

A

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

Application form section with checkboxes for 'New Pharmacy or Ownership Change', 'Publicly Traded Corporation', 'Non Publicly Traded Corporation', 'Partnership', and 'Sole Owner'. Includes a field for 'PH' license number.

GENERAL INFORMATION to be completed by all types of ownership

General information form fields: Pharmacy Name (Austin Wellness Pharmacy LLC D/B/A Austin Wellness Pharmacy), Physical Address (6902 Austin Street Forest Hills, NY, 11375), Mailing Address (6902 Austin Street), City (Forest Hills), State (ny), Zip Code (11375), Telephone ((718) 263-6688), Fax (718 263-6690), Toll Free Number ((844) 859-5094), E-mail (austinwellnessrx@gmail.com), Website (N/A), Managing Pharmacist (Regina Fomberg - Popovitz), License Number (046454).

TYPE OF PHARMACY AND SERVICES PROVIDED

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

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

94073

B

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.

Application form section with checkboxes for 'New Pharmacy or Ownership Change', 'Publicly Traded Corporation', 'Non Publicly Traded Corporation', 'Partnership', and 'Sole Owner'. Includes a note to provide current license number if making changes.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Care Services On Call LLC

Physical Address: 4505 Falls of Neuse Rd. Suite 550

Mailing Address: same

City: Raleigh State: NC Zip Code: 27609

Telephone: 866-459-2382 Fax: 888-502-5946

Toll Free Number: 866-459-2382 (Required per NAC 639.708)

E-mail: psmith@careservicesllc.com Website:

Managing Pharmacist: Pamela S. Smith License Number: 16619 (NC)

TYPE OF PHARMACY AND SERVICES PROVIDED

Large form section with two columns of checkboxes for 'TYPE OF PHARMACY' and 'SERVICES PROVIDED'. Includes handwritten entries like 'After hours call center (LTC)' and 'On call'.

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

93925