

E-mail: info@gmpcenter.com Website: www.thechoo-center.com ^{until Oct 15} then www.gmpcenter.com

Facility Manager: David L. Ewbank (ewbankdl@gmpcenter.com)

Professional qualifications and experience of facility manager: see attached resume cv

Types of licensed outlets or authorized persons firm will serve:

<input checked="" type="checkbox"/> Pharmacies	<input type="checkbox"/> Practitioners	<input checked="" type="checkbox"/> Hospitals	<input checked="" type="checkbox"/> Wholesalers
<input type="checkbox"/> Other: _____			

Type of Products to be handled or wholesaled by firm:

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

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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

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<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: <u>WH 01042</u>)
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b Please check box for type of ownership and complete correct part of the application.	<input type="checkbox"/> Partnership - Pages 1,2,3,6 <input type="checkbox"/> Sole Owner – Pages 1,2,3,7
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GENERAL INFORMATION

Facility Name: Masters Pharmaceutical, LLC DBA: River City Pharma

Physical Address: 11930 Kemper Springs Drive Cincinnati, OH 45240

Mailing Address: 3600 Pharma Way

City: Mason State: Ohio Zip Code: 45036

Telephone: 513-354-2690 Fax: 513-354-2691

Toll Free Number: 800-982-7922

E-mail: lbreetz@mastersrx.com Website: www.mastersrx.com and rivercityrx.com

Facility Manager: Lore Breetz

Professional qualifications and experience of facility manager: 30 years is the Pharmaceutical Profession. Been with Masters for 4 years. See attached resume.

Types of licensed outlets or authorized persons firm will serve:

- | | | | |
|---|--|------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Pharmacies | <input type="checkbox"/> Practitioners | <input type="checkbox"/> Hospitals | <input type="checkbox"/> Wholesalers |
| <input checked="" type="checkbox"/> Other: <u>Clinics</u> | | | |

Type of Products to be handled or wholesaled by firm:

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

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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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☒ 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
☒ 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: Masters Pharmaceutical, LLC d.b.a. River City Pharma
 Physical Address: 4200 Binion Way, Suite 100, Mason, OH 45036
 Mailing Address: 3600 Pharma Way
 City: Mason State: OH Zip Code: 45036
 Telephone: 513-354-2690 Fax: 513-354-2691
 Toll Free Number: 800-982-7922
 E-mail: jseiple@mastersrx.com Website: www.mastersrx.com
 Facility Manager: Jennifer Seiple
 Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Clinics

Type of Products to be handled or wholesaled be firm:

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

94523

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Wholesaler

☐ Ownership Change

(Please provide current license number if making changes: WH02679)

☐ 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: SCA Pharmaceuticals, LLC

Physical Address: 8821 Knecht Court

Mailing Address: _____

City: Little Rock State: AR Zip Code: 72205

Telephone: 501-312-2800 Fax: 501-312-2805

Toll Free Number: 877-550-5059

E-mail: med@scausa.net Website: www.scausa.net

Facility Manager: Reg Eugene Graves

Professional qualifications and experience of facility manager: Resume

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 by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Poisons or Chemicals

☒ Controlled Substances (include copy of DEA)

☐ Other: _____

☐ Hypodermic Devices

☐ Veterinary Legend Drugs

WW

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

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

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☒ 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
☒ 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 by firm:

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

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

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

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

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

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

GENERAL INFORMATION

Facility Name: Torrent Pharma Inc.

Physical Address: 150 Allen Road, Suite 102

Mailing Address: 150 Allen Road, Suite 102

City: Basking Ridge State: NJ Zip Code: 07920

Telephone: 908-280-3333 Fax: 908-280-3363

Toll Free Number: n/a

E-mail: dawnchitty@torrentpharma.us Website: http://www.torrentpharma.com/

Facility Manager: Rima Patel

Professional qualifications and experience of facility manager: Four years of pharmaceutical supply chain and distribution experience.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

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

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

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 00586)

☐ 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 by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☐ Other: Solid Dose, Liquids (Orals), Topical

22

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

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

FACILITY INFORMATION

Facility Name: Advanced Healing Solutions, Inc.

Physical Address: 1430 3rd Street, Ste 3 Riverside, CA 92507-3457
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 20162 SW Birch Street, Ste 220A

City: Newport Beach State: CA Zip Code: 92660-0792

Telephone: 951-566-4344 Fax: 310-579-8763

E-mail: info@ahswc.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10am to 4pm Tue: 10am to 4pm Wed: 10am to 4pm Thu: 10am to 4pm
Fri: 10am to 4pm Sat: Closed to Sun: Closed to Holidays: Closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Lauren Cramer

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

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

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

Name: Vcorp Services, LLC Telephone: 845-425-0077

94408

AAA

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: 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 home 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 Prosthesis
- Other: Disposable Medical 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: _____

BBB

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New MDEG

☒ Ownership Change

(Please provide current license number if making changes: MP or MW MP 01253)

☐ 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: American Home Medical, Inc.

Physical Address: 3325 S University Dr STE 106; Davie FL 33328

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

Mailing Address: 3325 Bartlett Blvd

City: Orlando

State: FL

Zip Code: 32811

Telephone: 954-423-8770

954-423-8772

Fax:

E-mail: vannostrand.linda@aerocareusa.com

Website: www.aerocareusa.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10am to 4pm Tue: 10am to 4pm Wed: 10am to 4pm Thu: 10am to 4pm

Fri: 10am to 4pm Sat: - to - Sun: - to - Holidays: - to -

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Brandon Soblick, Manager

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

☐ Medical Gases**

☐ ostomy and urologic supplies

☐ Respiratory Equipment**

☐ Assistive Equipment

☐ Life-sustaining equipment**

☐ Parenteral and Enteral Equipment**

☐ Diabetic Supplies

☐ Orthotics and Prosthesis

Other: Nebulizers/supplies - TENs units/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: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

CCC

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

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

FACILITY INFORMATION

Facility Name: Doctors Medical LLC

Physical Address: 800 Executive Drive
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 800 Executive Drive

City: Oviedo State: FL Zip Code: 32765

Telephone: 407-971-8608 Fax: 407-542-7837

E-mail: tdill@rxcinc.com Website: drsmedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9AMto 5PM Tue: 9AM to 5PM Wed: 9AM to 5PM Thu: 9AMto 5PM
Fri: 9AM to 5PM Sat: Closedto Sun: Closedto Holidays: Closedto

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Stacey Matthews

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 Prosthesis

Other: Knee, Wrist, Shoulder Braces

**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: Tejany Dill

Telephone: 407.971.8708

DDO

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

FACILITY INFORMATION

Facility Name: Gordian Medical IV Inc.

Physical Address: 1430 3rd Street, Ste 6 Riverside, CA 92507-3457
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 17595 Cartwright Road

City: Irvine State: CA Zip Code: 92614-5847

Telephone: 951-432-5808 Fax: 951-373-3032

E-mail: credentialing@amtwoundcare.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10am to 4pm Tue: 10am to 4pm Wed: 10am to 4pm Thu: 10am to 4pm
Fri: 10am to 4pm Sat: Closed to Sun: Closed to Holidays: Closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Ingrid Garcia

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

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

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

Name: Vcorp Service, LLC Telephone: 845-425-0077

EE

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

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

FACILITY INFORMATION

Facility Name: Haywood Vocational Opportunitites, 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)

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 am to 4 pm Tue: 8 am to 4 pm Wed: 8 am to 4 pm Thu: 8 am to 4 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)

- | | |
|--|--|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>Rx Wound Care Products (i.e. bandages, gauzes, etc.)</u> |

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

Name: _____

Telephone: _____

FFF

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes <u>MP or MW 00074</u>)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Home Delivery Incontinent Supplies Co Inc
 Physical Address: 9385 Dielman Industrial Drive, Oliveette, MO 63132
(This must be a business address, we can not issue a license to a home address)
 Mailing Address: Same as above

City: _____ State: _____ Zip Code: _____
 Telephone: 3149978771 Fax: 3149970997
 E-mail: Michelle.Rogers@hdis.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)

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

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

Name: _____ Telephone: _____

GGE

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

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

FACILITY INFORMATIONFacility Name: InSleep Technologies, LLCPhysical Address: 3265 Meridian Parkway, Suite 114 Weston FL 333
(This must be a business address, we can not issue a license to a home address)Mailing Address: 3265 Meridian Parkway, Suite 114City: Weston State: Florida Zip Code: 33331Telephone: 954-356-1943 Fax: 954-888-9600E-mail: mklestzick@insleephealth.com Website: www.insleephealth.com**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: 9am to 5pm Tue: 9am to 5pm Wed: 9am to 5pm Thu: 9am to 5pm
 Fri: 9am to 5pm Sat: closed to Sun: closed to Holidays: closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basisName: Moshe Klestzick**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthetics |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>FDA Approved Snoring Device - Rx is Required</u> |

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

Name: _____ Telephone: _____

94197

HHH

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation - Pages 1,2,3,4	<input checked="" type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation - Pages 1,2,3,5	<input type="checkbox"/> Sole Owner - Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Life Source Medical, Inc.

Physical Address: 377 South Swing Rd., Greensboro, NC 27409
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 377 South Swing Rd.

City: Greensboro State: NC Zip Code: 27409

Telephone: 336-316-1166 Fax: 336-316-1144

E-mail: life.source.med@triad.rr.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Gorgi Naimovski

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

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

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

Name: _____

Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

111

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

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

FACILITY INFORMATION

Facility Name: One Source Medical Group

Physical Address: 15733 San Pedro, San Antonio TX 78232
(This must be a business address, we can not issue a license to a home address)

Mailing Address: same

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 Central Standard Time
Fri: 8:30 to 5:00 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)

- | | |
|---|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthetics |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: <u>Catheters, urologicals, incontinence sup</u> |

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

Name: _____ Telephone: _____

333

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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Application must be printed legibly or typed

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<input type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW <u>MP00581</u>)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input checked="" type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: 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)

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

**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

KKK

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

FACILITY INFORMATION

Facility Name: Otto Rock Orthopedic Services LLC

Physical Address: 11501 Alterra Parkway #400 Austin TX 78758-3597
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 11501 Alterra Parkway #400

City: Austin State: TX Zip Code: 78758-3597

Telephone: 800-736-8276 Fax: 512-442-2202

E-mail: Jessica.cilune@otrock.com Website: www.otrockllc.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 3:30 Tue: 9 to 3:30 Wed: 9 to 3:30 Thu: 9 to 3:30

Fri: 9 to 3:30 Sat: to NA Sun: to NA Holidays: to NA

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jessica Cilune

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

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

**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: NA Telephone: NA

LLL

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ 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: PA Healthcare Pharmaceutical Company

Physical Address: 7183 Navajo Rd Suite A
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same

City: San Diego State: CA Zip Code: 92119

Telephone: 888-335-0180 Fax: 888-502-2754

E-mail: info@pahpharm.com Website: www.pahmedsupply.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: N/A Sun: N/A Holidays: N/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**

☐ Assistive Equipment

☐ Respiratory Equipment**

☐ Parenteral and Enteral Equipment**

☐ Life-sustaining equipment**

☐ Orthotics and Prosthesis

☐ Diabetic Supplies

Other: Orthotics off the shelf only

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

Name: N/A

Telephone: N/A

014095

MM

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

FACILITY INFORMATION

Facility Name: 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 Fax: 1.866.238.3155

E-mail: JOE.HUBBARD@PAYLESSMEDICAL.COM Website: 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:AM to 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)

- | | |
|---|--|
| <input type="checkbox"/> Medical Gases** | <input checked="" type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: <u>OSTOMY, UROLOGY, INCONTINENCE, WOUND CARE, MOBILITY, DME</u> |

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

Name: _____ Telephone: _____

NNN

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

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

FACILITY INFORMATION

Facility Name: 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: Irvine State: CA Zip Code: 92614-5847

Telephone: 949-287-8022 Fax: 949-874-3088

E-mail: credentialing@amtwoundcare.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10am to 5pm Tue: 10am to 5pm Wed: 10am to 5pm Thu: 10am to 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: T Cusenza

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 Prosthesis
- Other: Surgical Dressings

**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.

Telephone: 845-425-0077

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

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

FACILITY INFORMATION

Facility Name: 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)

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)

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

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

Name: Robert Gritzer Telephone: 724-640-5232

PPP

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

FACILITY INFORMATION

Facility Name: 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: 9am to 5pm Tue: 9am to 5pm Wed: 9am to 5pm Thu: 9am to 5pm

Fri: 9am to 5pm Sat: N/A Sun: N/A Holidays: N/A

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Mark Randall

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

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

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

Name: _____ Telephone: _____

QQQ

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

FACILITY INFORMATION

Facility Name: SpecialtyCare, Inc.

Physical Address: 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: TN Zip Code: 37217

Telephone: 615-346-8808 Fax: 615-345-6825

E-mail: Joe.Segura@specialtycare.net Website: www.specialtycare.net

DAYS AND HOURS 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 ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jose Segura

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

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>Various devices and equipment used in surgeries</u> |

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

Name: _____ Telephone: _____

045712

RRR

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

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> 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: Nevada advanced Pain Surgical Center, LLC

Physical Address: 10791 Double R Blvd

Mailing Address: 10791 Double R Blvd

City: Reno State: NV Zip Code: 89521

Telephone: 775-284-8650 Fax: 775-284-8654

Toll Free Number: _____

E-mail: lenacserda@yahoo.com Website: _____

Managing Pharmacist: Mary Greer License Number: 10687

Hours of Operation:

Monday thru Friday 8 am 5 pm

Sunday 7 am 7 pm

Saturday 7 am 7 pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

SSS

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

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

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> 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: Olsen's Corner Drug Store Compounding Center

Physical Address: 200 W Fifth Street

Mailing Address: 1041 S Grass Valley Rd

City: Winnemucca State: NV Zip Code: 89445

Telephone: 775-625-3823 Fax: 775-625-2723

Toll Free Number: n/a

E-mail: colsen@olsenscornerdrugstore.com Website: olsenscornerdrugstore.com

Managing Pharmacist: Henry K. Brown License Number: 19302

Hours of Operation:

Monday thru Friday <u>10</u> am <u>6</u> pm	Saturday _____ am _____ pm
Sunday _____ am _____ pm	24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

TTT

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

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership – Pages 1,2,5,7,8a,8b
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> 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: Spring Valley Surgery Center, LLC
 Physical Address: 1050 E. Sahara Ave. Las Vegas, NV 89104
 Mailing Address: 3835 S. Jones Blvd., Suite #103
 City: Las Vegas State: NV Zip Code: 89103
 Telephone: (703) 277-4440 Fax: (703) 270-6093
 Toll Free Number: N/A
 E-mail: admin@springvalleysurgery.com Website: www.lasvegasspaininstitutes.com
 Managing Pharmacist: DeLig Cammann License Number: 13340

Hours of Operation:

Monday thru Friday 0800am 0600pm Saturday 0800am 0130pm
 Sunday ~~7~~am ~~7~~pm 24 Hours ~~7~~

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

UUU

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input checked="" type="checkbox"/> 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: HENDERSON State: NV Zip Code: 89016

Telephone: N/A 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 9:00 am 3:00 pm

Sunday N/A am N/A pm 24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care