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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

**(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: BIG BEND PHARMACY, LLC

Physical Address: 6045 EAST SHELBY DRIVE, SUITE 1A, MEMPHIS, TN 38141

Mailing Address: 6045 EAST SHELBY DRIVE, SUITE 1A

City: MEMPHIS State: TENNESSEE Zip Code: 38141

Telephone: 901-646-7701 Fax: 954-436-4263

Toll Free Number: 1844-646-2279 (Required per NAC 639.708)

E-mail: LICENSING@BIGBENDRX.COM Website: N/A

Managing Pharmacist: SUZANNE TAGG License Number: 7667

<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 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
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,**

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# 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 ownership

Pharmacy Name: Conception Pharmacy

Physical Address: 25301 Interstate 45 North, Suite B, The Woodlands, TX 77380

Mailing Address: 1620 W Northwest Highway, Suite 100

City: Grapevine State: TX Zip Code: 76051

Telephone: 346-220-6450 Fax: 346-220-6451

Toll Free Number: 844-602-1990 (Required per NAC 639.708)

E-mail: bfeehan@receptrx.com Website: \_\_\_\_\_

Managing Pharmacist: Angela Tompkins License Number: 44604

### 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

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C

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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: Duncan Specialty Pharmacy  
Physical Address: 317 West Broadway  
Mailing Address: 317 West Broadway  
City: Mayfield State: KY Zip Code: 42066  
Telephone: 877-247-9992 Fax: 270-247-6033  
Toll Free Number: 877-247-9992 (Required per NAC 639.708)  
E-mail: mykel@duncanrxcenter.com Website: www.duncanrxcenter.com  
Managing Pharmacist: Mykel Tidwell License Number: 015489 - KY

**TYPE OF PHARMACY AND SERVICES PROVIDED**

- |   |     |  |
|---|-----|--|
| Yes/No  | AND | 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>Specialty/Mail Order</u> |     | <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: _____               |

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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: Farmacia Libertad

Physical Address: 94114 Parkfield Dr. Unit A

Mailing Address: 94114 Parkfield Dr. Unit A

City: Austin State: TX Zip Code: 78758

Telephone: 800-381-2664 Fax: 512-284-7694

Toll Free Number: 800-381-2664 (Required per NAC 639.708)

E-mail: andrew.coney2@gmail.com Website: \_\_\_\_\_

Managing Pharmacist: Andrew Coney License Number: Nevada # 19528

Texas # 50159

### 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 type="checkbox"/> Parenteral **
<input type="checkbox"/> <input type="checkbox"/> Internet	<input 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 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 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 type="checkbox"/> Non Sterile Compounding
	<input type="checkbox"/> <input 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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# 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

LLC

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

Pharmacy Name: FORD'S PHARMACY, LLC

Physical Address: 181 SABAL PALM DRIVE # 111      LONGWOOD, FL 32779

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

City: DORAL      State: FLORIDA      Zip Code: 33122

Telephone: 877-270-6640      Fax: 866-223-7369

Toll Free Number: 877-270-6640 (Required per NAC 639.708)

E-mail: LICENSING@FORD-RX.COM      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: MAIL ORDER

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

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New Pharmacy or  **Ownership Change** (Provide current license number if making changes: PHC 2368)

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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: Healthcare Pharmaceuticals, Inc

Physical Address: 3950 S 700 E #205, SLC, UT 84107

Mailing Address: 3950 S 700 E #205

City: Salt Lake City State: UT Zip Code: 84107

Telephone: 801-270-5656 Fax: 801-270-5658

Toll Free Number: 866-450-5656 (Required per NAC 639.708)

E-mail: cweiler@impacthc.org Website: www.kcprx.com

Managing Pharmacist: Stephen Shroy License Number: 5556613-1701

**TYPE OF PHARMACY AND**

**SERVICES PROVIDED**

Yes/No

- Retail
- Hospital (# beds     )
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: Long-term care

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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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: HEART OF AMERICA PHARMACY, LLC

Physical Address: 4338 E 142ND STREET, GRANDVIEW, MISSOURI 64030

Mailing Address: 4338 E 142ND STREET

City: GRANDVIEW State: MISSOURI Zip Code: 64030

Telephone: 844-780-4279 Fax: 844-781-4279

Toll Free Number: 1844-780-4279 (Required per NAC 639.708)

E-mail: LICENSING@HEARTOFAMERICARX.COM Website: N/A

Managing Pharmacist: DOUGLAS KLEIN License Number: 044202

TYPE OF PHARMACY AND SERVICES PROVIDED

- Yes/No 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, Other Services.

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# 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 ownership

Pharmacy Name: Inception RX

Physical Address: 134 Franklin Road, Suite 200, Brentwood, TN 37027

Mailing Address: P.O. Box 1007, Brentwood, TN 37024

City: Brentwood State: TN Zip Code: 37027

Telephone: 629-203-6022 Fax: 615-376-4707

Toll Free Number: 877-677-0892 (Required per NAC 639.708)

E-mail: info@inceptionrx.com Website: inceptionrx.com

Managing Pharmacist: Debbie Sanford-Case License Number: 6509

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 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: _____

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For the application to be complete

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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: Medisuite

Physical Address: 160 MacGregor Pines Drive, suite 110, Cary, NC 27511

Mailing Address: same as above

City: Cary State: NC Zip Code: 27511

Telephone: (919) 200-6952 Fax: (919) 200-6951

Toll Free Number: (919) 200-6952 <sup>1 800 601 0691</sup> (Required per NAC 639.708)

E-mail: tim@medisuitex.com <sup>+terrie@medisuitex.com</sup> Website: www.medisuitex.com

Managing Pharmacist: Theresa V Donofrio License Number: 12724-NC

### 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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