

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

\$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 Name Change Location 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 1,2,3,5a,5b Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Cpap store USA

Physical Address: 3325 W. Desert Inn RD Suite 201
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3325 W. Desert Inn RD Suite 201

City: Las Vegas State: NV Zip Code: 89102

Telephone: 702-908-4852 Fax: 800-439-3194

E-mail: CpapStoreUSA@gmail.com Website: www.cpapstoreusa.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10 to 5 Tue: 10 to 5 Wed: 10 to 5 Thu: 10 to 5
Fri: 10 to 5 Sat: 10 to 5 Sun: By appointment to 3 Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Oganes Berberyan

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 Prosethics
- 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: Oganes Berberyan Telephone: 702-908-4852

95223

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

_____ N/A _____	_____ N/A _____	_____ N/A _____
_____ N/A _____	_____ N/A _____	_____ N/A _____
_____ N/A _____	_____ N/A _____	_____ N/A _____

1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes No

2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes No

3) Are any of the owners health professionals? If yes, please check the box and list name.

<input type="checkbox"/> Practitioner	Name: _____ No _____
<input type="checkbox"/> Advanced Practitioner of Nursing	Name: _____ No. _____
<input type="checkbox"/> Physician's Assistant	Name: _____ No _____
<input type="checkbox"/> Physical Therapist	Name: _____ No. _____
<input type="checkbox"/> Occupational Therapist	Name: _____ No. _____
<input type="checkbox"/> Registered Nurse	Name: _____ No. _____
<input type="checkbox"/> Respiratory Therapist	Name: _____ No _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner, 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 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

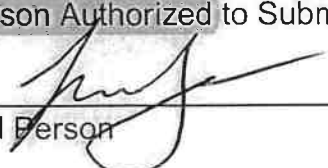
If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

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 MDEG provider or wholesaler 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

Oganes Berberyan
Print Name of Authorized Person



11/1/16
Date

Board Use Only	Received: _____	Amount: <u>\$500.00</u>
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APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: Cpap Store USA LLC

Corporation Name: Cpap Store USA LLC

Mailing Address: 3325 W. Desert Inn RD Suite 201

City: Las Vegas State: NV Zip: 89102

Telephone: 702-908-4852 Fax: 800-439-3194

Contact Person: Oganés Berberyan

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Oganés Berberyan 3325 W. Desert Inn RD Suite 201
Name Address

b) N/A
Name Address

c) N/A
Name Address

d) N/A
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

2) Provide the number of shares issued by the corporation N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 3/02/17

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Cpap Store USA LLC

Nature of MDEG

3325 W. Desert Inn RD Suite 201

Name and Address of Business for Which MDEG Administrator Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Zemlyak Valentina N/A
 Last Name First Name Middle Name

N/A
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

2211 S Tioga Way Las Vegas NV 89117
 Present Residence Address-Street or RFD City State/Zip

3325 W. Desert Inn RD Suite 201 Dates Oct-01-2016 to Present
 Present Business Address City State/Zip

Registered Nurse Dates Oct-01-2016 to Present
 Present Position with the MDEG

Phone: 702-908-4852 Fax: 800-439-3194

Email address: CpapStoreUSA@gmail.com

Kiev Ukraine
 Date of Birth Place of Birth (City, County, State)

59 Female
 Age Social Security Number Sex

Blue Blonde 140 5'2
 Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

N/A

Are you a citizen of the United States? Yes No

If alien, registration No N/A

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

Serenity Sleep Laboratories Inc

July 210 to 2014	2101 Broadview Dr Glendale, CA	91208	3200 Hours
Month and Year	Name/ Address of Employer/Business		No of Employed Hours

Registered Nurse	Supervising and administering Sleep Apnea studies and treatments	ArmanMagz
Title	Description of Duties	Name of Supervisor

Aug 2014- 2016	Best Care Home Health 126 S Jackson St #303 Glendale CA 91205	3000 hours
Month and Year	Name/ Address of Employer/Business	No of Employed Hours

Director of Nursing	Evaluating Home Bound Patients and follow up	Lana
Title	Description of Duties	Name of Supervisor

N/A	N/A	N/A
Month and Year	Name/ Address of Employer/Business	No of Employed Hours

N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor

N/A	N/A	N/A
Month and Year	Name/ Address of Employer/Business	No of Employed Hours

N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor

N/A	N/A	N/A
Month and Year	Name/ Address of Employer/Business	No of Employed Hours

N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor

N/A	N/A	N/A
Month and Year	Name/ Address of Employer/Business	No of Employed Hours

N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor

I have I have not been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have I have not been charged, arrested or convicted of a felony or misdemeanor.
2. I have I have not been the subject of an administrative action whether completed or pending.
3. I have I have not had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information and provide a written explanation and/or documents.

a) Board Administrative Action: State: N/A
b) Date: N/A
Case Number: N/A
c) Criminal Action: State: N/A
Date: N/A
Case Number: N/A
County: N/A
Court: N/A

- 4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes No
- 5 .Will you be employed fulltime with the MDEG? Yes No
- 6 .Will you be present at the site of the MDEG during its normal operating hours? Yes No

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation.

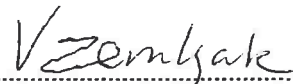
N/A
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N/A
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N/A
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N/A
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N/A
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ATTACH PHOTOGRAPH
TAKEN WITHIN LAST
30 DAYS HERE

Date of photograph N/A

I, Valentina Zemlyak, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.



Original Signature of Applicant

A. Cpap store USA – Las Vegas

Armin Magzanyan, Director of Operations, and Oganés Berberyan, owner and MDEG administrator, appeared and were sworn by President Basch prior to answering questions or offering testimony.

Mr. Magzanyan stated that Cpap store USA specializes in CPAP machines and supplies.

The Board expressed concerns that Mr. Berberyan did not complete the MDEG owner application and does not meet the requirements to be the MDEG administrator.

The Board offered Mr. Magzanyan and Mr. Berberyan the option to table the application until the next meeting.

Mr. Magzanyan requested the Board table the application until a later date.

B. Equitable Home Medical Supply Inc. – Las Vegas

Corazon Zamora, MDEG administrator, and Leopoldo Flores, owner, appeared and were sworn by President Basch prior to answering questions or offering testimony.

Ms. Zamora stated that Equitable Home Medical Supply Inc. will provide orthotics, prosthetics and incontinence supplies.

Ms. Zamora answered the Board's questions regarding her work history and experience.

The Board questioned Ms. Zamora and Mr. Flores if they are certified to fit orthotics and prosthetics, or if they have hired staff who are certified. Mr. Flores stated that if the license is approved they will hire a specialist who is certified to fit orthotics and prosthetics.

Board Action:

Motion: Jason Penrod moved to approve Equitable Home Medical Supply Inc.'s Application for Nevada MDEG License pending a positive inspection. Equitable Home Medical Supply Inc. will not dispense orthotics or prosthetics until the employees are properly trained and certified. Board Staff is authorized to evaluate training.

Second: Darla Zarley

Action: Passed unanimously

C. Vitalcare – Caliente

Aaron Mulkey, Regional Vice-President of Operations and Sales, appeared and was sworn by President Basch prior to answering questions or offering testimony.