

A

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

New Pharmacy or **Ownership Change** (Provide current license number if making changes: PH____)
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 **Partnership** - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 **Sole Owner** – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Choice RX Pharmacy, Inc.

Physical Address: 2030 NW Federal Hwy Stuart, FL 34994

Mailing Address: 8260 NW 27 Street #403 Attn: Licensing Dept

City: Doral State: FL Zip Code: 33122

Telephone: (844) 280-5411 Fax: (844) 280-5410

Toll Free Number: (844) 280-5411 (Required per NAC 639.708)

E-mail: licensing@choice-rx.net Website: N/A

Managing Pharmacist: Alan Kruger License Number: PS38800

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,**

95094

B

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509

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Application box containing ownership options: New Pharmacy, Ownership Change, Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, Sole Owner.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name, Physical Address, Mailing Address, City, State, Zip Code, Telephone, Fax, Toll Free Number, E-mail, Website, Managing Pharmacist, License Number.

TYPE OF PHARMACY AND SERVICES PROVIDED

Grid for selecting pharmacy types (Retail, Hospital, Internet, Nuclear, etc.) and services (Off-site Cognitive Services, Parenteral, etc.).

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

95096

C

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

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<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 checked="" 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: GASTON PHARMACY#2

Physical Address: 712 N. WASHINGTON AVE, STE 500 DALLAS, TX 75246

Mailing Address: 712 N. WASHINGTON AVE, STE 500

City: DALLAS State: TEXAS Zip Code: 75246

Telephone: 469-466-1243 Fax: 469-533-4934

Toll Free Number: 866-513-6156 (Required per NAC 639.708)

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

Managing Pharmacist: KRISTI KUBOSH License Number: 48761

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	Yes/No
<input 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
All boxes must be checked	<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
For the application to be complete	<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

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

95095

D

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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: Geneva Pharmacy, LLC

Physical Address: 20513 Nicholas Cir Ste 3

Mailing Address: 20513 Nicholas Cir Ste 3

City: Elkhorn State: NE Zip Code: 68022

Telephone: 402-759-9105 Fax: 402-718-9421

Toll Free Number: 855-809-9717 (Required per NAC 639.708)

E-mail: pharmacista@genevapharmacy.com Website: NA

Managing Pharmacist: Tanner Anderson License Number: 13586

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,

94952

E

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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: Helping Hands Pharmacy, LLC
 Physical Address: 529 Mason Road Katy, TX 77450
 Mailing Address: 529 Mason Road
 City: Katy State: TX Zip Code: 77450
 Telephone: 281-492-0031 Fax: 281-810-8359
 Toll Free Number: 1-888-492-0081 (Required per NAC 639.708)
 E-mail: mgarcia@hhrx.us Website: _____
 Managing Pharmacist: Khanh Tuan Bui License Number: 26704

TYPE OF PHARMACY AND SERVICES PROVIDED

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

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,

95217

NEVADA STATE BOARD OF PHARMACY

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New Pharmacy or **Ownership Change** (Provide current license number if making changes: **PH 02394**)

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: Leehar Distributors, LLC dba LDI Pharmacy

Physical Address: 701 Emerson Road, Suite 343

Mailing Address: Same as above

City: Creve Coeur State: MO Zip Code: 63141

Telephone: 314-652-1121 Fax: 314-652-1126

Toll Free Number: 866-516-1121 (Required per NAC 639.708)

E-mail: service@ldirx.com Website: ldirx.com

Managing Pharmacist: Deanna Beth Clinard License Number: Missouri 2007035429

TYPE OF PHARMACY AND SERVICES PROVIDED

- Yes/No
- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: _____

- Yes/No
- Off-site Cognitive Services
- Parenteral **
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding **
- Non Sterile Compounding
- Mail Service Sterile Compounding **
- Other Services: _____

All boxes must be checked
For the application to be complete

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

G

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New Pharmacy or **Ownership Change** (Provide current license number if making changes: **PH_03352**)
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: Leehar Distributors, LLC dba LDI Specialty Pharmacy

Physical Address: 701 Emerson Road, Suite 332

Mailing Address: Same as above

City: Creve Coeur State: MO Zip Code: 63141

Telephone: 314-652-4121 Fax: 314-652-4126

Toll Free Number: 866-516-4121 (Required per NAC 639.708)

E-mail: sid@ldirx.com Website: ldirx.com

Managing Pharmacist: Jessica Elizabeth Emrich License Number: Missouri 2011026570

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,**

H

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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: NYC WHOLESale INC. D/B/A MOON PHARMACY

Physical Address: 112-17 JAMAICA AVENUE RICHMOND HILL NY 11418

Mailing Address: 112-17 JAMAICA AVENUE

City: RICHMOND HILL State: NY Zip Code: 11418

Telephone: 718-739-0300 Fax: 718-739-0301

Toll Free Number: 844-859-5094 (Required per NAC 639.708)

E-mail: christina@ismarthealthcare.com Website:

Managing Pharmacist: BRUCE SNIPAS License Number: 033864 NY

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,

95219

I

NEVADA STATE BOARD OF PHARMACY

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New Pharmacy or **Ownership Change** (Provide current license number if making changes: **PH 03120**)
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: Oak Creek Rx, LLC

Physical Address: 8607 F Street, Omaha, NE 68127

Mailing Address: 8607 F Street

City: Omaha State: NE Zip Code: 68127

Telephone: 402-307-2566 Fax: 402-999-0614

Toll Free Number: 877-842-6535 (Required per NAC 639.708)

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

Managing Pharmacist: Aritha Teeharaman License Number: 673

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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[X] 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

[X] 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: PETNET Solutions, Inc.

Physical Address: 810 Innovation Drive

Mailing Address: 11175 Campus Street, Suite C1037

City: Loma Linda State: California Zip Code: 92354

Telephone: 909-799-0725 Fax: N/A

Toll Free Number: 909-799-0725 (Required per NAC 639.708)

E-mail: melissa.leslie@siemens.com Website: www.petnetsolutions.com

Managing Pharmacist: Richard Thomas Wride License Number: 45943 - UTAH

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

Yes/No

- [] [X] Off-site Cognitive Services
[] [X] Parenteral **
[] [X] Parenteral (outpatient)
[] [X] Outpatient/Discharge
[X] [] Mail Service
[] [X] Long Term Care
[] [X] Sterile Compounding **
[] [X] Non Sterile Compounding
[] [X] Mail Service Sterile Compounding **
[] [X] 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,