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**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 be all types of ownership**

Facility Name: Acacia Pharma Inc.

Physical Address: 440 Stevens Avenue, Suite 200

City: Solana Beach State: CA Zip Code: 92075

Telephone Number: 614.975.0006 Fax Number: n/a

Toll Free Number: n/a

E-mail: licensing@acaciapharma.com Website: www.acaciapharma.com

Facility Manager: Ryerson W. Dalton, Jr.

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: Specialty Distributors

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: \_\_\_\_\_

B

# 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: Amani Pharmacy

Physical Address: 1162 Liberty Ave Brooklyn, NY 11208

Mailing Address: 1162 Liberty Ave

City: Brooklyn State: New York Zip Code: 11208

Telephone: (347) 425-1996 Fax: (347) 425-1997

Toll Free Number: (877) 672-3153 (Required per NAC 639.708)

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

Managing Pharmacist: Michael Salako License Number: 047621

TYPE OF PHARMACY	AND	SERVICES PROVIDED
Yes/No		Yes/No
<input checked="" type="checkbox"/> <input 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 checked="" type="checkbox"/> <input type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<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,**

C

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**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: ASTRO RX

Physical Address: 20423 KUYKENDAHL RD STE 250

Mailing Address: 20423 KUYKENDAHL RD STE 250

City: SPRING State: TX Zip Code: 77379

Telephone: (832) 209-4999 Fax: (832) 559-7213

Toll Free Number: (844) 445-5001 (Required per NAC 639.708)

E-mail: CREDENTIALING@ASTRORX.NET Website: NONE

Managing Pharmacist: CHARMAGNE KNEIP License Number: 38403

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No		Yes/No	
<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/> Mail Service
<input checked="" type="checkbox"/>	<input type="checkbox"/> Community	<input type="checkbox"/>	<input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/>	<input checked="" type="checkbox"/> Other: _____	<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: _____

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 For the application to be complete

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**NEVADA STATE BOARD OF PHARMACY**

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 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7       Partnership - Pages 1,2,5,7  
 Non Publicly Traded Corporation – Pages 1,2,4,7       Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: AZBDBR, LLC dba AvasaRx Pharmacy

Physical Address: 816 N. 6th Ave.

Mailing Address: 816 N. 6th Ave.

City: Phoenix State: AZ Zip Code: 85003

Telephone: 480-900-7450 Fax: 833 437-2301

Toll Free Number: 844-482-2005 (Required per NAC 639.708)

E-mail: info@avasarx.com Website: AVASARX.COM

Managing Pharmacist: Ronak Modi License Number: S023110

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No	AND	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 checked="" type="checkbox"/> <input 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>Independent</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 checked="" type="checkbox"/> <input type="checkbox"/> Other Services: <u>Home Infusion</u>

All boxes must be checked  
For the application to be complete

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Application form section with checkboxes for 'New Pharmacy or Ownership Change' and various ownership types like 'Publicly Traded Corporation' and 'Sole Owner'.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: BENZER PHARMACY

Physical Address: 5908 BRECKENRIDGE PKWY

Mailing Address:

City: TAMPA State: FL Zip Code: 33610

Telephone: 813-644-7277 Fax: 813-875-4000

Toll Free Number: 8887679328 (Required per NAC 639.708)

E-mail: BENZER154@BENZER PHARMACY.COM Website:

Managing Pharmacist: RAJIV PATEL License Number: PS39701

TYPE OF PHARMACY AND SERVICES PROVIDED

Large table with two columns: 'TYPE OF PHARMACY' and 'SERVICES PROVIDED'. Each column has 'Yes/No' headers and various checkboxes for services like 'Retail', 'Hospital', 'Nuclear', 'Ambulatory Surgery Center', 'Community', 'Off-site Cognitive Services', 'Parenteral', etc.

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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: Blink Health Pharmacy, LLC

Physical Address: 100 Chesterfield Bus Parkway, Room 268, Chesterfield MO 63005

Mailing Address: 233 Spring Street, 8th Floor East

City: New York State: NY Zip Code: 10013

Telephone: (314) 356-2946 Fax: (314) 558-2641

Toll Free Number: (844) 225-5751 (Required per NAC 639.708)

E-mail: licensing@blinkhealth.com Website: \_\_\_\_\_

Managing Pharmacist: Lee Trotter, RPh, PIC License Number: 041139

**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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G

# 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: ~~R+B Pharmacy Inc~~ R+B Pharmacy Inc dba Clarks Pharmacy

Physical Address: 36889 N Tom Darlington, Carefree AZ 85377

Mailing Address: P.O. Box 6189

City: Carefree State: AZ Zip Code: 85377

Telephone: 480-488-2007 Fax: 480-575-0541

Toll Free Number: 1-877-450-0040 (Required per NAC 639.708)

E-mail: az4chick@aol.com Website: N/A

Managing Pharmacist: Rodolfo Dragone License Number: 9626

TYPE OF PHARMACY AND		SERVICES PROVIDED	
Yes/No		Yes/No	
<input checked="" type="checkbox"/>	Retail	<input type="checkbox"/>	Off-site Cognitive Services
<input type="checkbox"/>	Hospital (# beds _____)	<input type="checkbox"/>	Parenteral **
<input type="checkbox"/>	Internet	<input type="checkbox"/>	Parenteral (outpatient)
<input type="checkbox"/>	Nuclear	<input type="checkbox"/>	Outpatient/Discharge
<input type="checkbox"/>	Ambulatory Surgery Center	<input checked="" type="checkbox"/>	Mail Service
<input type="checkbox"/>	Community	<input type="checkbox"/>	Long Term Care
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Sterile Compounding **
		<input checked="" type="checkbox"/>	Non Sterile Compounding
		<input type="checkbox"/>	Mail Service Sterile Compounding **
		<input type="checkbox"/>	Other Services: _____

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For the application to be complete

*Handwritten note: Pt who need Naturethroid - we are getting calls to mail & ship*

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H

# 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: Diplomat Specialty Pharmacy of Phoenix, LLC dba Diplomat Specialty Pharmacy

Physical Address: 485 N. Juniper Dr., Chandler, AZ 85226

Mailing Address: Attn: Licensing, 4100 S. Saginaw St.

City: Flint State: MI Zip Code: 48507

Telephone: 877-977-9118 Fax: 800-550-6272

Toll Free Number: 877-977-9118 (Required per NAC 639.708)

E-mail: licensing@diplomat.is Website: www.diplomat.com

Managing Pharmacist: Sandra Barbosa License Number: S020870

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>Specialty</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

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I

NEVADA STATE BOARD OF PHARMACY

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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: Pensacola Apothecary dba Everwell Specialty Pharmacy

Physical Address: 6506 N. Davis Hwy, Pensacola, FL 32504

Mailing Address: 6506 N. Davis Hwy, Pensacola, FL 32504

City: Pensacola State: FL Zip Code: 32504

Telephone: 850-473-9190 Fax: 850-473-9935

Toll Free Number: 855-507-2560 (Required per NAC 639.708)

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

Managing Pharmacist: Casey Trest License Number: PS48537

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

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J

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7

Partnership - Pages 1,2,5,7

Non Publicly Traded Corporation – Pages 1,2,4,7

Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: Fast Access Specialty Therapeutics, LLC

Physical Address: 3131 N I-10 Service Road E, Suite 202, Metairie, LA 70002

Mailing Address: 3131 N I-10 Service Road E, Suite 202

City: Metairie State: LA Zip Code: 70002

Telephone: (877) 327-8881 Fax: (844) 504-3278

Toll Free Number: (877) 327-8881 (Required per NAC 639.708)

E-mail: sroy@fosrxfast.com Website: www.fosrxfast.com

Managing Pharmacist: Sajal K. Roy, Pharm.D. License Number: LA PST.021505  
NV 19175

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

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# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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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: Good Day Pharmacy LLC  
 Physical Address: 2561 County Road Ste. 220 Middleburg FL 32068  
 Mailing Address: 2561 County Road 220  
 City: Middleburg State: FL Zip Code: 32068  
 Telephone: 904-375-8579 Fax: 904-375-8581  
 Toll Free Number: 877-642-9238 (Required per NAC 639.708)  
 E-mail: Jessica@prismmedicaldesign.com Website: N/A  
 Managing Pharmacist: Madeline Defalco License Number: PS22011

TYPE OF PHARMACY	AND	SERVICES PROVIDED
Yes/No		Yes/No
<input checked="" type="checkbox"/> <input 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 checked="" type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input type="checkbox"/> Other: _____		<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 type="checkbox"/> Other Services: _____

All boxes must be checked  
 For the application to be complete

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# NEVADA STATE BOARD OF PHARMACY

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 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7       Partnership - Pages 1,2,5,7 **LLC**  
 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: Hamilton Rx LLC

Physical Address: 3320 Tylersville Rd Hamilton OH 45011

Mailing Address: 3320 Tylersville Rd

City: Hamilton State: OH Zip Code: 45011

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

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

E-mail: pharmacist@hamiltonrxpharmacy.com Website: www.hamiltonrxpharmacy.com ( In Progress)

Managing Pharmacist: Brett Menne License Number: 03335004-3

### TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds \_\_\_\_\_)
- Internet *See Attachment*
- 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,

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: Kaiser Permanente Pharmacy #329

Physical Address: 4131 Geary Blvd Ste 112

Mailing Address: 4131 Geary Blvd Ste 112

City: San Francisco State: CA Zip Code: 94118

Telephone: 650 301 5799 Fax: 650 301 5790

Toll Free Number: 877 404-5777 (Required per NAC 639.708)

E-mail: Kaiser-Specialty-pharmacy@kp.org Website: N/A

Managing Pharmacist: Christina Spagnoli License Number: 61426

### 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,

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

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Application type and ownership options: New Pharmacy or Ownership Change, Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, Sole Owner.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Evergreen Pharmaceutical of California, Inc. dba Omnicare of Sacramento
Physical Address: 3630 Business Dr, Ste D
Mailing Address: One CVS Drive, MC 1160, Woonsocket, RI 02895
City: Sacramento State: CA Zip Code: 95820
Telephone: 916-452-8022 Fax: 916-340-0654
Toll Free Number: 888-458-8022
E-mail: statereply@cvscaremark.com Website: www.omnicare.com
Managing Pharmacist: Nazaneen Raouf License Number: RPH65433

TYPE OF PHARMACY AND SERVICES PROVIDED

Checkboxes for pharmacy types (Retail, Hospital, Internet, Nuclear, Ambulatory Surgery Center, Community, Other) and services (Off-site Cognitive Services, Parenteral, 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

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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: OptumRx d/b/a OptumRx

Physical Address: 4805 East Thistle Landing Drive, Suite 110D and 100D, Phoenix AZ 85044

Mailing Address: 4805 East Thistle Landing Drive, Suite 110D and 100D, Phoenix AZ 85044

City: Phoenix State: AZ Zip Code: 85044

Telephone: 602-387-5570 Fax: 800-491-7997

Toll Free Number: 800-791-7658 (Required per NAC 639.708)

E-mail: orxpharmlic@optum.com Website: www.optumrx.com

Managing Pharmacist: Marion Rizer License Number: 15214

### TYPE OF PHARMACY **AND** SERVICES PROVIDED

Yes/No

Retail

Hospital (# beds \_\_\_\_\_)

Internet

Nuclear

Ambulatory Surgery Center

Community

Other: non dispensing, please see attached description of practice

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: please see attached description of practice

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**OptumRx, Inc.  
d/b/a OptumRx**

OptumRx's home delivery pharmacies provide a variety of services to patients, including home delivery of medications, telephonic counseling, and prior authorization assistance. OptumRx's proposed pharmacy location in Phoenix Arizona will be a non-dispensing pharmacy and will not store any drug inventory. Work done at this location will include data entry of prescriptions by pharmacy technicians and pharmacist verification of same, pharmacist transcribing of telephonic prescriptions from a provider, telephonic patient counseling, and resolution of paid claim adjudication issues. This Phoenix pharmacy will support dispensing activities for pharmacies located in California, Indiana, Kansas, Nevada, and New Jersey.

OptumRx's home delivery pharmacies are accredited by URAC and VIPPS.

OptumRx's home delivery pharmacies play an important role in providing healthcare services to local communities by offering patients the convenience of receiving their medication in the mail, which can improve medication adherence, lower medication cost for consumers, and allow underserved areas to receive high quality pharmacy services.

P

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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**New Pharmacy** or  **Ownership Change** (Provide current license number if making changes: **PH**\_\_\_\_  
Check box below for type of ownership and complete all required forms.

**Publicly Traded Corporation** – Pages 1,2,3,7                       **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: Phantastic Pharmacy

Physical Address: 4347 Van Nuys Blvd

Mailing Address: 4347 Van Nuys Blvd

City: Sherman Oaks                      State: CA                      Zip Code: 91403

Telephone: 818-849-5992                      Fax: 818-849-5918

Toll Free Number: 888-745-9476                      (Required per NAC 639.708)

E-mail: phantasticpharmacy@gmail.com                      Website: N/A

Managing Pharmacist: Asarch, Kenneth Bruce                      License Number: 37199

### 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

**APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE**

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New Pharmacy or  Ownership Change (Provide current license number if making changes: PH \_\_\_\_\_  
Check box below for type of ownership and complete all required forms.  
 Publicly Traded Corporation – Pages 1,2,3,7       Partnership - Pages 1,2,5,7  
 Non Publicly Traded Corporation – Pages 1,2,4,7       Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: AZ Pharmacy, LLC dba PillPack Phoenix  
Physical Address: 3809 W. Watkins Street  
Mailing Address: Same as above  
City: Phoenix State: AZ Zip Code: 85034  
Telephone: 855-745-5725 Fax: 603-935-9108  
Toll Free Number: 855-745-5725 (Required per NAC 639.708)  
E-mail: pillpackphoenix@pillpack.com Website: www.pillpack.com  
Managing Pharmacist: Emily Haugh License Number: S022566

**TYPE OF PHARMACY AND**

**SERVICES PROVIDED**

- Yes/No  
  Retail  
  Hospital (# beds \_\_\_\_\_)  
  Internet  
  Nuclear  
  Ambulatory Surgery Center  
  Community  
  Other: 30 day home delivery with  
patient-specific multi -dose packaging.

- 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: \_\_\_\_\_

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,**

R

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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New Pharmacy or  Ownership Change (Provide current license number if making changes: PH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7       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: PRO SCRIPT SOLUTIONS PHARMACY

Physical Address: 6730 ATASCOCITA RD, STE 111

Mailing Address: 6730 ATASCOCITA RD, STE 111

City: HUMBLE State: TX Zip Code: 77346

Telephone: (281) 570-6707 Fax: (281) 318-7554

Toll Free Number: (800) 964-0620 (Required per NAC 639.708)

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

Managing Pharmacist: KIETRICH JOHNSON License Number: 42290

### TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	AND	Yes/No
<input checked="" type="checkbox"/> <input 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 checked="" type="checkbox"/> <input type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<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,

S

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

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x New Pharmacy (Please provide current license number if making changes: PH _____)	1 Ownership Change
1 Publicly Traded Corporation – Pages 1,2,3,7	1 Partnership - Pages 1,2,5,7
1 Non Publicly Traded Corporation – Pages 1,2,4,7	1 Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.	

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

Pharmacy Name: Pharmaceutical Care Consultants of Florida Inc. DBA: Skip's Pharmacy

Physical Address: 160 SW 12th Ave, Suite 102, Deerfield Beach, Florida 33442

Mailing Address: 160 SW 12th Ave, Suite 102

City: Deerfield Beach State: Florida Zip Code: 33442

Telephone: 561-218-0111 Fax: 561-218-8873

Toll Free Number: 800-553-7429 (Required per NAC 639.708)

E-mail: teegio23@gmail.com Website: https://www.skipspharmacy.com/wplog/

Managing Pharmacist: Brooke Ashlee Hutchison License Number: Florida: PS45511

**Hours of Operation:**

Monday thru Friday 9:00 am 5:00 pm      Saturday 10:00 am 12:00 pm  
 Sunday CLOSED am \_\_\_\_\_ pm      24 Hours \_\_\_\_\_

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No <input checked="" type="checkbox"/> <input type="checkbox"/> Retail <input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> <input checked="" type="checkbox"/> Internet <input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear <input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center <input type="checkbox"/> <input checked="" type="checkbox"/> Community <input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____	Yes/No <input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral ** <input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service <input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care <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,**

T

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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New Pharmacy or  **Ownership Change** (Provide current license number if making changes: **PH 03566**)  
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: TC Script LLC

Physical Address: 17255 N. 82nd St., Suite 130

Mailing Address: Same as above.

City: Scottsdale State: AZ Zip Code: 85255

Telephone: 855-584-6189 Fax: 855-578-1691

Toll Free Number: 855-584-6189 (Required per NAC 639.708)

E-mail: tc\_script@trialcard.com Website: tscript.com

Managing Pharmacist: Jennifer Jung License Number: S015956

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

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

U

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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**New Pharmacy** or  **Ownership Change** (Provide current license number if making changes: PH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7

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: V-Care Pharmacy and Surgical Supplies

Physical Address: 151 Cochituate Rd., Framingham, MA 01701

Mailing Address: 151 Cochituate Rd., Framingham, MA 01701

City: Framingham State: MA Zip Code: 01701

Telephone: 508-202-9993 Fax: 508-202-9343

Toll Free Number: 844-769-8227 (Required per NAC 639.708)

E-mail: Info.@myvcarepharmacy.com Website: myvcarepharmacy.com

Managing Pharmacist: Vipul Patel License Number: PH 232 456

### 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**

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 Check box below for type of ownership and complete all required forms.  
 Publicly Traded Corporation – Pages 1,2,3,7       Partnership - Pages 1,2,5,7  
 Non Publicly Traded Corporation – Pages 1,2,4,7       Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: Walgreens Pharmacy #15987

Physical Address: 1020 29th Street, Suite 140, Sacramento, CA 95816

Mailing Address: P.O. Box 901

City: Deerfield State: IL Zip Code: 60015

Telephone: 916-738-3300 Fax: 916-738-3302

Toll Free Number: 888-750-3026 (Required per NAC 639.708)

E-mail: karina.lipnickas@walgreens.com Website: www.walgreens.com

Managing Pharmacist: Edward Salaguinto License Number: 53212

**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,**



W

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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New Pharmacy or  Ownership Change (Provide current license number if making changes: PH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7

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: Westover Hills Pharmacy

Physical Address: 9793 Culebra Rd. Ste. 101, San Antonio, Tx 78251

Mailing Address: 9793 Culebra Rd. Ste. 101, TX

City: San Antonio State: Tx Zip Code: 78251

Telephone: 210-684-1800 Fax: 210-684-1801

Toll Free Number: 1-844-684-1800 (Required per NAC 639.708)

E-mail: jburch@westoverrx.com Website: westoverhillsrx.com

Managing Pharmacist: Randy Nemecek License Number: 102105

### 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

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Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7

Partnership - Pages 1,2,5,7

Non Publicly Traded Corporation – Pages 1,2,4,7

Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: CYPRESS COMPOUNDING PHARMACY

Physical Address: 9511 HUFFMEISTER, STE 104 HOUSTON, TEXAS 77095

Mailing Address: 9511 HUFFMEISTER, STE 104

City: HOUSTON State: TEXAS Zip Code: 77095

Telephone: 832-617-0290 Fax: 832-510-4003

Toll Free Number: 844-692-2779 (Required per NAC 639.708)

E-mail: ADMIN@CCPHARMACY.COM Website: WWW.CCPHARMACY.COM

Managing Pharmacist: LINDA EHLIG MOORE License Number: 54929

### 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,**

4

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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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: Go Live Well Pharmacy

Physical Address: 13035 Olive Street Road, Ste 210

Mailing Address: 13035 Olive Street Road, Ste 210

City: St. Louis State: Missouri Zip Code: 63141

Telephone: 1-844-896-2456 Fax: 1-844-896-7466

Toll Free Number: 1-844-896-2456 (Required per NAC 639.708)

E-mail: info@golivewellpharm.com Website: www.golivewellrx.com

Managing Pharmacist: Mark Schumacher License Number: 040203

#### 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,

Z

**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: WH02342)  
 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

<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 be all types of ownership**

Facility Name: A & K Distributors PR, LLC

Physical Address: Hangar 403 Broom Dr

City: Aguadilla State: PR Zip Code: 00603

Telephone Number: 918-981-2221 Fax Number: 815-642-4534

Toll Free Number: N/A 1-888-545-2080

E-mail: asiem@akdistri.com Website: n/A

Facility Manager: Alissa Siem

Professional qualifications and experience of facility manager: As manager 3 years at A & K Distributors PR, LLC and 5 years as pharmacy technician.

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

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.

<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 checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input 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 be all types of ownership**

Facility Name: Aptevo Biotherapeutics LLC

Physical Address: 2401 4th Avenue, Suite 1050

City: Seattle State: WA Zip Code: 98121

Telephone Number: 206-838-0500 Fax Number: 206-838-0503

Toll Free Number: N/A

E-mail: mitchells@apvo.com Website: www.aptevotherapeutics.com

Facility Manager: Shawnte Mitchell

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 Pharmacies and Specialty Distributors

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

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 checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH <u>N/A</u> 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 be all types of ownership**

Facility Name: Braeburn Inc.

Physical Address: 450 Plymouth Road, Suite 400

City: Plymouth Meeting State: PA Zip Code: 19462

Telephone Number: 610-467-8680 Fax Number: 610-834-9803

Toll Free Number: N/A

E-mail: sdeathos@braeburnrx.com Website: https://braeburnrx.com/

Facility Manager: Scot J. DeAthos

Professional qualifications and experience of facility manager: See Attachment C

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

- Pharmacies                       Practitioners                       Hospitals                       Wholesalers  
 Other: Distributors

**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) N/A - See Attachment B  
 Other: \_\_\_\_\_

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

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 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 be all types of ownership

Facility Name: CMP Pharma, Inc.

Physical Address: 8026 US Highway 264A

City: Farmville State: NC Zip Code: 27828

Telephone Number: 252-753-7111 Fax Number: 252-753-3882

Toll Free Number: 800-227-6637

E-mail: wanda.owens@cmppharma.com Website: www.cmppharma.com

Facility Manager: Gerald D. Sakowski, CEO

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: \_\_\_\_\_

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.

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: DC Dental, Inc.

Physical Address: 2048 Lord Baltimore Drive, Baltimore, MD 21244

Mailing Address: DC Dental, Inc. c/o: 1133 Greenwood Road

City: Baltimore State: MD Zip Code: 21208

Telephone: 410-653-7500 Fax: 410-653-7620

Toll Free Number: 877-653-7500

E-mail: compliance@dcdental.com Website: www.dcdental.com

Facility Manager: Shira Yocheved Friedman

Professional qualifications and experience of facility manager: Supply Chain Manager overseeing all direct and drop ship purchase orders. Responsible for developing inventory system for warehouse maintenance and quality control.

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies                       Practitioners                       Hospitals                       Wholesalers  
 Other: Distributors, and US Government

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: Over-the-Counter Non-Prescription Drugs and Devices



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)**  
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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: H.D. Smith, LLC

Physical Address: 6001 Global Distribution Way #102

City: Louisville State: KY Zip Code: 40228

Telephone Number: 502-491-0593 Fax Number: 502-671-2608

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

E-mail: Licensing@hdsmith.com Website: www.hdsmith.com

Facility Manager: Ruben Villalobos

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: Long-term care facilities

**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)**

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- 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: GC Mogam, Inc.

Physical Address: 2200 Fletcher Avenue

City: Fort Lee State: NJ Zip Code: 07024

Telephone Number: 339-440-6061 Fax Number: \_\_\_\_\_

Toll Free Number: 833-384-2662

E-mail: chrislamb@biosolutionservices.com Website: \_\_\_\_\_

Facility Manager: Chris Lamb

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

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

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

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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

Johnson & Johnson Health Care Systems Inc. is wholly owned by Johnson & Johnson, a publicly traded company. As advised by your office, because the parent company is publicly traded, the publicly traded pages of this application must be completed.

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

Facility Name: Johnson & Johnson Health Care Systems Inc.

Physical Address: 1862 Brummel Avenue

City: Elk Grove Village State: IL Zip Code: 60007

Telephone Number: 224-404-4043 Fax Number: N/A

Toll Free Number: N/A

E-mail: Luis E. Estrada Website: www.jjchs.com

Facility Manager: Lestrada9@its.inj.com

Professional qualifications and experience of facility manager: See Attachment B

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies       Practitioners       Hospitals       Wholesalers  
 Other: Manufacturers

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: \_\_\_\_\_

HA

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 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

Johnson & Johnson Health Care Systems Inc. is wholly owned by Johnson & Johnson, a publicly traded company. As advised by your office, because the parent company is publicly traded, the publicly traded pages of this application must be completed.

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

Facility Name: Johnson & Johnson Healthcare Systems Inc.

Physical Address: 700 Orthopaedic Drive

City: Warsaw State: Indiana Zip Code: 46582

Telephone Number: (574) 267-8143 Fax Number: (574) 372-7018

Toll Free Number: N/A

E-mail: Tanders7@its.jnj.com Website: www.jhcs.com

Facility Manager: Thomas R. Anderson

Professional qualifications and experience of facility manager: See Attachment B

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:

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

II

**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 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 checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input 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 be all types of ownership**

Facility Name: Karyopharm Therapeutics Inc.

Physical Address: 85 Wells Ave

City: Newton State: MA Zip Code: 02459

Telephone Number: 617-658-0600 Fax Number: n/a

Toll Free Number: n/a

E-mail: statelicensing@karyopharm.com Website: www.karyopharm.com

Facility Manager: Christopher B. Primiano

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: specialty pharmacies, specialty distributors

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: \_\_\_\_\_

JJ

**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 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: Lifeline Pharmaceuticals  
Physical Address: 5800 Gulf Tech Drive  
City: Ocean Springs State: MS Zip Code: 39564  
Telephone Number: 305-643-8841 Fax Number: 305-643-6926  
Toll Free Number: 877-430-6337  
E-mail: compliance@lifelinepharm.com Website: LIFELINEPHARM.COM  
Facility Manager: Ingaio Samuels

Professional qualifications and experience of facility manager: 3 YEARS MANAGING RECEIVING, STORAGE, SECURITY, CLIMATE CONTROL, INVENTORY AND SHIPPING.

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: OTC

KK

**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 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 be all types of ownership**

Facility Name: Medmax RX, Inc.

Physical Address: 90 Alpha Plaza

City: Hicksville State: NY Zip Code: 11801

Telephone Number: 516 931-2000 Fax Number: 516 931-2001

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

E-mail: compliance.medmax @gmail.com Website: medmaxrx.com

Facility Manager: Pedro Hernandez

Professional qualifications and experience of facility manager: Oversee distribution and sales for the last 7 years. Resume 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: \_\_\_\_\_

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 \_\_\_\_\_)  
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: Medi Natura Inc.

Physical Address: 10421 Research Rd. SE.

City: Albuquerque State: Nm Zip Code: 87123

Telephone Number: 505-293-3843 Fax Number: 505-291-1454

Toll Free Number: 1-844-633-4628

E-mail: craish@medinatura.com Website: www.medinatura.com

Facility Manager: Scott Mitchell

Professional qualifications and experience of facility manager: see Attach #1 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: \_\_\_\_\_



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

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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 be all types of ownership

Facility Name: Medisoi Plus, LLC

Physical Address: 1771 International Pkwy, Ste 121

City: Richardson State: TX Zip Code: 75081

Telephone Number: 469-914-0010 Fax Number: 469-914-0019

Toll Free Number: N/A

E-mail: jthomas@medisoiplus.com Website: N/A

Facility Manager: Joel Thomas

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

NN

**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 be all types of ownership**

Facility Name: MTS Health Supplies, Inc.

Physical Address: 15800 El Prado Road, Suite 101

City: Chino State: CA Zip Code: 91708

Telephone Number: 951-279-2289 Fax Number: 951-279-9989

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

E-mail: GUS@MTSHS.COM Website: WWW.MTSHS.COM

Facility Manager: Gus Salaymeh

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: Labs, Schools, Industrial, Manufacturers, Dentists, & Veterinarians

**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: Pseudoephedrine, Cosmetics ,Oxygen, Solid Dose, Injectables, Ophthalmic, Liquids (oral), Topical, Vitamins, & OTC

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**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)**

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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 be all types of ownership**

Facility Name: Neurelis, Inc.

Physical Address: 11682 El Camino Real, Suite 255

City: San Diego State: CA Zip Code: 92130

Telephone Number: (858) 251-2100 Fax Number: n/a

Toll Free Number: n/a

E-mail: statelicensing@neurelis.com Website: www.neurelis.com

Facility Manager: Craig Chambliss

Professional qualifications and experience of facility manager: Please see attached.

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

- Pharmacies       Practitioners       Hospitals       Wholesalers
- Other: Specialty Distributors, Specialty Pharmacies, Retailers

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

PP

**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 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: New American Therapeutics, Inc.

Physical Address: Morris Corporate Center 1, Building C, 300 Interpace Parkway

City: Parsippany State: NJ Zip Code: 07054

Telephone Number: (212) 583-7288 Fax Number: (212) 583-7287

Toll Free Number: N/A

E-mail: mfarrell@deerfield.com Website: N/A

Facility Manager: Michael Farrell

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 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: \_\_\_\_\_

QQ

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.

Application form with checkboxes for ownership types: New Wholesaler, Ownership Change, Publicly Traded Corporation, Partnership, Non Publicly Traded Corporation, Sole Owner.

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Octapharma USA, Inc.

Physical Address: 121 River Street, Suite 1201

City: Hoboken State: New Jersey Zip Code: 07030

Telephone Number: 201-604-1130 Fax Number:

Toll Free Number:

E-mail: flemming.nielsen@octapharma.com Website: www.Octapharma.com

Facility Manager: Flemming Nielsen

Professional qualifications and experience of facility manager: President of Octapharma Plasma, Inc.

Types of licensed outlets or authorized persons firm will serve:

Checkboxes for outlet types: Pharmacies, Practitioners, Hospitals, Wholesalers, and Other: specialty pharmacies, group purchasing organization.

Type of Products to be handled or wholesaled by firm:

Checkboxes for product types: Legend Pharmaceuticals, Supplies or Devices, Poisons or Chemicals, Controlled Substances, Other: SEE ATTACHED LIST, Hypodermic Devices, Veterinary Legend Drugs.

MB 8/24/18

RR

**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 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: Patheon Pharmaceuticals Inc.

Physical Address: 2110 E. Galbraith Rd

City: Cincinnati State: OH Zip Code: 45237

Telephone Number: 513-948-9111 Fax Number: 513-948-7393

Toll Free Number: N/A

E-mail: David.leuck@patheon.com Website: www.patheon.com

Facility Manager: David Leuck

Professional qualifications and experience of facility manager: See Attachment C

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

Pharmacies                       Practitioners                       Hospitals                       Wholesalers  
 Other: Pharmaceutical Companies

**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) See Attachment B  
 Other: over-the-counter drugs



**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 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: Prasco, LLC DBA Prasco Laboratories

Physical Address: 7160 Industrial Row Drive

City: Mason State: OH Zip Code: 45040

Telephone Number: (513) 618-3333 Fax Number: (513) 618-3334

Toll Free Number: (877) 525-0688

E-mail: PRA@slsny.com Website: www.prasco.com

Facility Manager: Bradley O. Parkhurst

Professional qualifications and experience of facility manager: Working for Prasco, LLC since 2012.  
 Currently a warehouse supervisor leading distribution staff, inventory counts, audits and day to day operations in receiving, order fulfillment and shipping.

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

- Pharmacies       Practitioners       Hospitals       Wholesalers  
 Other: US 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: \_\_\_\_\_

TT

**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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input checked="" type="checkbox"/> Partnership - Pages 1,2,3,7
<input 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: Sharps Compliance, Inc

Physical Address: 1544 NE Loop

City: Carthage State: Tx Zip Code: 75633

Telephone Number: 903-693-2525 Fax Number: 713-660-3566

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

E-mail: dmartin@sharpsinc.com Website: www.sharpsinc.com

Facility Manager: David Martin

Professional qualifications and experience of facility manager: See attached

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

Pharmacies       Practitioners       Hospitals       Wholesalers  
 Other: Long Term Care Facilities

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



UU

### 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 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: Tanvex BioPharma USA, Inc.

Physical Address: 10421 Pacific Center Court, #100

City: San Diego State: CA Zip Code: 92121

Telephone Number: 858-210-4132 Fax Number: 858-210-4190

Toll Free Number: N/A

E-mail: license@tanvex.com Website: www.tanvex.com

Facility Manager: Kevin Kai Wen Yang

Professional qualifications and experience of facility manager: See attached

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

- Pharmacies       Practitioners       Hospitals       Wholesalers
- Other: Specialty Distributors, Specialty Pharmacies, and LTC'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: \_\_\_\_\_

WV

**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 or  Ownership Change (Provide current license number if making changes: **WH 01618**)  
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: X-GEN Pharmaceuticals, Inc.

Physical Address: 300 Daniel Zenker Drive

City: Horseheads State: NY Zip Code: 14845

Telephone Number: 607-562-2700 Fax Number: 607-562-2760

Toll Free Number: N/A

E-mail: XGP@slny.com Website: www.x-gen.us

Facility Manager: James Baileys

Professional qualifications and experience of facility manager: \_\_\_\_\_  
Director of Operations at X-GEN Pharmaceuticals. Please see attached Resume for experience.

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

Pharmacies       Practitioners       Hospitals       Wholesalers  
 Other: Manufacturers and Distributors.

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

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

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

**FACILITY INFORMATION**

Facility Name: Belle Oak Bracing, Inc.

Physical Address: 3900 Belle Oak Blvd. Suite 101, Largo, FL 33771  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3900 Belle Oak Blvd. Suite 101

City: Largo State: FL Zip Code: 33771

Telephone: 727-400-6113 Fax: 727-400-6139

E-mail: info@belleoakbracinginc.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 5 Sat: N/A to Sun: N/A to Holidays: N/A to

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

Name: VINCENT BROWN

**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 Prosethics |
| <input type="checkbox"/> Diabetic Supplies           | Other: <u>OFF THE SHELF 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: \_\_\_\_\_

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

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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 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 1,2,3,5	<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: Cintas Corporation No. 2

Physical Address: 6800 Cintas Blvd. Mason, OH 45040  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 6800 Cintas Blvd.

City: Mason State: OH Zip Code: 45040

Telephone: 513-701-2788 Fax: N/A

E-mail: monastra@cintas.com Website: www.cintas.com

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

Mon: 6:30 to 11:30 Tue: 6:30 to 11:30 Wed: 6:30 to 11:30 Thu: 6:30 to 11:30

Fri: 6:30 to 11:30 Sat: ~~to~~ Sun: ~~to~~ Holidays: ~~to~~

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

Name: Robert Monast

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

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Gases**             | <input checked="" 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: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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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 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 1,2,3,5	<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: Cintas Corporation No. 2 #169

Physical Address: 1200 Del Paso Rd. Suite 130 Sacramento, CA 95834  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 6800 Cintas Blvd. (Attn: Valeria Naymark - 659)

City: Mason State: OH Zip Code: 45050

Telephone: 513-573-3969 Fax: N/A

E-mail: naymarkv@cintas.com Website: www.cintas.com

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

Mon: 6am to 5pm Tue: 6am to 5pm Wed: 6am to 5pm Thu: 6am to 5pm

Fri: 6am to 5pm Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

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

Name: Luke Howard

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

- Medical Gases\*\* *emergency oxygen only. Please see explanation on the cover letter*
  - Respiratory Equipment\*\*
  - Life-sustaining equipment\*\*
  - Diabetic Supplies
  - Assistive Equipment
  - Parenteral and Enteral Equipment\*\*
  - Orthotics and Prosthesis
- 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: \_\_\_\_\_

22

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)**

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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: Durable Medical Supply, Inc.

Physical Address: 720 Glynn St N Suite D-1  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 720 Glynn St N Suite D-1

City: Fayetteville State: GA Zip Code: 30214

Telephone: (770) 719-9998 Fax: (770) 719-9970

E-mail: durablemedicalsupply@onebox.com Website: www.durablemedicalsupplyinc.com

**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: --- to --- Sun: --- to --- Holidays: --- to ---

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

Name: Simon Orobor

**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: n/a Telephone: n/a

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.

Form with checkboxes for New MDEG, Ownership Change, Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, and Sole Owner. Includes a note to check boxes for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Electrical Geodesics, Inc.

Physical Address: 500 East 4th Avenue, Suite 200, Eugene, OR 97401 (This must be a business address, we can not issue a license to a home address)

Mailing Address: Philips Healthcare, Attn: Beth C. Rogers, 3000 Minuteman Road

City: Andover State: MA Zip Code: 01810

Telephone: 541-687-7962 Fax: 541-687-7963

E-mail: Julie.fellows@philips.com Website: https://www.philips.com/a-w/about/news/home.html

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 AM to 5 PM Tue: 8 AM to 5 PM Wed: 8 AM to 5 PM Thu: 8 AM to 5 PM Fri: 8 AM to 5 PM Sat: Closed to Closed Sun: Closed to Closed Holidays: Closed to Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Julie L. Fellows

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

- Medical Gases\*\* Assistive Equipment
Respiratory Equipment\*\* Parenteral and Enteral Equipment\*\*
Life-sustaining equipment\*\* Orthotics and Prosthesis
Diabetic Supplies Other: Prescription and Non- Prescription Medical 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:

N/A

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

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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 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: Essential HME

Physical Address: 2831 Camino Del Rio S #110  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2831 Camino Del Rio S #110

City: San Diego State: CA Zip Code: 92108

Telephone: 1-844-646-0578 Fax: 1-888-821-4251

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

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

Mon: 8:30am to 3pm Tue: 8:30am to 3p.m. Wed: 8:30am to 3p.m. Thu: 8:30am to 3p.m.

Fri: 8:30am to 3p.m. Sat: to Closed Sun: to Closed Holidays: to Closed

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

Name: Nessa Nejat

**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>Off The Shelf 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: \_\_\_\_\_



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.

Application form with checkboxes for New MDEG, Ownership Change, Publicly Traded Corporation, Partnership, Sole Owner, etc.

FACILITY INFORMATION

Facility Name: RGH Enterprises, Inc. known in MO as HHI Enterprises, Inc. dba Independence Medical

Physical Address: 12600 NE 40th Street, Suite 100, Kansas City, MO 64161

Mailing Address: 7000 Cardinal Place, Attn:QRA - Cynthia Rhodes

City: Dublin State: OH Zip Code: 43017

Telephone: 614-553-3076 Fax: 614-652-0674

E-mail: Licensure@cardinalhealth.com Website: www.indemed.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30am to 5:00pm Tue: 8:30am to 5:00pm Wed: 8:30am to 5:00pm Thu: 8:30am to 5:00pm
Fri: 8:30am to 5:00pm Sat: Closed Sun: Closed Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Donald Hazelwood

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: Disposable Medical 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: N/A Telephone:

DDP

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.

Application form with checkboxes for ownership types: New MDEG, Ownership Change, Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, Sole Owner.

FACILITY INFORMATION

Facility Name: Integrated Sleep Resources, Inc dba Integrated CareGroup

Physical Address: 10551 Barkley St., Suite 106, Overland Park, KS 66212

Mailing Address: 10551 Barkley St., Suite 106

City: Overland Park State: KS Zip Code: 66212

Telephone: 913-942-0152 Fax: 844-648-7792

E-mail: awidau@integratedcaregroup.com Website:

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30am to 5:00pm Tue: 8:30am to 5:00pm Wed: 8:30am to 5:00pm Thu: 8:30am to 5:00pm
Fri: 8:30am to 5:00pm Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Amy Widau

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 ONLY, Mail order only, No patient contact required

\*\*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:

EEE

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)

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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 checked="" 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: In-Step Mobility Products

Physical Address: 8048 Monticello Skokie IL 60076  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 8048 Monticello Skokie IL 60076

City: SKOKIE State: IL Zip Code: 60076

Telephone: 847-676-1275 Fax: 847-676-1202

E-mail: crabinowitz@ustep.com Website: Ustep.Com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 9A to 4P Sat: — to — Sun: — to — Holidays: — to —

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jonathan Miller - President

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>WALKERS</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: \_\_\_\_\_

FFF

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

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Form with checkboxes for New MDEG, Ownership Change, Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, Sole Owner. Includes instruction to check box for type of ownership.

FACILITY INFORMATION

Facility Name: Lingraphicare America, Inc.

Physical Address: 103 Carnegie Center, Ste. 104 (This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME AS ABOVE

City: Princeton State: NJ Zip Code: 08540

Telephone: 609-275-1300 Fax: 609-275-1311

E-mail: insurance@lingraphica.com Website: www.aphasia.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: to Tue: to Wed: to Thu: to Fri: to Sat: to Sun: to Holidays: to 8:30a-5pm

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Kristen Beal

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: Speech generating device.

\*\*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: Kristen Beal Telephone: 609-275-1300

GGG

**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

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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: Onduo, LLC

Physical Address: 55 Chapel Street, Suite 10 Newton, MA 02458  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 55 Chapel Street, Suite 10

City: Newton State: MA Zip Code: 02458

Telephone: 833-446-6386 Fax: \_\_\_\_\_

E-mail: Legal@onduo.com Website: www.onduo.com

**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: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

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

Name: Patrick Cunningham, VP of Commercial Development

**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 checked="" 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: \_\_\_\_\_

HHH

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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Application form section with checkboxes for 'New MDEG', 'Ownership Change', 'Publicly Traded Corporation', 'Non Publicly Traded Corporation', 'Partnership', and 'Sole Owner'. Includes a note to check boxes for ownership type.

FACILITY INFORMATION

Facility Name: OrthoPro of Twin Falls, Inc.

Physical Address: 1437 Parkview Dr, Suite 200 (This must be a business address, we can not issue a license to a home address)

Mailing Address: same

City: Twin Falls State: ID Zip Code: 83301

Telephone: 208-733-0505 Fax: 208-735-2117

E-mail: staceyj@orthoprotwinfalls.com Website: orthoprotwinfalls.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 to 5 Tue: 8:30 to 5 Wed: 8:30 to 5 Thu: 8:30 to 5 Fri: 8:30 to 5 Sat: closed to Sun: closed to Holidays: closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Michael Johnson

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

\*\*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

**NEVADA STATE BOARD OF PHARMACY**

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

111

**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: WellDyneRx-FL

Physical Address: 500 Eagles Landing Drive  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 500 Eagles Landing Drive

City: Lakeland State: FL Zip Code: 33810

Telephone: 888-479-2000 X 6523 Fax: 863-393-0074

E-mail: administration@welldynrx.com Website: www.welldynrx.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 **\*\*CLOSED Sat/Sun Pharmacist on call 24/7 with access to patient records\*\***

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

Name: Joseph Fleischman Pharmacist in Charge

**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 checked="" 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: \_\_\_\_\_

JJ

**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: Westside Medical Bracing, Inc.

Physical Address: 39029 Country Road 54, Zephyrhills, FL, 33542  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 39029 County Road 54

City: Zephyrhills State: FL Zip Code: 33542

Telephone: 813-702-6219 Fax: 813-702-6276

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

**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: n/a to n/a Sun: n/a to n/a Holidays: n/a to n/a

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

Name: Michael Viscusi

**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>Off the shelf 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: \_\_\_\_\_



PHO

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)**

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 Pharmacy or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: PH____ Check <u>box</u> below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.	
<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,10,11a&b <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b	<input type="checkbox"/> Partnership - Pages 1,2,6,10,11a&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: Costco Pharmacy #1320

Physical Address: 3411 Saint Rose Pkwy

City: Henderson State: NV Zip Code: 89052

Telephone: (425) 313-6504 Fax: (425) 313-6922

Toll Free Number: 1 (800) 774-2678 E-mail: mtranly@costco.com

Website: www.costco.com

Managing Pharmacist: Grace Lee License Number: 18622

TYPE OF PHARMACY	AND	SERVICES PROVIDED
Yes/No		Yes/No
<input checked="" type="checkbox"/> <input 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 type="checkbox"/> <input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<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		

LL

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: SOUTHWEST SPECIALTY PHARMACY LLC

Physical Address: 8170 S. EASTERN AVE #10

City: LAS VEGAS State: NV Zip Code: 89123

Telephone: (702) 929-2229 Fax: (702) 929-2951

Toll Free Number: N/A E-mail: SWRXLV@gmail.com

Website: WWW.SWRXLV.COM

Managing Pharmacist: JOAN TRAN License Number: 16957 ✓

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No		Yes/No	
<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/> Mail Service
<input checked="" type="checkbox"/>	<input type="checkbox"/> Community	<input type="checkbox"/>	<input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/>	<input checked="" type="checkbox"/> Other: _____	<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

MMN

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: Well Care Pharmacy

Physical Address: 3312 W. Charleston Blvd.

City: Las Vegas State: NV Zip Code: 89102

Telephone: 702-410-7825 Fax: 702-946-0409

Toll Free Number: n/a E-mail: n/a

Website: www.mywellcarepharmacy.com

Managing Pharmacist: marcelino Casal License Number: 13672

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No	Yes/No
<input checked="" type="checkbox"/> <input 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 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 type="checkbox"/> <input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community	<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____	<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

NNN

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.

Form with checkboxes for New MDEG, Ownership Change, Name Change, Location Change and license number MW00547.

Form with checkboxes for Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, Sole Owner and instructions to check ownership type.

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Agiliti Health, Inc.

Physical Address: 7061 W. Arby Avenue 100 (This must be a business address, we can not issue a license to a home address)

Mailing Address: Same as above

City: Las Vegas State: NV Zip Code: 89113

Telephone: 702 914-2601 Fax: 702 914-2099

E-mail: Website: www.agilitihealth.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 4:30pm Tue: 8 to 4:30pm Wed: 8 to 4:30pm Thu: 8 to 4:30pm

Fri: 8 to 4:30pm Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Freddy Perez

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: specialty support services

\*\*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: Freddy Perez Telephone: 702-544-4143

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# 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 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 to be completed by all types of ownership

MDEG Name: Cintas Corporation No. 2 (#187)

Physical Address: 730 Valle Verde Dr. Henderson, NV 89014  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Attn: Valeria Naymark 659  
6800 Cintas Blvd.

City: Mason State: OH Zip Code: 45050

Telephone: 513-573-3969 Fax: N/A

E-mail: naymarkv@cintas.com Website: www.cintas.com

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

Mon: 7am to 5pm Tue: 7am to 5pm Wed: 7am to 5pm Thu: 7am to 5pm

Fri: 7am to 5pm Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

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

Name: Darren Castro

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Medical Gases** <i>please see explanation on the cover letter</i> | <input checked="" 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: \_\_\_\_\_ Telephone: \_\_\_\_\_