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.

ØNew Pharmacy or ☐Ownership Change (Provide curred Check box below for type of ownership and complete all re☐ Publicly Traded Corporation — Pages 1,2,3,7☐ Non Publicly Traded Corporation — Pages 1,2,4,7	quired forms.
I Non Publicity Traded Corporation - Pages 1,2,4,7	M Sole Owner - Fages 1,2,0,1
GENERAL INFORMATION to be completed by all ty	pes of ownership
Pharmacy Name: SP Care, LLC dba C3 Pharmacy	
Physical Address: 291 E. 1400 SOUTH, STE. 4	
Mailing Address: same	
City: St. George State: UT	Zip Code: <u>84790</u>
Telephone: 435-703-2273 Fax: 435-70	03-2274
Toll Free Number: 833-493-2273 (Requ	uired per NAC 639.708)
E-mail: accounting@C3pharmacy.com Webs	ite: _www.c3pharmacy.com
Managing Pharmacist: Bret Heiner	License Number: 7369569
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
□ □ □ · Retail ^	□ □ □ Off-site Cognitive Services
□ ☑ Hospital (# beds)	□ □ ✓ Parenteral **
□ □ \(\sqrt{\text{Internet}} \)	□ ☑ Parenteral (outpatient)
□ □ \Nuclear	□ ☑ Outpatient/Discharge
☐ ☐√Ambulatory Surgery Center	□ ☑ Mail Service
☐ ☐ ✓ Community	☑ □ Long Term Care
☑ □ Other: Closed Door Pharmacy	□ ☑ Sterile Compounding **
	□ ☑ Non Sterile Compounding
All boxes must be checked	☐ ☐ Mail Service Sterile Compounding **
For the application to be complete	□ □ Other Services:

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



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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: 4M Pharmacy Inc
Physical Address: 960 E. Green St. Ste 152
Mailing Address:As Above
City: <u>Pasadena</u> State: <u>(9</u> Zip Code: <u>91166</u>
Telephone: 626-204-7426 Fax: 626-204-7417
Toll Free Number: 168443636997 (Required per NAC 639.708)
E-mail: Lev. @ Michaels Phymaczecon Website: Michaels - planmacy. Com
Managing Pharmacist: Henry De Lu License Number: 49449
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
Community Long Term Care
☐ Other: ☐ ☐ Sterile Compounding **
□ ☑ Non Sterile Compounding
A 40 A
For the application to be complete Mail Service Sterile Compounding ** Other Services:
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,

C

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509

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✓ New Pharmacy or □Ownership Chang e (Provide cur	
Check box below for type of ownership and complete all re	equired forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Non Publicly Traded Corporation – Pages 1,2,4,7	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 t	ypes of ownership
Pharmacy Name: 96th Street Rx Corep	
Physical Address: 175 E 96 th Street, A	
Mailing Address: 1047 Surf Avenue,	And Floor
City: Brooklyn State:	W Zip Code: 1/22 4
Telephone: <u>646-979-2900</u> Fax: <u>646</u>	-661-2541
Toll Free Number: 844-643-57-18 (Req	uired per NAC 639.708)
E-mail: 96thstrutencorpo acpgraycom Webs	ite: Quickeppharen.com
Managing Pharmacist: Maya Basin	
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:
	ions you will be required to make an

^{**}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,

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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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New Pharmacy (Please provide current license r	Ownership Change
□ Publicly Traded Corporation – Pages 1,2,3,7 □ Non Publicly Traded Corporation – Pages 1,2,4,7 Please check box for type of ownership and cor	☐ Partnership - Pages 1,2,5,7 Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be completed b	y all types of ownership
Pharmacy Name: ACCUSERU	Pharmacy
Physical Address: 8731 Route 30	Suite # 1 North Huntingdon PA 15
	Suite * 1
City: North Hunting don State:	_ ^
3	
Telephone: 724 515 - 7053 Fax: 9	
Toll Free Number: 866-213-9821	(Required per NAC 639.708)
Toll Free Number: 866-213-9821	
Toll Free Number: 866-213-9821 E-mail: Hello paccusezvex.com	Website: www.accuseRuzhairmacy.Com
Toll Free Number: 866-213-9821 E-mail: Hello paccusezvex.com	
Toll Free Number: 866-213-9821 E-mail: Hello paccusezvex.com	Website: www.accuseRupharmacy.Com
Toll Free Number: 866-213-9821 E-mail: Hello accusezvrx.com Managing Pharmacist: Stephen Shad	Website: www.accuseRuzhairmacy.Com
Toll Free Number: 866-213-9821 E-mail: Hello & accusezvrx.com Managing Pharmacist: Stephen Shad TYPE OF PHARMACY AND	Website: www accuserupharmacy. Com License Number: RP449046 SERVICES PROVIDED Yes/No
Toll Free Number: 866-213-9821 E-mail: Hello & accusezvrx.com Managing Pharmacist: Stephen Shad TYPE OF PHARMACY AND Yes/No	Website: www accuserupharmacy. Com. License Number: RP449046 SERVICES PROVIDED
Toll Free Number: 866-213-9821 E-mail: Hello & accuservex.com Managing Pharmacist: Stephen Shad TYPE OF PHARMACY AND Yes/No Retail	Website: www acc 450Ruphairmacy. COW License Number: RP449046 SERVICES PROVIDED Yes/No Off-site Cognitive Services Parenteral **
Toll Free Number: 866-213-9821 E-mail: Hello & accuserurx.com Managing Pharmacist: Stephen Shad TYPE OF PHARMACY AND Yes/No Retail Hospital (# beds)	Website: www acc user wharmacy. Com License Number: RP449046 SERVICES PROVIDED Yes/No Services Parenteral **
Toll Free Number: 866-213-9821 E-mail: Hello & accusezvrx.com Managing Pharmacist: Stephen Shad TYPE OF PHARMACY AND Yes/No Retail Retail Hospital (# beds) Internet	Website: www acc user wharmacy. Com License Number: RP449046 SERVICES PROVIDED Yes/No Off-site Cognitive Services Parenteral ** Parenteral (outpatient)
Toll Free Number: 866-213-9821 E-mail: Hello & accuservex.com Managing Pharmacist: Stephen Shad TYPE OF PHARMACY AND Yes/No Retail Hospital (# beds) Internet Nuclear	Website: www acc user wharmacy. Com License Number: RP449046 SERVICES PROVIDED Yes/No Services Parenteral ** Parenteral (outpatient) Substitution of the company of the
Toll Free Number: 866-213-9821 E-mail: Hello & accuserurx.com Managing Pharmacist: Stephen Shad TYPE OF PHARMACY AND Yes/No Retail Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center	Website: www acc user wharmacy. Com License Number: RP449046 SERVICES PROVIDED Yes/No Services Parenteral ** Parenteral (outpatient) Service Mail Service
Toll Free Number: 866-213-9821 E-mail: Hello & accusezvrx.com Managing Pharmacist: Stephen Shad TYPE OF PHARMACY AND Yes/No Retail Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community	Website: www acc user pharmacy. Com License Number: RP449046 SERVICES PROVIDED Yes/No Description Services Description Parenteral ** Description Description Services Description Service Description Servi
Toll Free Number: 866-213-9821 E-mail: Hello & accusezvrx.com Managing Pharmacist: Stephen Shad TYPE OF PHARMACY AND Yes/No Retail Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community	Website: www acc user pharmacy. Com License Number: RP449046 SERVICES PROVIDED Yes/No Description Services Description Parenteral ** Description Description Services Description Service Description Servi

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appearance at the board meeting.



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MNew Pharmacy or Ownership Change (Provide c	
Check box below for type of ownership and complete all Publicly Traded Corporation – Pages 1 2.3 7	required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☑ Non Publicly Traded Corporation – Pages 1,2,4,7	Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be completed by al	
Pharmacy Name: Acutus Rx, a	
Physical Address: 385 W John S	7 Hicksville, NY 11801
Mailing Address: Same as about	
City: <u><i>Hicksville</i></u> State:	NY Zip Code: 11801
Telephone: (855) 830 -6666 Fax: (83	55)444-0059
Toll Free Number: (855) 830 -6666 (Re	equired per NAC 639.708)
E-mail: atsoy@acutusex.com Wel	bsite:
Managing Pharmacist:	License Number:
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
ឋ ☐ Retail	□ ☑ Off-site Cognitive Services
□ 🗹 Hospital (# beds)	□ II Parenteral **
□ M Internet	□ ௴ Parenteral (outpatient)
□ 🗹 Nuclear	□ 🗹 Outpatient/Discharge
☐ ☑ Ambulatory Surgery Center	
☐ ☑ Community	□ ☑ Long Term Care
□	☐ ☑ Sterile Compounding **
	□ M Non Sterile Compounding
All boxes must be checked	☐ ☑ Mail Service Sterile Compounding **
For the application to be complete	□ In Other Services: prescription needs

^{**}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,



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MNew Pharmacy or Mownership Change			
			cense number if making changes: PH
Check box below for type of ownership and			
☐ Publicly Traded Corporation – Pages 1,2,☐ Non Publicly Traded Corporation – Pages	.3,7 . 1 2 1 7	₹/;	Partnership - Pages 1,2,5,7
	5 1,2,4,7		Sole Owner - Fages 1,2,0,7
GENERAL INFORMATION to be comp	leted by	all types	s of ownership
Pharmacy Name: All Med Pharmacy			
Physical Address: 1052 S Powerline R	oad Suite	e C	
Mailing Address: 1052 S Powerline R	oad Suite	C	······································
City: Deerfield Beach	State:	<u>FL</u>	Zip Code: 33442
Telephone: 885.241.0927	_Fax: _	855.88	9.6442
Toll Free Number: <u>885.241.0927</u>		(Required	l per NAC 639.708)
E-mail: samantha@yourvaluemed.com	_ \	Nebsite:	N/A
Managing Pharmacist: Michael Chamil	kles		License Number: PS14450
TYPE OF PHARMACY	AND	SE	RVICES PROVIDED
TYPE OF PHARMACY Yes/No	AND		RVICES PROVIDED s/No
	AND	Yes	
Yes/No		Yes	s/No
Yes/No ☑ □ Retail		Yes	s/No ☑ Off-site Cognitive Services ☑ Parenteral **
Yes/No ☑ □ Retail □ ☑ Hospital (# beds		Yes	S/No ☑ Off-site Cognitive Services ☑ Parenteral ** ☑ Parenteral (outpatient)
Yes/No ☑ □ Retail □ ☑ Hospital (# beds □ ☑ Internet □ ☑ Nuclear	_)	Yes	s/No ☑ Off-site Cognitive Services ☑ Parenteral **
Yes/No ☑ □ Retail □ ☑ Hospital (# beds □ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery (_)	Yes	S/No ☑ Off-site Cognitive Services ☑ Parenteral ** ☑ Parenteral (outpatient) ☑ Outpatient/Discharge □ Mail Service
Yes/No ☑ □ Retail □ ☑ Hospital (# beds □ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery (☑ □ Community	_) Center	Yes	S/No ☑ Off-site Cognitive Services ☑ Parenteral ** ☑ Parenteral (outpatient) ☑ Outpatient/Discharge □ Mail Service ☑ Long Term Care
Yes/No ☑ □ Retail □ ☑ Hospital (# beds □ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery (_) Center	Yes	S/No ☑ Off-site Cognitive Services ☑ Parenteral ** ☑ Parenteral (outpatient) ☑ Outpatient/Discharge □ Mail Service ☑ Long Term Care ☑ Sterile Compounding **
Yes/No ☑ □ Retail □ ☑ Hospital (# beds □ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery (☑ □ Community □ ☑ Other:	_) Center	Yes	S/No ☑ Off-site Cognitive Services ☑ Parenteral ** ☑ Parenteral (outpatient) ☑ Outpatient/Discharge □ Mail Service ☑ Long Term Care ☑ Sterile Compounding ** ☑ Non Sterile Compounding
Yes/No ☑ □ Retail □ ☑ Hospital (# beds □ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery (☑ □ Community □ ☑ Other:	_) Center	Yes	S/No ☑ Off-site Cognitive Services ☑ Parenteral ** ☑ Parenteral (outpatient) ☑ Outpatient/Discharge □ Mail Service ☑ Long Term Care ☑ Sterile Compounding ** ☑ Non Sterile Compounding ☑ Mail Service Sterile Compounding **
Yes/No ☑ □ Retail □ ☑ Hospital (# beds □ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery (☑ □ Community □ ☑ Other:	_) Center	Yes	S/No ☑ Off-site Cognitive Services ☑ Parenteral ** ☑ Parenteral (outpatient) ☑ Outpatient/Discharge □ Mail Service ☑ Long Term Care ☑ Sterile Compounding ** ☑ Non Sterile Compounding

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Check box below for type of ownersl ☐ Publicly Traded Corporation — Pag ☐ Non Publicly Traded Corporation **LLC GENERAL INFORMATION to be	nip and complete ges 1,2,3,7 – Pages 1,2,4,7 completed by	e all require ☐ F	Partnership - Pages 1,2,5,7 Sole Owner – Pages 1,2,6,7
Pharmacy Name: Ardon Heal	th, LLC		
Physical Address:11835 NE G	lenn Widing Dr	ive, Portla	nd, OR 97220
Mailing Address: PO Box 203	338		
City: Portland		OR	Zip Code: 97294
Telephone:(503) 444-6500	Fax: _	(855) 42	5-4104
Toll Free Number:	35	(Required	I per NAC 639.708)
E-mail:licensing@ardonhealth.	com V	Vebsite:	www.ardonhealth.com
Managing Pharmacist: Kate S.			License Number: RPH-0011887
TYPE OF PHARMA	CY AND	SE	RVICES PROVIDED
Yes/No		Yes	s/No
☑ □ Retail			☑ Off-site Cognitive Services
☐ ဩ Hospital (# be	ds)		□ Parenteral **
□ ☑ Internet			Ď Parenteral (outpatient)
□ 😡 Nuclear		从	☑ Outpatient/Discharge
☐ ☑ Ambulatory S	urgery Center	(₹)	☑ Mail Service
☑ □ Community			☑ Long Term Care
☑ □ Other: Speci	alty		☑ Sterile Compounding **
			☑ Non Sterile Compounding
All boxes must be che	ecked		☑ Mail Service Sterile Compounding **
For the application to	be complete		Other Services:

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Mew Pharmacy or Downership Change (Provide current license number if making changes: PHCheck 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 ☐ Sole Owner – Pages 1,2,6,7	
GENERAL INFORMATION to be completed by all types of ownership	
Pharmacy Name:Avella Patient Access Program, Inc.	
Physical Address: 100 Technology Park, Suite 157, Lake Mary, Florida 32746	
Mailing Address: 24416 N. 19th Avenue, Phoenix, AZ 85085	
City:	
Telephone: 877 719 6360 Fax: 877 719 6361	
Toll Free Number: 877 719 6360 (Required per NAC 639.708)	
E-mail: teri.kinzle@avella.com Website: www.avella.com	
Managing Pharmacist:Tamara Brown License Number: _PS39574 (FL)	
TYPE OF PHARMACY AND SERVICES PROVIDED	
Yes/No Yes/No	
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
□ □ □ □	
□ 💢 Internet □ 💢 Parenteral (outpatient)	
□ ☑ Nuclear □ ☑ Outpatient/Discharge	
☐ 🔀 Ambulatory Surgery Center 💢 ☐ Mail Service	
☑ □ Community □ 및 Long Term Care	I
☑ Other: Mail Order ☐ ☑ Sterile Compounding ***	I
□ 🔯 Non Sterile Compounding	
All boxes must be checked	
For the application to be complete	
**If you shock "head" on any of the state of	

**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,

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NEVADA STATE BOARD OF PHARMACY

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Check box below for	r type of ownership and co	omplete all	requir	ed fo	
☐ Publicly Traded C	Corporation – Pages 1,2,3 ded Corporation – Pages	1,7 1 2 4 7		Partr Sole	nership - Pages 1,2,5,7 Owner – Pages 1 2 6 7
W IVOIT USHON THE	ada corporation i agos	·, <u>~</u> , ·, ·		0010	
GENERAL INFOR	MATION to be comple	ted by all	type	s of	ownership
Pharmacy Name:	Beemans Redlands Pha	armacy			
Physical Address:	255 Terracina Blvd., Su	ite 103, Red	llands,	CA 9	92373-4870
Mailing Address:	11705 Slate Avenue, S	uite 200, Riv	/erside	, CA	92505-5199
City: Redlands		State:	(CA	Zip Code:92373-4870_
Telephone: 909-7	792-2300 L	Fax: <u>855-</u>	725-12	233	
Toll Free Number:	800-291-1089	(Re	quire	d pe	r NAC 639.708)
E-mail:pharmacy(@brothersspecialty.com	Web	site:		www.brothersspecialtyrx.com
Managing Pharma	cist: _James Homan				License Number: _73027
TYPI	E OF PHARMACY A	ND	SE	RVI	CES PROVIDED
Yes/N	No		Yes	s/No	
X I	□ Retail			×	Off-site Cognitive Services
	☑ Hospital (# beds)				Parenteral **
	☑ Internet			K	Parenteral (outpatient)
	☑ Nuclear			X	Outpatient/Discharge
	☑ Ambulatory Surgery Ce	enter			Mail Service
⊠ [☐ Community			X	Long Term Care
	☐ Other: Mail Order			X	Sterile Compounding **
				K	Non Sterile Compounding
All bo	oxes must be checked			X	Mail Service Sterile Compounding **
For the	he application to be comp	lete		X	Other Services:

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A D	
Mew Pharmacy or Ownership Change (Provide of Check how helpy for type of cyrosophin and complete of	current license number if making changes: PH
Check box below for type of ownership and complete all Publicly Traded Corporation – Pages 1 2 3 7	required forms. Partnership - Pages 1 2 5 7
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Non Publicly Traded Corporation – Pages 1,2,4,7	Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be completed by al	I types of ownership
Pharmacy Name: Blondell Ro Corp	
Physical Address: 1642 Eastchester	Road Brons, M10461
Mailing Address: LOY7 SURF Avenu	e, 2nd FL
City: Brooklyn State: 1	
Telephone: 347-691-3494 Fax: 34	
Toll Free Number: 800-496-6111 (Re	
E-mail: Quickexblondell@ Qepgroup-enWell	
	License Number: 046056
Managing Pharmacist: FARI Basin	
Managing Pharmacist: FARI Basin TYPE OF PHARMACY AND	License Number: 046056 SERVICES PROVIDED
Managing Pharmacist: GARI Basin TYPE OF PHARMACY AND Yes/No	
Managing Pharmacist: GARI Basin TYPE OF PHARMACY AND Yes/No ☐ Retail	SERVICES PROVIDED
Managing Pharmacist: GARI Basin TYPE OF PHARMACY AND Yes/No	SERVICES PROVIDED Yes/No
Managing Pharmacist: GARI Basin TYPE OF PHARMACY AND Yes/No ☐ Retail	SERVICES PROVIDED Yes/No □ Ø Off-site Cognitive Services
Managing Pharmacist: Fari Basin TYPE OF PHARMACY AND Yes/No Retail Hospital (# beds)	Yes/No ☐ ☑ Off-site Cognitive Services ☐ ☐ Parenteral ** ☐ ☐ Parenteral (outpatient)
Managing Pharmacist: Gari Basin TYPE OF PHARMACY AND Yes/No Retail Hospital (# beds) Internet	Yes/No ☐ ☑ Off-site Cognitive Services ☐ ☑ Parenteral ** ☐ ☑ Parenteral (outpatient)
Managing Pharmacist: Gari Basin TYPE OF PHARMACY AND Yes/No Retail Hospital (# beds) Internet Nuclear	Yes/No ☐ ☑ Off-site Cognitive Services ☐ ☐ Parenteral ** ☐ ☐ Parenteral (outpatient) ☐ ☐ Outpatient/Discharge ☐ Mail Service
Managing Pharmacist: Fari Basin TYPE OF PHARMACY AND Yes/No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community	Yes/No ☐ Ø Off-site Cognitive Services ☐ Parenteral ** ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☐ Mail Service ☐ I Long Term Care
Managing Pharmacist: Fari Basin TYPE OF PHARMACY AND Yes/No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community	Yes/No ☐ ☑ Off-site Cognitive Services ☐ ☐ Parenteral ** ☐ ☐ Parenteral (outpatient) ☐ ☐ Outpatient/Discharge ☐ ☐ Mail Service ☐ ☐ Long Term Care ☐ ☐ Sterile Compounding **
Managing Pharmacist: Fari Basin TYPE OF PHARMACY AND Yes/No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community	Yes/No ☐ ☑ Off-site Cognitive Services ☐ ☐ Parenteral ** ☐ ☐ Parenteral (outpatient) ☐ ☐ Outpatient/Discharge ☐ ☐ Mail Service ☐ ☐ Long Term Care ☐ ☐ Sterile Compounding ** ☐ ☐ Non Sterile Compounding
Managing Pharmacist:	Yes/No ☐ Ø Off-site Cognitive Services ☐ Parenteral ** ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☑ Mail Service ☐ I Long Term Care ☐ W Sterile Compounding ** ☐ I Mail Service Sterile Compounding **
Managing Pharmacist: FARI Basin TYPE OF PHARMACY AND Yes/No Retail Hospital (# beds) Internet Nuclear Muclear Managing Pharmacist: FARI Basin Yes/No Managing Pharmacist: Garin Yes/No Managing Pharmacist: Garin Yes/No And And Hospital (# beds) Managing Pharmacist: Garin Yes/No Managing Pharmacist: Garin And Yes/No Managing Pharmacist: Garin Yes/No Managing Pharmacist: Garin And Yes/No Managing Pharmacist: Garin Managing Pharmacist: Garin Yes/No Managing Pharmacist: Garin Washington Managing Pharmacist: Garin Yes/No Managing Pharmacist: Garin Washington Managing Pharmacist: Garin Managing Pharmacist: Garin Washington Managing Pharmacist: Garin Managing Pharmaci	Yes/No Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge Mail Service Moreon Care Sterile Compounding ** Mail Service Sterile Compounding **

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