

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: Enovex Pharmacy

Physical Address: 1111 N. Brand blvd. Suite M Glendale, CA 91202

Mailing Address: 1111 N. Brand blvd Suite M

City: Glendale State: CA Zip Code: 91202

Telephone: (818) 696-2501 Fax: (888) 333-7911

Toll Free Number: (844) 344-7868 (Required per NAC 639.708)

E-mail: Info @ EnovexRx.com Website: —

Managing Pharmacist: Ayk Dehragatspanyan License Number: 54710

TYPE OF PHARMACY AND

SERVICES PROVIDED

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

- 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: Hormone Replacement

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,**

95570

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

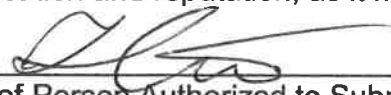
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

AYK DZHRAGATSPONYAN

Print Name of Authorized Person

12/15/16

Date

Board Use Only	Date Processed: _____	Amount: <u>\$500.00</u>
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APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Ayk Dzhragatspanyan

Business Name: Enovex Pharmacy

Current Business Address: 1111 N. Grand Blvd Suite M

City: Glendale State: CA Zip Code: 91202

Telephone: (818) 696-2501 Fax: (888) 333-7911

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 10 am 5 pm Saturday _____ am _____ pm
Sunday _____ am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, AYK DZHRAGATSPANYAN

Responsible Person of ENCORE Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

AYK DZHRAGATSPANYAN

Print Name of Authorized Person

12/15/16

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF California)
Los Angeles COUNTY) ss.)

I, Ayk Debrajatspandan, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge for ENOVEX Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Ayk Debrajatspandan do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
____ day of _____, 20 ____.

NOTARY PUBLIC

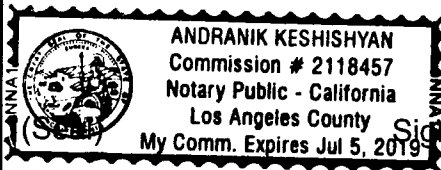
see attached

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 16
day of December, 2016, by Ayk Dzhranyatspanyan

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Signature 



California State Board of Pharmacy
1625 N. Market Blvd, N219, Sacramento, CA 95834
Phone: (916) 574-7900
Fax: (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

December 27, 2016

Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, NV 89509

California State Board of Pharmacy Intern Hours/License Verification

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

Licensee Name: ENOVEX PHARMACY

License Type: PHARMACY

License Number: PHY 53943

Status: ACTIVE

Issue Date: 01/20/16

Expiration Date: 01/01/18

Address of Record: 1111 N. BRAND BLVD, SUITE M GLENDALE CA 91202

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Virginia Herold
Executive Officer

By

Barbera Schleicher
Public Inquiry Analyst
(916) 574-7922
Barbera.Schleicher@dca.ca.gov

