A

NEVADA STATE BOARD OF PHARMACY

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

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 ☑ Ownership Change

(Please provide current license number if making changes: PH 02568)

☐ 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

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: Agropec Trading, LLC dba Allivet

Physical Address: 480 West 83rd Street, Hialeah, FL 33014

Mailing Address: 480 West 83rd Street

City: Hialeah State: Florida Zip Code: 33014

Telephone: 877-500-9944 Fax: 877-500-9950

Toll Free Number: 877-500-9944 (Required per NAC 639.708)

E-mail: leticia@allivet.com Website: http://www.allivet.com

Managing Pharmacist: Lenard Shaw License Number: PS29643 - Florida

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds ____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☐	☒ Community	☐	☒ Long Term Care
☐	☒ Other: _____	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
	All boxes must be checked	☐	☒ Mail Service Sterile Compounding **
	For the application to be complete	☐	☒ 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.**

B

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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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: Bowie's Priority Care Pharmacy, LLC.

Physical Address: 5100 Curry Hwy, Suite 150

Mailing Address: 5100 Curry Hwy, Suite 150

City: Jasper State: AL Zip Code: 35503

Telephone: 205-221-4090 Fax: 205-295-1521

Toll Free Number: 888-333-1290 (Required per NAC 639.708)

E-mail: at:grett@priorityrx.net Website: -

Managing Pharmacist: Richard Bowie License Number: 7396

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds ____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☒	☐ Community	☐	☒ Long Term Care
☐	☒ Other: _____	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
	All boxes must be checked	☐	☒ Mail Service Sterile Compounding **
	For the application to be complete	☐	☒ Other Services: _____

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

95353

C

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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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: Delaney Pharmacy, LLC

Physical Address: 2573 Richmond Rd Suite 300

Mailing Address: 2573 Richmond Rd Suite 300

City: Lexington State: KY Zip Code: 40509

Telephone: 859-429-6943 Fax: 859-201-1439

Toll Free Number: 866-963-9484 (Required per NAC 639.708)

E-mail: pharmacist@delaneyrx.com Website: NA

Managing Pharmacist: James Tudor License Number: 014500

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds ____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☐	☒ Community	☐	☒ Long Term Care
☐	☒ Other: _____	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
	All boxes must be checked	☐	☒ Mail Service Sterile Compounding **
	For the application to be complete	☐	☒ Other Services: _____

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

95573

D

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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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: Invotex LLC d.b.a. Fusion Pharmaceuticals

Physical Address: 4115 W. Spruce St, Suite 202, Tampa, FL 33607

Mailing Address: 4115 W. Spruce St, Suite 202

City: Tampa State: FL Zip Code: 33607

Telephone: 813-540-0066 Fax: 877-380-7474

Toll Free Number: 888-241-1677 (Required per NAC 639.708)

E-mail: mpranpat@rxfusion.com Website: _____

Managing Pharmacist: Yvonne Yousset License Number: PS37964

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☑	☐ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds ____)	☐	☑ Parenteral **
☐	☑ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☐	☑ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☑	☐ Mail Service
☑	☐ Community	☐	☑ Long Term Care
☐	☑ Other: _____	☐	☑ Sterile Compounding **
		☐	☑ Non Sterile Compounding
All boxes must be checked		☐	☑ Mail Service Sterile Compounding **
For the application to be complete		☐	☑ 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,**

95354

E

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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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*
☐ *'on Publicly Traded Corporation – Pages 1,2,4,7*
☐ *Partnership - Pages 1,2,5,7*
☒ *Sole Owner – Pages 1,2,6,7*

LLC

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Hawthorne Pharmacy, LLC

Physical Address: 3320 Tylersville Road, ,

Mailing Address: Same as above

City: Hamilton State: OH Zip Code: 45011

Telephone: 513-299-7964 Fax: 513-285-3147

Toll Free Number: 866-602-6449 (Required per NAC 639.708)

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

Managing Pharmacist: Patrick Caruso License Number: RPH.0312 0539-1

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds ____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☐	☒ Community	☐	☒ Long Term Care
☐	☒ Other: _____	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
	All boxes must be checked	☐	☒ Mail Service Sterile Compounding **
	For the application to be complete	☐	☒ 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,**

95352

F

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Innovative Rx, LLC

Physical Address: 12176 So. 1600 E. Suite 2

Mailing Address: Same as Above

City: Draper State: UT Zip Code: 84020

Telephone: 801-355-5176 Fax: 801-606-7358

Toll Free Number: 877-252-4882 (Required per NAC 639.708)

E-mail: pharmacist@innovativerx.net Website: NA

Managing Pharmacist: Angelee Dean License Number: 0004553-1701

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds ____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☒ Mail Service
☐	☒ Community	☐	☒ Long Term Care
☐	☒ Other: _____	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
	All boxes must be checked	☐	☒ Mail Service Sterile Compounding **
	For the application to be complete	☐	☒ 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,

95355

G

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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

LLC

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Pinnacle Pharmacy Solutions, LLC

Physical Address: 3011 S. 52nd St Tempe, AZ 85282

Mailing Address: 3011 South 52nd Street

City: Tempe State: AZ Zip Code: 85282

Telephone: 480-405-1366 Fax: 480-718-7573

Toll Free Number: 866-601-1944 (Required per NAC 639.708)

E-mail: management@pinnaclepharmacy-services.com Website: NA

Managing Pharmacist: Kathleen Craig License Number: 12633

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	Retail	☐	Off-site Cognitive Services
☐	Hospital (# beds ____)	☐	Parenteral **
☐	Internet	☐	Parenteral (outpatient)
☐	Nuclear	☐	Outpatient/Discharge
☐	Ambulatory Surgery Center	☒	Mail Service
☐	Community	☐	Long Term Care
☐	Other: _____	☐	Sterile Compounding **
		☐	Non Sterile Compounding
	All boxes must be checked	☐	Mail Service Sterile Compounding **
	For the application to be complete	☒	Other Services: Central Processing

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

95752

4

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☐ *New Pharmacy or* ■ ***Ownership Change*** *(Provide current license number if making changes:* **PH** 02830

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: Prime Therapeutics Specialty Pharmacy

Physical Address: 2354 Commerce Park Drive, Ste 100, Orlando, FL 32819

Mailing Address: PO Box 901

City: Deerfield State: IL Zip Code: 60015

Telephone: 1-407-591-4063 Fax: 1-407-591-4076

Toll Free Number: 1-877-627-6337 (Required per NAC 639.708)

E-mail: SpecialtyLicenses@walgreens.com Website: www.primetherapeutics.com

Managing Pharmacist: Sabeen Hasni License Number: PS39363

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☐	■ Retail	☐	■ Off-site Cognitive Services
☐	■ Hospital (# beds ____)	☐	■ Parenteral **
☐	■ Internet	☐	■ Parenteral (outpatient)
☐	■ Nuclear	☐	■ Outpatient/Discharge
☐	■ Ambulatory Surgery Center	■	☐ Mail Service
☐	■ Community	☐	■ Long Term Care
■	☐ Other: Mail Order	☐	■ Sterile Compounding **
		☐	■ Non Sterile Compounding
	All boxes must be checked	☐	■ Mail Service Sterile Compounding **
	For the application to be complete	☐	■ 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,**

I

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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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: Scripts Rx Pharmacy

Physical Address: 1333 w. Belmont Ave Ste 320, Chicago, IL 60657

Mailing Address: 1333 W. Belmont Ave. Ste 320, Chicago, IL 60657

City: Chicago State: IL Zip Code: 60657

Telephone: 800-266-4907 Fax: 877-992-3831

Toll Free Number: 800-266-4907 (Required per NAC 639.708)

E-mail: info@scriptsrxpharmacy.com Website: www.scriptsrxpharmacy.com

Managing Pharmacist: Joseph Moore License Number: 051299934

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds ____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☒	☐ Community	☐	☒ Long Term Care
☐	☒ Other: ____	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
	All boxes must be checked	☐	☒ Mail Service Sterile Compounding **
	For the application to be complete	☐	☒ 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.**

95701

J

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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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: US HEALTHLINK, LLC

Physical Address: 1516 E. HILLCREST St. #301

Mailing Address: SAME

City: ORLANDO State: FL Zip Code: 32803

Telephone: 407-440-4945 Fax: 407-440-8122

Toll Free Number: 855-421-2732 (Required per NAC 639.708)

E-mail: pharmacy@ushealthlink.com Website: N/A

Managing Pharmacist: Meitsy Martinez License Number: PS51321

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds ____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☒	☐ Community	☐	☒ Long Term Care
☐	☒ Other: ____	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
	All boxes must be checked	☐	☒ Mail Service Sterile Compounding **
	For the application to be complete	☐	☒ Other Services: ____

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

95572