

A

**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: BILLET PHARMACY  
 Physical Address: 6718 GREENWAY RD., SUITE 202  
 Mailing Address: 6710 N. 47TH AVE., SUITE 5, GLENDALE, AZ 85301  
 City: PEORIA State: AZ Zip Code: 85381  
 Telephone: 844-824-3577 Fax: \_\_\_\_\_  
 Toll Free Number: 833-224-5538 (Required per NAC 639.708)  
 E-mail: vince@vahcg.com Website: N/A  
 Managing Pharmacist: ZHUANG SONG GU License Number: RPH 57012 (CA) 5022424 (AZ)

TYPE OF PHARMACY	AND	SERVICES PROVIDED
Yes/No		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>BILLET MEMBERS &amp; AFFILIATES</u>		<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: _____

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,**

99988

B

## 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: Confidential DrugPhysical Address: 8250 Bash RoadMailing Address: sameCity: Indianapolis State: Indiana Zip Code: 46250Telephone: 888-440-7117 Fax: 888-296-7196Toll Free Number: 888-440-7117 (Required per NAC 639.708)E-mail: Leaton@confidentialdrug.com Website: \_\_\_\_\_Managing Pharmacist: Lyman Eaton License Number: IN-26013229A**TYPE OF PHARMACY AND****SERVICES PROVIDED**

Yes/No

- ☐ ☒ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☐ ☒ Other: Closed Door

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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☒ 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: Dohmen Life Science Services, LLC

Physical Address: 17877 Chesterfield Airport Road Chesterfield MO 63005-1211

Mailing Address: 17877 Chesterfield Airport Rd.

City: Chesterfield State: MO Zip Code: 63005-1211

Telephone: 414-614-3602 Fax: \_\_\_\_\_

Toll Free Number: 636-519-2400 800-292-0909 (Required per NAC 639.708)

E-mail: jv@4ghosts.com Website: www.dlss.com

Managing Pharmacist: Arijit Aichbhaumik License Number: 2017037468, MO

### 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: \_\_\_\_\_

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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: Excel Care Pharmacy

Physical Address: 5272 Francis St. Chino, CA 91770

Mailing Address: 5272 Francis St.

City: Chino State: CA Zip Code: 91770

Telephone: 909-313-0100 Fax: 888-255-7004

Toll Free Number: 877-507-4276 (Required per NAC 639.708)

E-mail: info@excelrxinc.com Website: N/A

Managing Pharmacist: Vahdat Sam Sasan License Number: 74644

### 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: \_\_\_\_\_

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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: GEM Edwards Pharmacy

Physical Address: 5640 Hudson Industrial Parkway, Hudson, Ohio 44236

Mailing Address: 5640 Hudson Industrial Parkway

City: Hudson State: Ohio Zip Code: 44236

Telephone: 866-552-5522 Fax: 330-342-8400

Toll Free Number: 866-552-5522 (Required per NAC 639.708)

E-mail: pharmacist@gemedwardspharmacy.com Website: gemedwardspharmacy.com

Managing Pharmacist: Ronald G. Rahe License Number: 03314520

### 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: \_\_\_\_\_

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☐ 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: GOOD HEALTH PHARMACY

Physical Address: 17942 SKY PARK CIR STE B IRVINE CA 92614

Mailing Address: 17942 SKY PARK CIR STE B

City: IRVINE State: CA Zip Code: 92614

Telephone: (949) 506-6001 Fax: (800) 303-1247

Toll Free Number: (800) 961-6993 (Required per NAC 639.708)

E-mail: ADMIN@IRVINEGHPHARMACY.COM Website: N/A

Managing Pharmacist: DO ANDREW MINH License Number: 16298

**TYPE OF PHARMACY AND**

**SERVICES PROVIDED**

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☒ ☐ Community  
☐ ☒ Other: N/A

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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G

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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: Honeybee Health

Physical Address: 3515 Helms Ave

Mailing Address: 3515 Helms Ave.

City: Culver City State: California Zip Code: 90232

Telephone: 833-466-3979 Fax: 310-559-5933

Toll Free Number: 833-466-3979 (Required per NAC 639.708)

E-mail: jessica@honeybeehaath.com Website: www.honeybeehaath.com

Managing Pharmacist: Jessica Nouhavandi License Number: RPH-66400

**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: \_\_\_\_\_

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H

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☐ 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: Integrated HMO Pharmacy

Physical Address: 13660 California Street, Omaha, NE 68154

Mailing Address: PO Box 369

City: Boys Town State: NE Zip Code: 68010

Telephone: 402-965-8035 Fax: 402-493-2707

Toll Free Number: 800-633-7928 (Required per NAC 639.708)

E-mail: ihmo@pti-nps.com Website: \_\_\_\_\_

Managing Pharmacist: Aaron Fredricks License Number: 12933

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
- ☐ ☒ Hospital (# beds \_\_\_\_\_)
- ☐ ☒ Internet
- ☐ ☒ Nuclear
- ☐ ☒ Ambulatory Surgery Center
- ☐ ☒ Community
- ☒ ☐ Other: Mail Order

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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☐ 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: LIFELINE RX LLC

Physical Address: 5408 PARK AVENUE WEST NEW YORK NEW JERSEY 07093

Mailing Address: 5408 PARK AVENUE

City: WEST NEW YORK State: NEW JERSEY Zip Code: 07093

Telephone: 201-624-8016 Fax: 201-624-8015

Toll Free Number: 866-324-3015 (Required per NAC 639.708)

E-mail: MDAVYDOV@LIFELINE-RX.COM Website: WWW.LIFELINERXNJ.COM

Managing Pharmacist: USAMA ABOGHAZALA License Number: 28RI03867900

### 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: \_\_\_\_\_

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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: medminder Systems INC

Physical Address: 30 Wexford St

Mailing Address: \_\_\_\_\_

City: Needham State: MA Zip Code: 02494

Telephone: 888-633-6463 Fax: 888-647-8595

Toll Free Number: 888-633-6463 (Required per NAC 639.708)

E-mail: ERAN@medminder.com Website: www.medminder.com

Managing Pharmacist: Thuan Van Nguyen License Number: PH 236589

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds \_\_\_\_\_)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☒ ☐ Community

☒ ☐ Other: mail order

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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<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: BSB Veterinary Corp DBA Pet Value Mart

Physical Address: 2465 Salvio Street Suite B

Mailing Address: 2465 Salvio Street Suite B

City: Concord State: CA Zip Code: 94520

Telephone: 1 844 363 5995 Fax: 1 925 232 4404

Toll Free Number: 1 844 363 5995 (Required per NAC 639.708)

E-mail: nbatra@petvaluemart.com Website: www.petvaluemart.com

Managing Pharmacist: Huma Singla License Number: 60639

### 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: \_\_\_\_\_

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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: MN Pharmacy LLC DBA PillPack Miami

Physical Address: 8725 NW 13th Terr Doral, FL 33021

Mailing Address: Same as Physical

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: 305-907-7947 Fax: 305-908-8571

Toll Free Number: 855-745-5725 (Required per NAC 639.708)

E-mail: PillPackMiami@pillpack.com Website: WWW.PillPack.COM

Managing Pharmacist: Joshua Heiblum License Number: PS51133

### 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: \_\_\_\_\_

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

99492



M

# 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: Right Choice Pharmacy  
Physical Address: 14054 Ventura Blvd, Sherman Oaks, CA 91423  
Mailing Address: Same as above  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: 818-849-5864 Fax: 818-849-5963  
Toll Free Number: 833-218-2959 (Required per NAC 639.708)  
E-mail: rcpharms0@gmail.com Website: N/A  
Managing Pharmacist: Joey Park License Number: CA 71768

### 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: \_\_\_\_\_

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

99666

N

## 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

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☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: **PH01678**)  
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: RXC Acquisition dba RxCrossroadsPhysical Address: 5101 Jeff Commerce Drive, Suite A, Louisville, KY, 40219Mailing Address: 1001 Cheri Way, Suite 100City: Louisville State: KY Zip Code: 40118Telephone: 502-318-1200 Fax: 502-753-8393Toll Free Number: 1-800-810-1184 (Required per NAC 639.708)E-mail: regulatory@rxcrossroads.com Website: www.rxcrossroads.comManaging Pharmacist: Daniel Deem License Number: 017964 (KY)**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:

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

# 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 03658**)

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: SKYLINE PHARMACY, INC.

Physical Address: 2123 2nd Avenue New York NY 10029

Mailing Address: 2123 2nd Avenue

City: New York State: NY Zip Code: 10029

Telephone: 212-996-5929 Fax: 212-996-5901

Toll Free Number: 844-859-5094 (Required per NAC 639.708)

E-mail: skylinenyx@gmail.com Website: n/a

Managing Pharmacist: Johannes Kee Gunawan License Number: 049147

### 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:

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

P

**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: **PH02821**)  
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: Noble Health Services, Inc./b/a Transcript Pharmacy  
Physical Address: 2506 Lakeland Dr. Suite 201  
Mailing Address: same as above  
City: Flower State: MS Zip Code: 39232  
Telephone: 800-420-4041 Fax: 844-401-4040  
Toll Free Number: 800-420-4041 (Required per NAC 639.708)  
E-mail: cliff@transcriptpharmacy.com Website: transcriptpharmacy.com  
Managing Pharmacist: Billy "Cliff" Osborn License Number: PD07628

**TYPE OF PHARMACY AND**

**SERVICES PROVIDED**

Yes/No

- ☐ ☒ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☒ ☐ Community  
☒ ☐ Other: Specialty

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: \_\_\_\_\_

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



Q

# 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

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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: US PHARMANET, LLC

Physical Address: 30006 STATE HIGHWAY 249 SUITE A2 TOMBALL, TEXAS 77375

Mailing Address: 8260 NW 27TH STREET SUITE 403 ATTN:LICENSING DEPT.

City: DORAL State: FLORIDA Zip Code: 33122

Telephone: 877-270-6598 Fax: 877-814-5457

Toll Free Number: 877-270-6598 (Required per NAC 639.708)

E-mail: LICENSING@USPHARMA.NET Website: N/A

Managing Pharmacist: OBI AKOH-ARREY License Number: 47104

### 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: \_\_\_\_\_

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

R

## 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)

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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: Katy PharmacyPhysical Address: 20005 Katy Freeway, Katy, TX 77450Mailing Address: 20005 Katy Freeway, Katy, TX 77450City: Katy State: TX Zip Code: 77450Telephone: 281.578.1515 Fax: 281.578.1511Toll Free Number: 877.741.5040 (Required per NAC 639.708)E-mail: office@katypharmacy.com Website: www.katypharmacy.comManaging Pharmacist: Maryana Attalla License Number: TX-45058**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: \_\_\_\_\_

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

99565

## 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)

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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: Medical Home PharmacyPhysical Address: 828 North Olden Ave Trenton NJ 08638Mailing Address: 828 North Olden Ave Trenton NJ 08638City: Trenton State: NJ Zip Code: 08638Telephone: (609) 989-1400 Fax: (609) 482-4996Toll Free Number: (844) 644-1496 (Required per NAC 639.708)E-mail: kaplangroup828@gmail.com Website: www.medicalhomepharmacy.comManaging Pharmacist: Matthew Hasan License Number: 28RI03445800**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: Specialty Drugs

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

09663

**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: Pharmacy Care Center, LLC

Physical Address: 7413 Miami Lakes Drive

Mailing Address: \_\_\_\_\_

City: Miami Lakes State: Florida Zip Code: 33014

Telephone: 305-821-4337 Fax: 305-821-4338

Toll Free Number: 1800 971-4339 (Required per NAC 639.708)

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

Managing Pharmacist: Fady Girgis License Number: PS35359

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No

- ☒ ☐ Retail  
☐ ☐ Hospital (# beds \_\_\_\_\_)  
☐ ☐ Internet  
☐ ☐ Nuclear  
☐ ☐ Ambulatory Surgery Center  
☒ ☐ Community  
☐ ☒ Other: LTC / Non Sterile Compounding

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: \_\_\_\_\_

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

99838



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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 013656**)  
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: RX ONE PHARMACY

Physical Address: 9740 BARKER CYPRESS RD STE 107

Mailing Address: 9740 BARKER CYPRESS RD STE 107

City: CYPRESS State: TEXAS Zip Code: 77433

Telephone: 281 656 2000 Fax: 281 656 2001

Toll Free Number: 888 568 8132 (Required per NAC 639.708)

E-mail: RXONEPHARMACYTX@GMAIL.COM Website: NONE

Managing Pharmacist: CATHERINE C. LOI License Number: 54239

**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:

**\*\*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**

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

**APPLICATION FOR OUT-OF-STATE WHOLESALE 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.

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH _____)	

<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

**GENERAL INFORMATION**

Facility Name: Baxter Healthcare Corporation

Physical Address: Route 120 & Wilson Road, Round Lake, IL 60073

Mailing Address: 7000 Cardinal Place, OCLC - QRA

City: Dublin State: OH Zip Code: 43017

Telephone: (224) 948-2000 Fax: 614-652-0282

Toll Free Number: (224) 948-2000

E-mail: GMB-Facility-Licensing@cardinalhealth.com

Website: www.baxter.com

Facility Manager: Brian Selander

Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies      ☒ Practitioners      ☒ Hospitals      ☐ Wholesalers  
☐ Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices      ☐ Hypodermic Devices  
☐ Poisons or Chemicals      ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

10-K

99986

W

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER 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.

<input type="checkbox"/> New Wholesaler or <input checked="" type="checkbox"/> Ownership Change (Provide current license number if making changes: <b>WH</b> <small>WHOLESALE</small> )
Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input type="checkbox"/> Partnership – Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6 <input type="checkbox"/> Sole Owner – Pages 1,2,3,8

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

Facility Name: Fresenius Kabi, LLC

Physical Address: 600 Supreme Drive

City: Bensenville State: IL Zip Code: 60106

Telephone Number: 630-350-7150 Fax Number: 630-238-1165

Toll Free Number: N/A

E-mail: fk-usalegaldept@fresenius-kabi.com Website: www.fresenius-kabi.com/us

Facility Manager: Kenneth Traskaski

Professional qualifications and experience of facility manager: \_\_\_\_\_  
Manager, Supply Chain Compliance

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies      ☒ Practitioners      ☒ Hospitals      ☒ Wholesalers  
☒ Other: Veterinarians, U.S. Government

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices      ☐ Hypodermic Devices  
☐ Poisons or Chemicals      ☐ Veterinary Legend Drugs  
☒ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

X

**NEVADA STATE BOARD OF PHARMACY**

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

**APPLICATION FOR OUT-OF-STATE WHOLESALER 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

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<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH _____)
Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input type="checkbox"/> Partnership – Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6 <input type="checkbox"/> Sole Owner – Pages 1,2,3,8

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

Facility Name: Fresenius Kabi, LLC

Physical Address: One Corporate Drive Floor 2B

City: Lake Zurich State: Illinois Zip Code: 60047

Telephone Number: (847) 550-2300 Fax Number: (847) 550-7126

Toll Free Number: N/A

E-mail: fk-usalegaldept@fresenius-kabi.com

Website: www.fresenius-kabi.com/us

Facility Manager: Jack C. Silhavy (Note: no drugs/devices on site (virtual wholesaler))

Professional qualifications and experience of facility manager: \_\_\_\_\_

Executive Vice President, General Counsel and Secretary

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies      ☒ Practitioners      ☒ Hospitals      ☒ Wholesalers  
☒ Other: veterinarians, U.S. Government, universities

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices      ☐ Hypodermic Devices  
☐ Poisons or Chemicals      ☒ Veterinary Legend Drugs  
☒ Controlled Substances (include copy of DEA)  
☐ Other: Note: DEA does not issue registrations to virtual wholesalers as they do not possess controlled substances.



Y

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler ☐ Ownership Change  
(Please provide current license number if making changes: WH \_\_\_\_\_)

☐ 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

Facility Name: Galil Medical Inc.

Physical Address: 4364 Round Lake Road

Mailing Address: 4364 Round Lake Road

City: Arden Hills State: MN Zip Code: 55112

Telephone: 651-287-5000 Fax: 651-287-5199

Toll Free Number: n/a

E-mail: ap.galil@btgplc.com Website: www.btgplc.com

Facility Manager: Vineel Vallapureddy

Professional qualifications and experience of facility manager: See attached resume

### Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☐ Wholesalers  
☐ Other: \_\_\_\_\_

### Type of Products to be handled or wholesaled be firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

99559

2

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler

☐ Ownership Change

(Please provide current license number if making changes: WH \_\_\_\_\_)

☐ 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

Facility Name: kaleo, Inc.

Physical Address: 111 Virginia Street, Suite 300

Mailing Address: 111 Virginia Street, Suite 300

City: Richmond State: VA Zip Code: 23219

Telephone: (804) 545-6360 Fax: (804) 545-6360

Toll Free Number: NA

E-mail: kimberly.davis@kaleopharma.com Website: https://kaleopharma.com/

Facility Manager: Kimberly Davis

Professional qualifications and experience of facility manager:  
kaleo, Inc. is a virtual manufacturer, and Kimberly Davis is the Chief Compliance Officer.

### Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies

☐ Practitioners

☐ Hospitals

☒ Wholesalers

☐ Other: \_\_\_\_\_

### Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Hypodermic Devices

☐ Poisons or Chemicals

☐ Veterinary Legend Drugs

☐ Controlled Substances (include copy of DEA)

☐ Other: \_\_\_\_\_

99661

AA

## NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership – Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**Facility Name: Kuehne + Nagel Inc.Physical Address: 3051 midfield courtCity: Plainfield State: IN Zip Code: 46168Telephone Number: 317-682-0731 Fax Number: 317-821-2551Toll Free Number: /E-mail: adam.caulter@kuehne-nagel.com Website: www.kuehne-nagel.comFacility Manager: Kevin LeslieProfessional qualifications and experience of facility manager: Please see attached resume**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☐ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: legend devices only

99449

BB

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER 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.

<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH_01789 )	

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

**GENERAL INFORMATION**

Facility Name: Masters Drug Company, Inc.

Physical Address: 8695 Seward Road, Fairfield OH 45011

Mailing Address: 3600 Pharma Way

City: Mason State: OH Zip Code: 45036

Telephone: 866-447-9758 Fax: 877-444-5403

Toll Free Number: \_\_\_\_\_

E-mail: bmalone@rxtpi.com Website: www.rxtpl.com

Facility Manager: Bryan Malone

Professional qualifications and experience of facility manager: \_\_\_\_\_  
Please see attached resume

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies      ☒ Practitioners      ☒ Hospitals      ☒ Wholesalers  
☒ Other: Clinics

**Type of Products to be handled or wholesaled by firm:**

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input checked="" type="checkbox"/> Hypodermic Devices
<input type="checkbox"/> Poisons or Chemicals	<input checked="" type="checkbox"/> Veterinary Legend Drugs
<input checked="" type="checkbox"/> Controlled Substances (include copy of DEA)	
<input checked="" type="checkbox"/> Other: <u>OTC Products, Medical Devices</u>	

cc

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER 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

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<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH 02255 )
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

**GENERAL INFORMATION**

Facility Name: Masters Drug Company, Inc.

Physical Address: 4200 Binion Way, Suite 200, Mason OH 45036

Mailing Address: 3600 Pharma Way

City: Mason State: OH Zip Code: 45036

Telephone: 866-447-9758 Fax: 877-44-5403

Toll Free Number: \_\_\_\_\_

E-mail: kwaite@rxtpl.com Website: www.rxtpl.com

Facility Manager: Kevin Waite

Professional qualifications and experience of facility manager: \_\_\_\_\_  
Please see attached resume

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies      ☒ Practitioners      ☒ Hospitals      ☒ Wholesalers  
☒ Other: Clinics

**Type of Products to be handled or wholesaled by firm:**

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input checked="" type="checkbox"/> Hypodermic Devices
<input type="checkbox"/> Poisons or Chemicals	<input checked="" type="checkbox"/> Veterinary Legend Drugs
<input checked="" type="checkbox"/> Controlled Substances (include copy of DEA)	
<input checked="" type="checkbox"/> Other: <u>OTC Products, medical devices</u>	



DD

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER 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.

<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: <b>WH 02277</b> )	

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

**GENERAL INFORMATION**

Facility Name: Masters Drug Company, Inc.

Physical Address: 4200 Binion Way, Suite 100, Mason OH 45036

Mailing Address: 3600 Pharma Way

City: Mason State: OH Zip Code: 45036

Telephone: 513-354-2690 Fax: 513-354-2691

Toll Free Number: \_\_\_\_\_

E-mail: lbreetz@mastersrx.com Website: www.mastersrx.com

Facility Manager: Lore Breetz

Professional qualifications and experience of facility manager: \_\_\_\_\_  
Please see attached resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies      ☒ Practitioners      ☒ Hospitals      ☒ Wholesalers  
☒ Other: Clinics

Type of Products to be handled or wholesaled by firm:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input checked="" type="checkbox"/> Hypodermic Devices
<input type="checkbox"/> Poisons or Chemicals	<input checked="" type="checkbox"/> Veterinary Legend Drugs
<input type="checkbox"/> Controlled Substances (include copy of DEA)	
<input checked="" type="checkbox"/> Other: <u>OTC products, medical devices</u>	

EE

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER 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

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☐ New Wholesaler                      ☒ Ownership Change  
(Please provide current license number if making changes: **WH 02338** )

☒ 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**

Facility Name: OptiNose US, Inc.  
Physical Address: 1020 Stony Hill Road, Suite 300  
Mailing Address: 1020 Stony Hill Road, Suite 300  
City: Yardley State: PA Zip Code: 19067  
Telephone: 267-364-3500 Fax: 267-395-2119  
Toll Free Number: n/a  
E-mail: info@optinose.com Website: www.optinose.com  
Facility Manager: Ramy Mahmoud  
Professional qualifications and experience of facility manager: See attached resume.

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies                      ☐ Practitioners                      ☒ Hospitals                      ☒ Wholesalers  
☒ Other: Specialty Distributors, Retailers, Military, Specialty Pharmacies

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices                      ☐ Hypodermic Devices  
☐ Poisons or Chemicals                      ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

FF

## NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE WHOLESALER 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

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☒ New Wholesaler☐ Ownership Change

(Please provide current license number if making changes: WH\_\_\_\_\_)

☐ 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**Facility Name: Osprey Therapeutics, Inc.Physical Address: 2855 GAZELLE COURT, CARLSBAD, CA 92010Mailing Address: 2855 GAZELLE COURTCity: Carlsbad State: CA Zip Code: 92010Telephone: 760-931-9200 Fax: 760-603-2700Toll Free Number: N/AE-mail: licensing@ionisph.comWebsite: http://www.ionispharma.com/Facility Manager: Joseph TamiProfessional qualifications and experience of facility manager: See attachedTypes of licensed outlets or authorized persons firm will serve:☐ Pharmacies☐ Practitioners☐ Hospitals☒ Wholesalers☒ Other: Specialty Pharmacies and Specialty DistributorsType of Products to be handled or wholesaled by firm:☒ Legend Pharmaceuticals, Supplies or Devices☐ Poisons or Chemicals☐ Controlled Substances (include copy of DEA)☐ Other: \_\_\_\_\_☐ Hypodermic Devices☐ Veterinary Legend Drugs

99835

GG

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler ☐ Ownership Change  
(Please provide current license number if making changes: WH \_\_\_\_\_)

☐ 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.

LLC

### GENERAL INFORMATION

Facility Name: Pharmox LLC

Physical Address: 5571 - B Hwy 17 N, Kingsland, Georgia 31548

Mailing Address: PO Box 600047

City: Jacksonville State: Florida Zip Code: 32260

Telephone: (888) 628-5752 Fax: (888) 803-1117

Toll Free Number: \_\_\_\_\_

E-mail: compliance.pharmox@fiveriversrx.com Website: www.pharmox.net

Facility Manager: Justin Daniels

Professional qualifications and experience of facility manager: See Resume Attached

### Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers  
☒ Other: Independent Pharmacies

### Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

99497

HH

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER 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.

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input checked="" type="checkbox"/> Partnership – Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

**GENERAL INFORMATION**

Facility Name: Redmond and Greer Pharmacy Supply 2

Physical Address: 2351 Merritt Dr.

Mailing Address: \_\_\_\_\_

City: Garland State: TX Zip Code: 75041

Telephone: (214) 272-0918 Fax: (972) 590-8933

Toll Free Number: N/A

E-mail: chris@coeyconsulting.com Website: http://www.redmondandgreer.com

Facility Manager: Chris Sprague

Professional qualifications and experience of facility manager: See attached

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_



# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☒ Ownership Change (Provide current license number if making changes: WH 01837)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

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

Facility Name: RxC Acquisition Company dba RxCrossroads Third Party Logistics Division

Physical Address: 1001 Cheri Way, Suite 100

City: Louisville State: KY Zip Code: 40118

Telephone Number: 502-357-1310 Fax Number: 502-753-8393

Toll Free Number: 800-810-1184

E-mail: regulatory@rxcrossroads.com Website: www.rxcrossroads.com

Facility Manager: Andrea Seadler

Professional qualifications and experience of facility manager: See attached.

### Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☐ Hospitals ☒ Wholesalers  
☐ Other: \_\_\_\_\_

### Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☒ Veterinary Legend Drugs  
☒ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_

22

**NEVADA STATE BOARD OF PHARMACY**

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

**APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☒ Ownership Change (Provide current license number if making changes: **WH 00850**)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

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

Facility Name: RxC Acquisition Company dba RxCrossroads Third Party Logistics Division

Physical Address: 5101 Jeff Commerce Drive

City: Louisville State: KY Zip Code: 40219

Telephone Number: 502-318-1200 Fax Number: 502-753-8393

Toll Free Number: 800-810-1184

E-mail: regulatory@rxcrossroads.com Website: www.rxcrossroads.com

Facility Manager: Jeffrey Phelps

Professional qualifications and experience of facility manager: See attached.

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies ☒ Practitioners ☐ Hospitals ☒ Wholesalers

☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☒ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)

☐ Other: \_\_\_\_\_

NEVADA STATE BOARD OF PHARMACY

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

# APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler ☐ Ownership Change  
(Please provide current license number if making changes: WH\_\_\_\_\_)

☐ 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

Facility Name: Virbac AH Inc  
Physical Address: 8300 NE Underground Dr Pillar 302 Kansas City MO 64116  
Mailing Address: 3200 Meacham Blvd  
City: Fort Worth State: TX Zip Code: 76137  
Telephone: 682-647-3736 Fax: 682-730-4136  
Toll Free Number: —  
E-mail: GARY.DADEY@VIRBACUS.COM Website: US.VIRBAC.COM  
Facility Manager: GARY DADEY  
Professional qualifications and experience of facility manager: SEE ATTACHED RESUME

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies      ☐ Practitioners      ☐ Hospitals      ☒ Wholesalers  
☒ Other: Veterinarians

Type of Products to be handled or wholesaled by firm:

☐ Legend Pharmaceuticals, Supplies or Devices  
☐ Poisons or Chemicals  
☐ Controlled Substances (include copy of DEA)  
☐ Other:

☐ Hypodermic Devices  
☒ Veterinary Legend Drugs

99856

LL

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☒ Ownership Change (Provide current license number if making changes: **WH 02034**)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
☐ Publicly Traded Corporation – Pages 1,2,3,4      ☐ Partnership - Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6      ☐ Sole Owner – Pages 1,2,3,8

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

Facility Name: WellGistics LLC  
Physical Address: 480 Eagles Landing Dr  
City: Lakeland State: FL Zip Code: 33810  
Telephone Number: 863-333-9700 Fax Number: N/A  
Toll Free Number: N/A  
E-mail: licenses@wellgistics.com Website: www.wellgistics.com  
Facility Manager: Lisa Harris  
Professional qualifications and experience of facility manager: FL /CA CDR Certifications  
In Managerial Position with WellGistics for 3 years

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies      ☒ Practitioners      ☐ Hospitals      ☒ Wholesalers  
☐ Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled by firm:**

☒ Legend Pharmaceuticals, Supplies or Devices      ☐ Hypodermic Devices  
☐ Poisons or Chemicals      ☐ Veterinary Legend Drugs  
☒ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_



MM

## NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
- ☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership – Pages 1,2,3,7  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownershipFacility Name: Woodfield Distribution, LLCPhysical Address: 750 NW 33rd Street, Suite BCity: Pompano Beach State: FL Zip Code: 33064Telephone Number: (954) 783-7340 Fax Number: (954) 783-7337Toll Free Number: N/AE-mail: ARUNSCORP@CCKRX.COM Website: WWW.WDSRX.COMFacility Manager: JASON FERRARAProfessional qualifications and experience of facility manager: <see attached>Types of licensed outlets or authorized persons firm will serve:

- ☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers  
☒ Other: Retail Pharmacy, CHAW S

Type of Products to be handled or wholesaled by firm:

- ☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: \_\_\_\_\_



NN

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OOS MDEG 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.

<input checked="" type="checkbox"/> New MDEG or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: MD or MW _____) Check box below for type of ownership and complete all required forms.	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Partnership - Pages 1,2,3,7 <input type="checkbox"/> Sole Owner – Pages 1,2,3,8

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

Facility Name: 405-86h st Pharmacy Inc.  
 Physical Address: 405-86<sup>th</sup> Street  
 Mailing Address: 405-86<sup>th</sup> Street  
 City: Brooklyn State: NV Zip Code: 11209  
 Telephone Number: 917-848-9172 Fax Number: 866-910-0351  
 Toll Free Number: N/A  
 E-mail: globedrug@aol.com Website: \_\_\_\_\_

**MDEG Administrator Information (Person in charge on a daily basis.)**

Name: Brett Cohen

**Days and Hours that the Facility will be Regularly Operated:**

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5  
 Fri: 9 to 5 Sat: 2 to 2 Sun: closed Holidays: to

**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

- |   |  |
|---|--|
| <input type="checkbox"/> Medical Gases **   | <input type="checkbox"/> Assistive Equipment                 |
| <input type="checkbox"/> Respiratory Equipment **                                     | <input type="checkbox"/> Parenteral and Enteral Equipment ** |
| <input type="checkbox"/> Life-sustaining equipment **                                 | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Other: <u>Pelvic Floor Exercises – Tens Units</u> |  |

\*\* 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 a telephone number of a Nevada contact.

Name: Brett Cohen Telephone: 718-745-1252

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## NEVADA STATE BOARD OF PHARMACY

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

### APPLICATION FOR OUT-OF-STATE MDEG 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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

#### FACILITY INFORMATION

Facility Name: ActiCare Health, Inc

Physical Address: 6111 Southfront Rd, Ste M  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 6111 Southfront Rd, Ste M

City: Livermore State: CA Zip Code: 94551

Telephone: 925-583-6285 Fax: 925-705-4620

E-mail: acticare@acticarehealth.com Website: www.acticarehealth.com

#### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 4pm Tue: 9am to 4pm Wed: 9am to 4pm Thu: 9am to 4pm

Fri: 9am to 4pm Sat: to Sun: to Holidays: to

#### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Diane Alves

#### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |  |  |
|--|--|
| <input type="checkbox"/> Medical Gases**             | <input type="checkbox"/> Assistive Equipment                 |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment**  |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies           | Other: <u>Wound Care Supplies</u>                            |

\*\*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: \_\_\_\_\_ Telephone: \_\_\_\_\_

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PP

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG 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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation □ Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation □ Pages 1,2,3,5	<input type="checkbox"/> Sole Owner □ Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: American Bracing Solutions, Inc.  
Physical Address: 1801 Seminole Blvd. Suite 141, Largo, FL 33770  
(This must be a business address, we can not issue a license to a home address)  
Mailing Address: 1801 Seminole Blvd. Suite 141  
City: Largo State: FL Zip Code: 33770  
Telephone: 727-351-7403 Fax: 727-351-7404  
E-mail: info@AmericanBracingSolutions Website: \_\_\_\_\_

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 3:30 Tue: 9 to 3:30 Wed: 9 to 3:30 Thu: 9 to 3:30  
Fri: 9 to 3:30 Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Thomas Black

### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Gases**             | <input type="checkbox"/> Assistive Equipment                |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis           |
| <input type="checkbox"/> Diabetic Supplies           | Other: <u>orthotics</u>                                     |

\*\*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: \_\_\_\_\_ Telephone: \_\_\_\_\_

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QQ

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG 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

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change	(Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation	<input type="checkbox"/> Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation	<input type="checkbox"/> Pages 1,2,3,5	<input type="checkbox"/> Sole Owner <input type="checkbox"/> Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.		

### FACILITY INFORMATION

Facility Name: Bracing Partners, Inc.

Physical Address: 1301 Seminole Blvd. Suite 115 Largo FL 33770  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1301 Seminole Blvd. Suite 115

City: Largo State: FL Zip Code: 33770

Telephone: 727-351-7365 Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 3:30 Tue: 9 to 3:30 Wed: 9 to 3:30 Thu: 9 to 3:30

Fri: 9 to 3:30 Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jamont Jones

### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Gases**             | <input type="checkbox"/> Assistive Equipment                |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis           |
| <input type="checkbox"/> Diabetic Supplies           | Other: <u>orthotics</u>                                     |

\*\*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: \_\_\_\_\_ Telephone: \_\_\_\_\_

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# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG 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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input checked="" type="checkbox"/> Partnership – Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: Corestream Medical Ltd.

Physical Address: 774 S. Northlake Blvd, Suite 1016  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: \_\_\_\_\_

City: Altamonte Springs State: FL Zip Code: 32701

Telephone: 407-960-3900 Fax: 407-960-2758

E-mail: bpetrnich@corestream Website: www.corestreamamerica.com  
*America, LDM*

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5  
Fri: 8 to 5 Sat: - to - Sun: - to - Holidays: - to -

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Scott Blake Petrnich

### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |   |   |
|---|---|
| <input type="checkbox"/> Medical Gases**                    | <input type="checkbox"/> Assistive Equipment                |
| <input checked="" type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment**        | <input type="checkbox"/> Orthotics and Prosthesis           |
| <input type="checkbox"/> Diabetic Supplies                  | Other: <u>Aesthetic Equipment</u>                           |

\*\*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: S. Blake Petrnich Telephone: 407-466-6639

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# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG 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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation □ Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation □ Pages 1,2,3,5	<input type="checkbox"/> Sole Owner □ Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: Caring for Your Pain Bracing, Inc.

Physical Address: 8800 49<sup>th</sup> St. North #209, Pinellas Park, FL 33782  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 8800 49<sup>th</sup> St. North #209

City: Pinellas Park State: FL Zip Code: 33782

Telephone: 727-954-7074 Fax: 727-954-7111

E-mail: info@caringbracing.com Website: \_\_\_\_\_

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 3:30 Tue: 9 to 3:30 Wed: 9 to 3:30 Thu: 9 to 3:30

Fri: 9 to 3:30 Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Dushawn Fairley

### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Gases**             | <input type="checkbox"/> Assistive Equipment                |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis           |
| <input type="checkbox"/> Diabetic Supplies           | Other: <u>orthotics</u>                                     |

\*\*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: \_\_\_\_\_ Telephone: \_\_\_\_\_

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# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG 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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application. <b>LLC</b>	

### FACILITY INFORMATION

Facility Name: Continuum Services LLC

Physical Address: 490 NW 60th Street, Suite 4, Gainesville, FL 32607

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 6020 NW 4th Place, Suite A

City: Gainesville State: FL Zip Code: 32607

Telephone: 877-217-1485 Fax: 877-217-1486

E-mail: DClark04@sjm.com Website: www.continuuminc.com

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 830 to 5 Tue: 830 to 5 Wed: 830 to 5 Thu: 830 to 5  
 Fri: 830 to 5 Sat: --- to --- Sun: --- to --- Holidays: --- to ---

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: William R. Peters

### 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 Prosthesis

Other: wound care supplies; accessories and supplies for left ventricular assist devices

Continuum also distributes accessories and supplies for neuromodulation devices.

\*\*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: \_\_\_\_\_

Telephone: \_\_\_\_\_

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# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG 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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation □ Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation □ Pages 1,2,3,5	<input type="checkbox"/> Sole Owner □ Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: FIRST STOP Medical Supply, Inc.

Physical Address: 8800 49<sup>th</sup> St. North, Suite 309, Pinellas Park, FL 33782  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 8800 49<sup>th</sup> St. North, Suite 309

City: Pinellas Park State: FL Zip Code: 33782

Telephone: 727-498-8573 Fax: 727-498-8581

E-mail: info@firststopmed.com Website: \_\_\_\_\_

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 3:30 Tue: 9 to 3:30 Wed: 9 to 3:30 Thu: 9 to 3:30

Fri: 9 to 3:30 Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: DEAN MERRICK

### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Gases**             | <input type="checkbox"/> Assistive Equipment                |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis           |
| <input type="checkbox"/> Diabetic Supplies           | Other: <u>Orthotics</u>                                     |

\*\*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: \_\_\_\_\_ Telephone: \_\_\_\_\_

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# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG 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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: Gordian Medical V, Inc.

Physical Address: 9894 Bissonnet St. Suite 420 Houston, TX. 77036-8242

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 17595 Cartwright Road

City: Irvine State: CA Zip Code: 92614-5847

Telephone: (832) 365-5117 Fax: (832) 365-5117

E-mail: licensure@amtwoundcare.com Website: N/A

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 5pm Tue: 9am to 5pm Wed: 9am to 5pm Thu: 9am to 5pm

Fri: 9am to 5pm Sat: Closed Sun: Closed Holidays: Closed

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Tyrone Lagria

### 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 Prosthesis

Other: Surgical Dressings, Ostomy Supplies, Urological Supplies, Trachostomy Supplies

\*\*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: Tyrone Lagria

Telephone: (832) 365-5117

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WW

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG 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

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: Harrisonville Home Health Equipment, Inc.

Physical Address: 204 Oriole Street Harrisonville, MO. 64701-2817  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 20162 SW Birch Street Suite 220A

City: Newport Beach State: CA Zip Code: 92660-0787

Telephone: (816) 887-0255 Fax: (816) 887-0256

E-mail: info@ahswc.com Website: N/A

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10am to 4pm Tue: 10am to 4pm Wed: 10am to 4pm Thu: 10am to 4pm  
Fri: 10am to 4pm Sat: 10am to 4pm Sun: CLOSED Holidays: CLOSED

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jenny Fernandez

### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |  |  |
|--|--|
| <input type="checkbox"/> Medical Gases**             | <input type="checkbox"/> Assistive Equipment   |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment**                                  |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis  |
| <input type="checkbox"/> Diabetic Supplies           | Other: <u>Surgical Dressings, Ostomy Supplies, Urological Supplies, Trachostomy Supplies</u> |

\*\*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: Jenny Fernandez Telephone: (816) 887-0255

99422



XX

## NEVADA STATE BOARD OF PHARMACY

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

### APPLICATION FOR OUT-OF-STATE MDEG 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.

<input checked="" type="checkbox"/> New MDEG <input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)	<input type="checkbox"/> Publicly Traded Corporation ☐ Pages 1,2,3,4 <input type="checkbox"/> Partnership - Pages 1,2,3,6 <input checked="" type="checkbox"/> Non Publicly Traded Corporation ☐ Pages 1,2,3,5 <input type="checkbox"/> Sole Owner ☐ Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.
---	--

#### FACILITY INFORMATION

Facility Name: Heart HomeCare LLC

Physical Address: 7827 Convoy Court, Suite 401, San Diego, CA 92111

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 7827 Convoy Court, Suite 401

City: San Diego State: CA Zip Code: 92111

Telephone: 619-270-5570 Fax: 619-923-3473

E-mail: info@hearthomecarellc.com Website: N/A

#### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 4 Tue: 9 to 4 Wed: 9 to 4 Thu: 9 to 4  
 Fri: 9 to 4 Sat:    to    Sun:    to    Holidays:    to   

#### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Stanley Young

#### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Gases**<br><input type="checkbox"/> Respiratory Equipment**<br><input type="checkbox"/> Life-sustaining equipment**<br><input type="checkbox"/> Diabetic Supplies | <input type="checkbox"/> Assistive Equipment<br><input type="checkbox"/> Parenteral and Enteral Equipment**<br><input checked="" type="checkbox"/> Orthotics and Prosthesis<br>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: \_\_\_\_\_ Telephone: \_\_\_\_\_

99660

YY

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG 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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: Matheson Tri-Gas, Inc.

Physical Address: 10540 SW Tualatin-Sherwood  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1016 2nd St. NW. Albuquerque, NM 87102

City: Tualatin State: OR Zip Code: 97062

Telephone: 503-595-4311 Fax: 503-885-2407

E-mail: bstanage@mathesongas.com Website: www.mathesongas.com

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5

Fri: 8 to 5 Sat: to Sun: to Holidays: to

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Kyle Golleher

### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Medical Gases**  | <input type="checkbox"/> Assistive Equipment                |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis           |
| <input type="checkbox"/> Diabetic Supplies           | 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: Bill McBride

Telephone: 717-359-5211

99820

22

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG 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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: MEDEQUIP, Inc

Physical Address: 27 BROOKLINE Aliso Viejo CA 92656  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 27 BROOKLINE

City: Aliso Viejo State: CA Zip Code: 92656

Telephone: 949 443-4414 Fax: 949 425-1738

E-mail: Soren@MedequipOrtho.com Website: MEDEQUIP.ORTHO.COM

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5

Fri: 9 to 5 Sat: to Sun: to Holidays: to

### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Soren Lind, President

### 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 Prosthesis

Other: DME: OSTEOGENESIS + Lymphaden

\*\*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: \_\_\_\_\_

Telephone: \_\_\_\_\_

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AAA

**NEVADA STATE BOARD OF PHARMACY**

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

**APPLICATION FOR OUT-OF-STATE MDEG 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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW <u>n/a</u> )	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

**FACILITY INFORMATION**Facility Name: Podimetrics IncorporatedPhysical Address: 49 Day Street, Suite A  
(This must be a business address, we can not issue a license to a home address)Mailing Address: 49 Day Street, Suite ACity: Somerville State: MA Zip Code: 02144Telephone: 617-616-5269 Fax: n/aE-mail: michael@podimetrics.com Website: podimetrics.com**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5Fri: 9 to 5 Sat: closed Sun: closed Holidays: closed**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**Name: Michael Hassman**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Gases**             | <input type="checkbox"/> Assistive Equipment                |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis           |
| <input type="checkbox"/> Diabetic Supplies           | Other: <u>Temperature Sensing Footmat</u>                   |

\*\*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: n/a Telephone: n/a

99822

BBB

## NEVADA STATE BOARD OF PHARMACY

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

### APPLICATION FOR OUT-OF-STATE MDEG 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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation Pages 1,2,3,5	<input type="checkbox"/> Sole Owner Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

#### FACILITY INFORMATION

Facility Name: SD ORTHOTICS

Physical Address: 148 E. 30TH ST SUITE 104, NATIONAL CITY, CA 91950

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 148 E. 30TH ST SUITE 104

City: NATIONAL CITY State: CA Zip Code: 91950

Telephone: 1-866-387-5106 Fax: 1-619-789-4704

E-mail: info@sdorthotics.com Website: \_\_\_\_\_

#### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 4 Tue: 9 to 4 Wed: 9 to 4 Thu: 9 to 4

Fri: 9 to 4 Sat: to Sun: to Holidays: to

#### MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: STAN YOUNG

#### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |  |  |
|--|--|
| <input type="checkbox"/> Medical Gases**             | <input type="checkbox"/> Assistive Equipment                 |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment**  |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies           | 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: \_\_\_\_\_

Telephone: \_\_\_\_\_

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CCC

## NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG 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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation □ Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation □ Pages 1,2,3,5	<input type="checkbox"/> Sole Owner □ Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

## FACILITY INFORMATION

Facility Name: Universal Medical SolutionsPhysical Address: 4565 Ruffner Street, Suite 100, San Diego, Ca 92111  
(This must be a business address, we can not issue a license to a home address)Mailing Address: 4565 Ruffner Street, Suite 100City: San Diego State: Ca Zip Code: 92111Telephone: (619) 797-8218 Fax: (888) 388-9072E-mail: abelljr@umedisolutions.com Website: N/A

## DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9<sup>am</sup> to 4<sup>pm</sup> Tue: 9<sup>am</sup> to 4<sup>pm</sup> Wed: 9<sup>am</sup> to 4<sup>pm</sup> Thu: 9<sup>am</sup> to 4<sup>pm</sup>  
 Fri: 9<sup>am</sup> to 4<sup>pm</sup> Sat: N/A to Sun: N/A to Holidays: N/A to

## MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Anthony D. Bell, JR - CEO

## 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 Prosthesis

Other: Orthotics off the shelf.

\*\*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: N/ATelephone: N/A

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0DD

# 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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: MP or MW _____)			

<input type="checkbox"/> Publicly Traded Corporation □ Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation □ Pages 1,2,3,5a,5b	<input checked="" type="checkbox"/> 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: FLAKY LLC DBA BRUCE YOUSSEF

Physical Address: 5575 S DURANGO STE 111, LAS VEGAS, NV, 89143  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5575 S DURANGO STE 111, LV

City: LAS VEGAS State: NV Zip Code: 89113

Telephone: 709-395-3355 Fax: 1-877-588-8501

E-mail: INFO@BRUCE-YOUSSEF.COM Website: \_\_\_\_\_

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5

Fri: 9 to 3 Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

### MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: ZACH NELSON

### TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- |  |  |
|--|--|
| <input type="checkbox"/> Medical Gases**             | <input type="checkbox"/> Assistive Equipment                 |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment**  |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies           | 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: \_\_\_\_\_ Telephone: \_\_\_\_\_

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# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR NEVADA 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

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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. \*\*If LLC use Non Public Corporation or Partnership.  
☒ Publicly Traded Corporation – Pages 1,2,3,10,11a&b ☐ Partnership - Pages 1,2,6,10,11a&b  
☒ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b

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

Pharmacy Name: Aeva Specialty Pharmacy  
 Physical Address: 4641 Blue Diamond  
 City: Las Vegas State: NV Zip Code: 89139  
 Telephone: 702.558.2382 Fax: 702.558.5407  
 Toll Free Number: 855.558.2382 E-mail: licenses@aeapharmacy.com  
 Website: aeapharmacy.com  
 Managing Pharmacist: Mayor Shah License Number: 12899

### 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: \_\_\_\_\_

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FFF

**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR NEVADA 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. \*\*If LLC use Non Public Corporation or Partnership.  
☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b      ☐ Partnership - Pages 1,2,6,10,11a&b  
☒ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b      ☐ Sole Owner – Pages 1,2,8,10,11a&b

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

Pharmacy Name: ASPCares

Physical Address: 2920 North Green Valley Pkwy, Ste 711

City: Henderson State: NV Zip Code: 89014

Telephone: (702) 625-6624 Fax: (702) 625-6628

Toll Free Number: \_\_\_\_\_ E-mail: licensing@aspcares.com

Website: www.aspcares.com

Managing Pharmacist: Duc Luong Mai License Number: 19104

**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: \_\_\_\_\_

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## NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR NEVADA 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

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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. \*\*If LLC use Non Public Corporation or Partnership.

☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b☒ Partnership - Pages 1,2,6,10,11a&b☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b☐ Sole Owner – Pages 1,2,8,10,11a&b**GENERAL INFORMATION to be completed by all types of ownership**Pharmacy Name: FKF group HC, LLCPhysical Address: 2865 Siena Heights Dr Suite 200City: Henderson State: NV Zip Code: 89052Telephone: (702) 586-3211 Fax: (702) 586-4922Toll Free Number: \_\_\_\_\_ E-mail: klouis@fkfgroup

Website: \_\_\_\_\_

Managing Pharmacist: Chris Vuong License Number: 18821**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: \_\_\_\_\_



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**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR NEVADA 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

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☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: PH ASC 03779)  
Check box below for type of ownership and complete all required forms. \*\*If LLC use Non Public Corporation or Partnership.  
☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b ☒ Partnership - Pages 1,2,6,10,11a&b  
☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b

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

Pharmacy Name: Green Valley Surgery Center LLC

Physical Address: 7365 S. Pecos Rd. Las Vegas, NV 89120

City: Las Vegas State: NV Zip Code: 89120

Telephone: 702-857-6500 Fax: 702-857-6501

Toll Free Number: \_\_\_\_\_ E-mail: INFO@GREENVALLEYSURGERYCENTER.COM

Website: WWW.GREENVALLEYSURGERYCENTER.COM

Managing Pharmacist: MARY GREAR License Number: 10687

**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: \_\_\_\_\_

III

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR NEVADA 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.

*limited liability company*

- ☒ 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. \*\*If LLC use Non Public Corporation or Partnership.
- |   |  |
|---|--|
| <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,10,11a&b     | <input checked="" type="checkbox"/> Partnership - Pages 1,2,6,10,11a&b |
| <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b | <input type="checkbox"/> Sole Owner – Pages 1,2,8,10,11a&b             |

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

Pharmacy Name: Valley Health System LLC Henderson Hospital *Emergency Room*

Physical Address: 2581 St. Rose Parkway

City: Henderson State: NV Zip Code: 89052

Telephone: 702 963 7190 Fax: 702 963 7194

Toll Free Number: N/A E-mail: \_\_\_\_\_

Website: http://www.ValleyHealthSystemLV.com

Managing Pharmacist: Brian T. Crue License Number: 16445

#### TYPE OF PHARMACY

AND

#### SERVICES PROVIDED

Yes/No

- ☐ ☐ Retail  
☐ ☐ Hospital (# beds \_\_\_\_\_)  
☐ ☐ Internet  
☐ ☐ Nuclear  
☐ ☐ Ambulatory Surgery Center  
☐ ☐ Community  
☒ ☐ Other: Emergency Room

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: \_\_\_\_\_

JJJ

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR NEVADA 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. \*\*If LLC use Non Public Corporation or Partnership.
- ☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b      ☐ Partnership - Pages 1,2,6,10,11a&b  
☒ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b      ☐ Sole Owner – Pages 1,2,8,10,11a&b

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

Pharmacy Name: Las Vegas Scripts Rx LLC

Physical Address: 2920 N Green Valley Parkway, Suite 814

City: Henderson State: Nevada Zip Code: 89117

Telephone: 833.834.2779 Fax: 833.834.2780

Toll Free Number: 833.834.2779 E-mail: ServiceSupport@LVScripts.com

Website: www.LVScripts.com

Managing Pharmacist: Nathan Edouard License Number: 19462

**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: \_\_\_\_\_

KKK

**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR NEVADA 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)**

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☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: PA A6002434)  
 Check box below for type of ownership and complete all required forms. \*\*If LLC use Non Public Corporation or Partnership. ~  
☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b      ☐ Partnership - Pages 1,2,6,10,11a&b  
☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b      ☐ Sole Owner – Pages 1,2,8,10,11a&b

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

Pharmacy Name: Stonecreek Surgery Center, LLC  
 Physical Address: 5915 S Rainbow Blvd #108  
 City: LAS VEGAS State: NV Zip Code: 89118  
 Telephone: 702-227-7959 Fax: 702-227-6344  
 Toll Free Number: None E-mail: RMANTHEI@NEPNV.COM  
 Website: www.stonecreeksc.com  
 Managing Pharmacist: MARY A. GREAR, RPH License Number: 10687

**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: