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.

May Pharmacy or Flownership Chan	(D		
☑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			
☐ 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 comp	leted	by all type	s of ownership
Pharmacy Name: ASAP PHARMACY,			
Physical Address: 1361 MAIN ST. DUN	NEDIN,	FLORIDA	34698
Mailing Address: 1361 MAIN ST. DUNE	EDIN, I	FLORIDA 3	34698
City: DUNEDIN	_ State	e: FL	Zip Code: 34698
Telephone: 727-281-8242	_Fax:	727-281-8	3289
Toll Free Number: 727-281-8289		_ (Require	d per NAC 639.708)
		Website:	
Managing Pharmacist: ERICA LESTINI			
TYPE OF PHARMACY	AND	SE	RVICES PROVIDED
Yes/No		Yes	s/No
☑ ☐ Retail			☐ Off-site Cognitive Services
□  Hospital (# beds	)		
□ ☑ Internet			☑ Parenteral (outpatient)
□ ☑ Ņuclear			☐ Outpatient/Discharge
☐ ☑ Ambulatory Surgery (	Center	(X)	☑ Mail Service
☑ □ Community			☑ Long Term Care
□ ☑ Other:			☑ Sterile Compounding **
			☑ Non Sterile Compounding
All boxes must be checked			_ /
For the application to be com	plete		Other Services:
	•		

A

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

## 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: Metro Drugs Hoboken,			
Physical Address: 79 Hudson Street, Hoboken, New Jersey 07030			
Mailing Address: 79 Hudson Street			
City: Hoboken	State: Nev	Jersey	Zip Code. 07030
Telephone: 201-253-1100			
Toll Free Number: 1-888-475-2388	(Red	ired per l	NAC 639 708)
E-mail: Roberts@metrodrugs.com	Web	te: www.	metrodrugs.com
Managing Pharmacist: Robert			License Number: 28RI03080800
TYPE OF PHARMACY			ES PROVIDED
Yes/No	7.110	Yes/No	<u> </u>
⊠ □ Retail			ff-site Cognitive Services
☐ ☑ Hospital (# beds	)		arenteral **
□ Ø Internet			arenteral (outpatient)
□ 🗹 Nuclear			utpatient/Discharge
☐	Center	☑ □ M	ail Service
☐ ☑ Community			ong Term Care
□ ☑ Other:			terile Compounding **
		100	on Sterile Compounding
All boxes must be checked			ail Service Sterile Compounding **
For the application to be co	mplete		ther Services:

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

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 comp	leted l	by all type	s o	f ownership
Pharmacy Name: Motto Pharmacy Inc.				
Physical Address: 4152 W Blue Heron Blvd Suite 129 Riviera Beach FL 33404				
Mailing Address: 4152 W Blue Heron Bl	lvd Su	ite 129		
City: Riviera Beach	State	e: FL		Zin Code: 33404
Telephone: <u>561-881-0022</u>				
Toll Free Number: 866-204-5008	•			· · · · · · · · · · · · · · · · · · ·
E-mail: MottoFLrx@gmail.com		_ (required Website:		
Managing Pharmacist: Howard A Friedr	nan	website.		
				License Number: PS27147
TYPE OF PHARMACY	AND	<u>SE</u>	RV	ICES PROVIDED
Yes/No		Yes	s/No	
<b>√</b> □ Retail				Off-site Cognitive Services
□ ☑ Hospital (# beds	)			Parenteral **
□ ☑ Internet			Ø	Parenteral (outpatient)
□ ☑ Nuclear				Outpatient/Discharge
☐ ☐ Ambulatory Surgery C	Center	Ø		Mail Service
				Long Term Care
□ ☑ Other:				Sterile Compounding **
				Non Sterile Compounding
All boxes must be checked				Mail Service Sterile Compounding **
For the application to be comp	olete			Other Services:

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

C

## O

### **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 to ☑ Publicly Traded (	or <b>Downership Chang</b> e (Provide cu or type of ownership and complete all or Corporation – Pages 1,2,3,7 ded Corporation – Pages 1,2,4,7	☐ Partnership - Pages 1.2.5.7	
GENERAL INFOR	RMATION to be completed by all	ll types of ownership	
Pharmacy Name:	Onderso Decides 1/1/2 Oct. D		
Physical Address:	Address: 7159 Corklan Drive, Flagler Center 300, Suites 100 and 110		
Mailing Address:	Mailing Address: 7159 Corklan Drive, Flagler Center 300, Suites 100 and 110		
City: Jacksonville	e State: FL	L Zip Code: 32258	
Telephone: 904-4	123-4214 Fax: 800-		
	800-788-4863 (Red		
E-mail: orxpharmlic@optum.com Website: www.optumrx.com			
Managing Pharmacist: Smita H. Patel License Number: PS36193 (FL)			
TYPE OF PHARMACY AND SERVICES PROVIDED			
Yes/N	No	Yes/No	
	⊠ Retail	□ ⊠ Off-site Cognitive Services	
	☑ Hospital (# beds)	□ ⊠ Parenteral **	
	☑ Internet	□ ⊠ Parenteral (outpatient)	
	⊠ Nuclear	□ ⊠ Outpatient/Discharge	
	☑ Ambulatory Surgery Center	□ ⊠ Mail Service	
Į.	☑ Community	□ ☑ Long Term Care	
	Other: Non-Dispensing Pharmacy	□ Sterile Compounding **	
		□ ☑ Non Sterile Compounding	
	xes must be checked	☐ ■ Mail Service Sterile Compounding **	
For th	ne application to be complete	□ Other Services: See Attached Description	

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



## 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 Jacksonville, Florida 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
- consultation with practitioner regarding interpretation or clarification of the prescription and date in patient profile
- telephonic patient counseling by a Florida registered pharmacist
- resolution of claim adjudication issues.

This Florida 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.



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Application must be printed legibly or typed

☑New Pharmacy or ☐Ownership Change (Prov Check box below for type of ownership and comple ☐ Publicly Traded Corporation – Pages 1,2,3,7	ete all required forms.		
☑ Non Publicly Traded Corporation – Pages 1,2,3,7	☐ Partnership - Pages 1,2,5,7  7 ☐ Sole Owner – Pages 1,2,6,7		
GENERAL INFORMATION to be completed by			
Pharmacy Name: Gabiga-Jordan, LLC d/b/a P	Pharmacy Care Providers of Georgia		
Physical Address: 4046 Jimmie Dyess Pkwy St	e 100		
Mailing Address: 4046 Jimmie Dyess Pkwy Ste 100			
City: Augusta State	: _GA Zip Code:30907		
Telephone:			
Toll Free Number: 855-612-1390	(Required per NAC 639.708)		
<b>-</b>	Website: N/A		
Managing Pharmacist:Ruth Hampton	License Number: RPH017527		
TYPE OF PHARMACY AND	SERVICES PROVIDED		
Yes/No	Yes/No		
□ Retail	☐ ☑ Off-site Cognitive Services		
□       □ Hospital (# beds)	☐ ☒ Parenteral **		
□ 図 Internet	□ 図 Parenteral (outpatient)		
□ 🖾 Nuclear	□ ဩ Outpatient/Discharge		
□ ☑ Ambulatory Surgery Center	⊠ Mail Service		
☑ □ Community	☐ ☑ Long Term Care		
□ ⊠ Other:	☐ ☑ Sterile Compounding **		
	□ ► Non Sterile Compounding		
All boxes must be checked	☐		
For the application to be complete	□ ☑ Other Services:		
416			

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



431 W Plumb Lane - Reno, NV 89509

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

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© Non Publicly Traded Corporation – Pages 1,2,3,7  ☐ Non Publicly Traded Corporation – Pages 1,2,4,7	all required forms		
GENERAL INFORMATION to be completed by all types of ownership			
Pharmacy Name: UBC Pharmacy			
Physical Address: 4700 N Hanley, Suite B, Saint Lo	puis, MO, 63134		
Mailing Address: 4700 N Hanley, Suite B			
City: Saint Louis State:	MO Zip Code: 63134		
Telephone: (314) 452 7475 Fax: (8			
Toll Free Number:(855) 822 7948(	Required per NAC 639.708)		
E-mail: therese.twomey@ubc.com			
Managing Pharmacist: Katherine Therese Twomey	License Number:41391		
TYPE OF PHARMACY AND	SERVICES PROVIDED		
Yes/No	Yes/No		
☑ □ Retail	□ M Off-site Cognitive Services		
☐ ☑ Hospital (# beds)	□ ☑ Parenteral **		
□ ☑ Internet	□ ☑′ Parenteral (outpatient)		
□ ☑ Nuclear	□ ☑ Outpatient/Discharge		
☐ ☑ Ambulatory Surgery Center	☑ □ Mail Service		
□ ☑ Community	□ ☑ Long Term Care		
□	□ ☑ Sterile Compounding **		
	□ ☑ Non Sterile Compounding		
All boxes must be checked	☐ Mail Service Sterile Compounding **		
For the application to be complete	□ ☑ Other Services:		

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

431 W Plumb Lane - Reno, NV 89509

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Mou Phormany on Town II of			
☑New Pharmacy or <b>☐Ownership Chang</b> e (Provide current license number if making changes: PH Check box below for type of ownership and complete all required forms.			
Publicly Traded Cornoration - Pages 1 2 3 7			
☐ Non Publicly Traded Corporation — Page	es 1,2,4,7		
GENERAL INFORMATION to be comp	pleted by all types of ownership		
Pharmacy Name: Value Specialty Pharma	nacy, LLC		
Physical Address: 1333 Plank Road, Suit	ite 200		
Mailing Address: _ 1333 Plank Road, SUite	te 200		
City: Duncansville	State: _PA Zip Code:16635		
Telephone: _855-265-8008			
Toll Free Number: <u>855-265-8008</u>	(Required per NAC 639.708)		
E-mail:_nryan@valuedrugco.com	Website: www.vsprx.com		
Managing Pharmacist: Natalie M. Ryan	License Number: RP446468		
TYPE OF PHARMACY	AND SERVICES PROVIDED		
Yes/No	Yes/No		
□ ☑ Retail	□		
□ ☑ Hospital (# beds			
□ ☑ Internet	☐ ☐ Parenteral (outpatient)		
□ 🗘 Nuclear	□ ☑ Outpatient/Discharge		
□ □ □ Ambulatory Surgery C			
☐ ☑ Community	□ ☑ Long Term Care		
☑ □ Other: Specialty	□ ☑ Sterile Compounding **		
	□ ☑ Non Sterile Compounding		
All boxes must be checked	☐ ☑ Mail Service Sterile Compounding **		
For the application to be comp	nplete   Other Services:		

G

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



431 W Plumb Lane - Reno, NV 89509

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

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Application must be printed legibly or typed

☐New Pharmacy or Check box below for	r <b>⊠Ownership Chang</b> e (Pro type of ownership and compl	ovide current l lete all requi	icense number if making changes: PH 03412
☐ Publicly Traded C	orporation – Pages 1,2,3,7 led Corporation – Pages 1,2,4		Partnership - Pages 1,2,5,7
☐ Non Publicly Trad	ed Corporation – Pages 1,2,4	!,7 🔟	Sole Owner – Pages 1,2,6,7
GENERAL INFORI	MATION to be completed	by all type	s of ownership
Pharmacy Name:	AAA COMMUNITY PHARMACY	,	
Physical Address:	7921 WESTMINSTER BLVD		
Mailing Address: 7921 WESTMINSTER BLVD.			
City: WESTMINSTER	R Stat	e: <u>CALIFO</u> F	ZNIA Zip Code: 92683
	8-6888 Fax:		
Toll Free Number:	888-666-0646	_ (Required	d per NAC 639.708)
E-mail: PINGONUSA	@GMAIL.COM	Website:	N/A
Managing Pharmac	cist: MICHAEL DEPADUA CAF	RLOS	License Number: 63254
TYPE	OF PHARMACY AND	SE	RVICES PROVIDED
Yes/N	0	Yes	s/No
□ □	] Retail		☑ Off-site Cognitive Services
	Hospital (# beds)		☑ Parenteral **
	Internet		☑ Parenteral (outpatient)
	Nuclear		☑ Outpatient/Discharge
	Ambulatory Surgery Center	X	☐ Mail Service
⊠ □	Community		
	Other:	_ 🗆	Sterile Compounding **
			□ Non Sterile Compounding
All box	res must be checked		
For the	e application to be complete		☑ Other Services:
k*1f 1 1			

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

## I

### **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 <b>Ownership Change</b> (Provide cui	
Check box below for type of ownership and complete all r	rent license number if making changes: PH
☐ Publicly Traded Corporation — Pages 1 2 3 7	F Portnorchin Porce 1257
☐ Non Publicly Traded Corporation – Pages 1,2,4,7	Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be completed by all t	types of ownership
Pharmacy Name: <u>Smart Script Pharm</u>	acy
Physical Address: 4041 State Road 91,	suite B
Mailing Address: (Same as above)	
City: Oshkosh State: V	Ul Zip Code: _ 54904
Telephone: <u>844-47.6 - 2781</u> Fax: <u>84</u> L	1-245-7075
Toll Free Number: 844-476-2781 (Req	uired per NAC 639.708)
E-mail: patti. Luedtke asmartscript Pharmacy.com Webs	ite: www.smartscriptpharmacy.com
Managing Pharmacists Palasias 111 ad 146	
iviality ing Filannacist: <u>Patricia</u> Lueate	License Number: <u>//៤</u> 57-40 ω <u>Τ</u>
Managing Pharmacist: Patricia Luedtke  TYPE OF PHARMACY AND	License Number: <u>//៤57-40</u> ω <u>Τ</u> SERVICES PROVIDED
	SERVICES PROVIDED
TYPE OF PHARMACY AND	SERVICES PROVIDED Yes/No
TYPE OF PHARMACY AND Yes/No	SERVICES PROVIDED  Yes/No  □ ☑ Off-site Cognitive Services
TYPE OF PHARMACY AND  Yes/No  □ ☒ Retail	Yes/No  □ ☑ Off-site Cognitive Services □ ☑ Parenteral **
TYPE OF PHARMACY AND  Yes/No  □ ☒ Retail □ ☒ Hospital (# beds)	Yes/No  □ ☑ Off-site Cognitive Services □ ☑ Parenteral ** □ ☑ Parenteral (outpatient)
TYPE OF PHARMACY AND  Yes/No  □ ☒ Retail □ ☒ Hospital (# beds) □ ☒ Internet □ ☒ Nuclear	Yes/No  □ ☑ Off-site Cognitive Services □ ☑ Parenteral ** □ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge
TYPE OF PHARMACY AND  Yes/No  □ ☒ Retail □ ☒ Hospital (# beds) □ ☒ Internet □ ☒ Nuclear	Yes/No  ☐ ☑ Off-site Cognitive Services ☐ ☑ Parenteral ** ☐ ☑ Parenteral (outpatient) ☐ ☑ Outpatient/Discharge ☑ Mail Service
TYPE OF PHARMACY AND  Yes/No  □ ☒ Retail □ ☒ Hospital (# beds) □ ☒ Internet □ ☒ Nuclear □ ☒ Ambulatory Surgery Center	Yes/No  □ ☑ Off-site Cognitive Services □ ☑ Parenteral ** □ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge ☑ Mail Service □ ☑ Long Term Care
TYPE OF PHARMACY AND  Yes/No  □ ☒ Retail □ ☒ Hospital (# beds) □ ☒ Internet □ ☒ Nuclear □ ☒ Ambulatory Surgery Center ☒ □ Community	Yes/No  ☐ ☒ Off-site Cognitive Services ☐ ☒ Parenteral ** ☐ ☒ Parenteral (outpatient) ☐ ☒ Outpatient/Discharge ☒ ☐ Mail Service ☐ ☒ Long Term Care ☐ ☒ Sterile Compounding **
TYPE OF PHARMACY AND  Yes/No  □ ☒ Retail □ ☒ Hospital (# beds) □ ☒ Internet □ ☒ Nuclear □ ☒ Ambulatory Surgery Center ☒ □ Community	Yes/No  ☐ Ø Off-site Cognitive Services ☐ Ø Parenteral ** ☐ Ø Parenteral (outpatient) ☐ Ø Outpatient/Discharge Ø ☐ Mail Service ☐ Ø Long Term Care ☐ Ø Sterile Compounding ** Ø ☐ Non Sterile Compounding
Yes/No  ☐ ☒ Retail ☐ ☒ Hospital (# beds) ☐ ☒ Internet ☐ ☒ Nuclear ☐ ☒ Ambulatory Surgery Center ☒ ☐ Community ☐ ☒ Other:	Yes/No  ☐ Ø Off-site Cognitive Services ☐ Ø Parenteral ** ☐ Ø Parenteral (outpatient) ☐ Ø Outpatient/Discharge Ø ☐ Mail Service ☐ Ø Long Term Care ☐ Ø Sterile Compounding ** Ø ☐ Non Sterile Compounding

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

J

### **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

New Wholesaler or □Ownership Change (Provide current license number if making changes: WHCheck 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: Acer Therapeutics Inc.
Physical Address: One Gateway Center, Ste. 351, 300 Washington St., Newton, MA 02458
City: Newton State: MA Zip Code: 02458
Telephone Number: 844-902-6100 Fax Number: N/A
Toll Free Number: 844-902-6100
E-mail: statelicensing@acertx.com Website: www.acertx.com
Facility Manager: Nancy Duarte-Lonnroth
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 Pharmacies
Type of Products to be handled or wholesaled by firm:
<ul> <li>☑ Legend Pharmaceuticals, Supplies or Devices</li> <li>☐ Poisons or Chemicals</li> <li>☐ Controlled Substances (include copy of DEA)</li> <li>☐ Other:</li></ul>



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

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: Acorda Therapeutics, Inc.
Physical Address: 420 Saw Mill River Road
City: Ardsley State: NY Zip Code: 10502
Telephone Number: 914-347-4300 Fax Number: 914-347-4560
Toll Free Number: N/A
E-mail: dsenatore@acorda.com Website: www.acorda.com
Facility Manager: Donna A. Senatore
Professional qualifications and experience of facility manager: Responsible for overall management of trace and specialty customer contracts and communications ensuring alignment and coordination with distribution and channe
management strategy. Over 20 years of experience.  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:
<ul> <li>✓ Legend Pharmaceuticals, Supplies or Devices</li> <li>☐ Poisons or Chemicals</li> <li>☐ Veterinary Legend Drugs</li> <li>☒ Controlled Substances (include copy of DEA) NA - See Attachment B</li> <li>☐ Other:</li> </ul>

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

New Wholesaler or □Ownership Change (Prov Check <u>box</u> below for type of ownership and comple you have selected. If LLC use Non Public Corporat	te all required forms for type of ownership that ion 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 b	e all types of ownership
Facility Name: Agios Pharmaceuticals, Inc.	
Physical Address: 88 Sidney Street	
City: Cambridge State	: MA Zip Code: 02139
Telephone Number: 617-649-8600	
Toll Free Number: N/A	
E-mail: Steve.hoerter@agios.com	Website: www.agios.com
Facility Manager: Steven L. Hoerter	
Professional qualifications and experience of fa sales and marketing functions. Over 25 years of industry	cility manager: Chief Commercial Officer – oversees
Types of licensed outlets or authorized persons	firm will serve:
☑ Pharmacies ☐ Practitioners ☐ Other:	☐ Hospitals
Type of Products to be handled or wholesaled b	py firm:
<ul> <li>☑ Legend Pharmaceuticals, Supplies or Device</li> <li>☐ Poisons or Chemicals</li> <li>☐ Controlled Substances (include copy of DEA</li> <li>☐ Other:</li> </ul>	☐ Veterinary Legend Drugs

M

### **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

New Wholesaler or Ownership Change (Provide current license number if making changes: WHCheck 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: Authentic Medical
Physical Address: 4470 Yankee Hill Rd. Ste 100 Rocklin, CA 9567
City: Rocklin State: CA Zip Code: 95677
Telephone Number: (888) 987-7739Fax Number: (916) 644- 6015
Toll Free Number:
E-mail: 15 ouza @ authenticmed.com Website: www.authenticmed.com
Facility Manager: Ricky Souza
Professional qualifications and experience of facility manager: <u>CA designated</u> representative. Medical field work for 12 years.
Types of licensed outlets or authorized persons firm will serve:
□ Pharmacies □ Practitioners ► Hospitals ► Wholesalers □ Other:
Type of Products to be handled or wholesaled by firm:
Legend Pharmaceuticals, Supplies or <u>Devices</u> .  □ Poisons or Chemicals □ Controlled Substances (include copy of DEA) □ Other:

N

#### **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

<ul> <li>☑New Wholesaler or ☐Ownership Change (Provide current license number if making changes: WH</li> <li>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</li> <li>☐ Publicly Traded Corporation – Pages 1,2,3,4</li> <li>☐ Partnership - Pages 1,2,3,7</li> <li>☑ Non Publicly Traded Corporation – Pages 1,2,3,5,6</li> <li>☐ Sole Owner – Pages 1,2,3,8</li> </ul>
GENERAL INFORMATION to be completed be all types of ownership
Facility Name: AkaRx, Inc. dba Dova Pharmaceuticals
Physical Address: 240 Leigh Farm Rd., Suite 245
City: Durham State: NC Zip Code: _27707
Telephone Number: 919-748-5975 Fax Number: 919-748-5976
Toll Free Number:n/a
E-mail: licensing@dova.com Website: www.dova.com
Facility Manager: Mark W. Hahn
Professional qualifications and experience of facility manager: Please see attached resume.
Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies
Type of Products to be handled or wholesaled by firm:
<ul> <li>☑ Legend Pharmaceuticals, Supplies or Devices</li> <li>☐ Poisons or Chemicals</li> <li>☐ Controlled Substances (include copy of DEA)</li> <li>☐ Other:</li></ul>



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

WNow Wholosolar or Woundedin Change (D. 1)
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
GENERAL INFORMATION to be completed be all types of ownership
Facility Name: EyePoint Pharmaceuticals US, Inc.
Physical Address: 480 Pleasant Street, Suite B300
City: Watertown State: MA Zip Code: 02472
Telephone Number:617-926-5000 Fax Number:617-926-5050
Toll Free Number:N/A
E-mail: jweet@eyepointpharma.com Website: www.eyepointpharma.com
Facility Manager: John F. Weet
Professional qualifications and experience of facility manager: See Attachment A
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 ☐ Veterinary Legend Drugs ☐ Other:





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

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy (non-refundable and not transferable money order or cashier's check only) Application must be printed legibly or typed

N 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
you have selected. If LLC use Non Public C  Publicly Traded Corporation – Pages 1.2	e (Provide current license number if making changes: WHcomplete all required forms for type of ownership that orporation or Partnership  3,4
GENERAL INFORMATION to be compl	
Facility Name:Fisher BioServices, Inc.	
Physical Address: 14665 Rothgeb Drive	
City:Rockville	State: Zip Code: 20850
Telephone Number:301-315-8460	Fax Number: 301-294-4795
Toll Free Number: 240-618-1377	
E-mail: cheryl.robinson@thermofisher.com	Website: www.fisherbioservices.com
Facility Manager: Cheryl A. Robinson	
Professional qualifications and experience applicant as a Principal Investigator - Research General Pharmaceuticals Services.  Types of licensed outlets or authorized per services.	e of facility manager: Twenty-one years experience with grade Cranberry Product Development and Area Director, ersons firm will serve:
☐ Pharmacies ☐ Practitionel ☐ Other: Clinical Trial Sites	rs 🛮 Hospitals 🗀 Wholesalers
Type of Products to be handled or wholes	saled by firm:
<ul> <li>☑ Legend Pharmaceuticals, Supplies or</li> <li>☑ Poisons or Chemicals</li> <li>☑ Controlled Substances (include copy o</li> <li>☑ Other: OTC Non-Prescription Drugs</li> </ul>	Devices



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

<ul> <li>☑New Wholesaler or ☐Ownership Change (Provide current license number if making changes: WH</li> <li>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</li> <li>☐ Publicly Traded Corporation – Pages 1,2,3,4</li> <li>☐ Partnership - Pages 1,2,3,7</li> <li>☑ Non Publicly Traded Corporation – Pages 1,2,3,5,6</li> <li>☐ Sole Owner – Pages 1,2,3,8</li> </ul>
GENERAL INFORMATION to be completed be all types of ownership
Facility Name: Harmony Biosciences, LLC
Physical Address: 630 W. Germantown Pike Suite 215
City: Plymouth Meeting State: PA Zip Code: 19462
Telephone Number: (484) 539-9800 Fax Number: (610) 825-4641
Toll Free Number: N/A
E-mail: statelicenses@harmonybiosciences.com Website: www.harmonybiosciences.com
Facility Manager: Jeffrey Dierks
Professional qualifications and experience of facility manager: See attached resume
Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Other:
Type of Products to be handled or wholesaled by firm:
<ul> <li>☐ Legend Pharmaceuticals, Supplies or Devices</li> <li>☐ Poisons or Chemicals</li> <li>☐ Controlled Substances (include copy of DEA)</li> <li>☐ Other:</li> </ul>





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

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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
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7 ☐ Sole Owner – Pages 1,2,3,8
GENERAL INFORMATION to be completed be all types of ownership
Facility Name: Harris Pharmaceutical Inc.
Physical Address: 9090 Park Royal Drive
City: Fort Myers State: FL Zip Code: 33908
Telephone Number: 249-278-4749 Fax Number: 239-936-9328
Toll Free Number:
E-mail: janice @ harrispharmacenti Website: Harrispharmacentical. com
E-mail: janice Charrispharmaceuti Website: Harrispharmaceutical. com Facility Manager: Janice Harris
Professional qualifications and experience of facility manager: See attachment
Types of licensed outlets or authorized persons firm will serve:
Pharmacies
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:

S

### **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

<ul> <li>☑New Wholesaler or □Ownership Change (Pr Check <u>box</u> below for type of ownership and comp you have selected. If LLC use Non Public Corport</li> <li>□ Publicly Traded Corporation – Pages 1,2,3,4</li> <li>☑ Non Publicly Traded Corporation – Pages 1,2,</li> </ul>	ration or Partnership
GENERAL INFORMATION to be completed	be all types of ownership
Facility Name:IBSA Pharma Inc.	
Physical Address: 8 Campus Drive, Suite 201	
City: Parsippany Sta	te: NJ Zip Code: 07054
Telephone Number: 908-280-1600	
Toll Free Number: N/A	
E-mail: aldo.donati@ibsapharma.com	Website:www.ibsa-international.com
Facility Manager: Aldo Donati	
Professional qualifications and experience of	facility manager: See Attachment C
Types of licensed outlets or authorized person	ns firm will serve:
☑ Pharmacies ☐ Practitioners ☐ Other:	☐ Hospitals      Wholesalers
Type of Products to be handled or wholesaled	d by firm:
<ul><li>✓ Legend Pharmaceuticals, Supplies or Dev</li><li>☐ Poisons or Chemicals</li><li>☐ Controlled Substances (include copy of DE</li><li>☐ Other:</li></ul>	☐ Veterinary Legend Drugs

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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**

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<ul> <li>☑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</li> <li>☐ Publicly Traded Corporation - Pages 1,2,3,4</li> <li>☐ Partnership - Pages 1,2,3,7</li> <li>☑ Non Publicly Traded Corporation - Pages 1,2,3,5,6</li> <li>☐ Sole Owner - Pages 1,2,3,8</li> </ul>	-
GENERAL INFORMATION to be completed be all types of ownership	
Facility Name: Ironshore Pharmaceuticals Inc.	
Physical Address: 2370 State Route 70 West, Suite 309	
City: Cherry Hill State: NJ Zip Code: 08002	_
Telephone Number: 856-312-3170 Fax Number: 856-312-3175	_
Toll Free Number: N/A	
E-mail: don@ironshorepharma.com Website: Ironshorepharma.com	_
Facility Manager: Donald S. Allen	_
Professional qualifications and experience of facility manager: See Attachment D	_
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:	
<ul> <li>☑ Legend Pharmaceuticals, Supplies or Devices</li> <li>☐ Poisons or Chemicals</li> <li>☑ Controlled Substances (include copy of DEA) N/A - See Attachment C</li> <li>☐ Other:</li> </ul>	_





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

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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Application must be printed legibly or typed

<ul> <li>☒New Wholesaler or ☐Ownership Change</li> <li>Check box below for type of ownership and of you have selected. If LLC use Non Public Component of Publicly Traded Corporation — Pages 1,2,</li> <li>☒ Non Publicly Traded Corporation — Pages</li> </ul>	complete all required for orporation or Partnershi <sub>l</sub> 3,4	ms for type of ownership that pership - Pages 1,2,3,7
GENERAL INFORMATION to be compl	eted be all types of o	ownership
Facility Name: Innocoll Inc.	- Parker - P	
Physical Address: 3803 West Chester Pike,	Suite 190	
City: Newtown Square	State: PA	Zip Code: <u>19073</u>
Telephone Number: 484-406-5200	Fax Number:	484-406-5201
Toll Free Number: N/A		
E-mail: Tmoore@innocoll.com	Website: www.i	nnocoll.com
Facility Manager: Timothy J. Moore		
Professional qualifications and experienc	e of facility manager:	See Attachment B
Types of licensed outlets or authorized pe	ersons firm will serve:	
☐ Pharmacies ☐ Practitione ☐ Other: Surgery centers	rs 🛮 Hospi	itals   Wholesalers
Type of Products to be handled or wholes	saled by firm:	
<ul> <li>Legend Pharmaceuticals, Supplies or</li> <li>□ Poisons or Chemicals</li> <li>□ Controlled Substances (include copy of</li> <li>□ Other:</li> </ul>		Hypodermic Devices Veterinary Legend Drugs



## 1

### **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

☑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: McKesson Medical-Surgical Drc.
Physical Address: 3500 Centerpoint Drive, Ste. A
City: Urbancrest State: OH Zip Code: 43123
Telephone Number: 614-801-2900 Fax Number: 614-539-2619
Toll Free Number: NA
E-mail: Regulatory Affairs @ mckesson.com Website: WWW. mckesson.com
Facility Manager: Steve Robenolt
Professional qualifications and experience of facility manager: More than 30 years Pharmaceubica distribution experience in various aspects of operations: Transportation, Inventory, Purchasing
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:

M

### **NEVADA STATE BOARD OF PHARMACY**

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

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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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
GENERAL INFORMATION to be completed be all types of ownership
Facility Name: MD LOGISTICS, INC.
Physical Address: 2370 Perry Road
city: Plainfield State: IN zip Code: 40168
Telephone Number: (317)707-3510 Fax Number: (317)707-3219
Toll Free Number:
E-mail: CSTINSON (2) md logistics. COM Website: www. md logistics.com
Facility Manager: Tim Lawyer
Professional qualifications and experience of facility manager: 8 Years of pharmaceutica Wholesale distribution manager experience.
Types of licensed outlets or authorized persons firm will serve:
Pharmacies
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:





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

### APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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New Wholesaler or ☐Ownership Change (Provide current license number if making changes: WHCheck 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: Partner Therapeutics, Inc.
Physical Address: 19 Muzzey Street
City: Lexington State: MA Zip Code: 02141
Telephone Number: 781-218-9394 Fax Number: N/A
Toll Free Number: N/A
E-mail: John.Mulroy@partnertx.com Website: www.partnertx.com
Facility Manager: John M. Mulroy Jr.
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: Distributors, clinics, and oncology centers.
Type of Products to be handled or wholesaled by firm:
<ul> <li>☑ Legend Pharmaceuticals, Supplies or Devices</li> <li>☐ Poisons or Chemicals</li> <li>☐ Controlled Substances (include copy of DEA)</li> <li>☐ Other:</li></ul>

# Y

### **NEVADA STATE BOARD OF PHARMACY**

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

## **APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Check <u>box</u> below for t you have selected. If	□Ownership Change ype of ownership and o LLC use Non Public C rporation – Pages 1,2, d Corporation – Pages	complete orporati	e all required fo on or Partnersh	rms for type	of ownership that	
GENERAL INFORM	ATION to be compl	eted be	e all types of	<u>ownership</u>		
Facility Name: Pre	mier Dental Products					
	1710 Romano Dr  ting State: PA Zip Code: 19462  610-239-6000 Fax Number: None					
City: Plymouth Mee	eting	State:	PA	Zip C	ode: 19462	
Telephone Number:	610-239-6000		Fax Number:	None		
Toll Free Number: _	888-670-6100					
E-mail:cbraslow@p		\ \	Website: www.premusa.com			
Facility Manager:						
Professional qualifications and experience of facility manager:  Warehouse Manager at  Premier Dental Products Company, September 1981-present (36 years)						
	tlets or authorized pe					
□ Pharmacies □ Other:	☐ Practitione	rs	☐ Hosp	oitals	☑ Wholesalers	
Type of Products to I	be handled or wholes	saled by	y firm:			
✓ Legend Pharmac  ☐ Poisons or Chem	euticals, Supplies or	Device	s [		nic Devices y Legend Drugs	



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

☑New Wholesaler or ☐Ownership Change (P	Provide current license number if making changes: WH
you have selected. If LLC use Non Public Corpo	nplete all required forms for type of ownership that
☑ Publicly Traded Corporation – Pages 1,2,3,4	☐ Partnership - Pages 1.2.3.7
□ Non Publicly Traded Corporation – Pages 1,2	2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8
GENERAL INFORMATION to be complete	ed be all types of ownership
Facility Name: PTC Therapeutics, Inc.	
Physical Address: 100 Corporate Court	
City: South Plainfield Sta	tate: NJ Zip Code: 07080
Telephone Number: 908-222-7000	Fax Number: 908-222-1128
Toll Free Number: N/A	
E-mail: djones@ptcbio.com	Website: www.ptcbio.com
Facility Manager: <u>Diane Jones</u>	
Professional qualifications and experience of	of facility manager: See Attachment B
Types of licensed outlets or authorized perso	ons firm will serve:
☑ Pharmacies ☐ Practitioners ☐ Other:	
Type of Products to be handled or wholesale	ed by firm:
<ul> <li>☑ Legend Pharmaceuticals, Supplies or Develope</li> <li>☑ Poisons or Chemicals</li> <li>☑ Controlled Substances (include copy of D</li> <li>☑ Other:</li> </ul>	☐ Veterinary Legend Drugs



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

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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: Surgical Specialties Corporation					
Physical Address:1690 Brandywine Avenue, Suite A					
City: Chula Vista State: California Zip Code: 91911					
Telephone Number: 203.614.1347 Fax Number: N/A					
Toll Free Number: N/A					
E-mail:_service@surgicalspecialties.com Website: www.surgicalspecialties.com					
Facility Manager: Christopher Rispoli					
Professional qualifications and experience of facility manager: CA Designated Rep license					
Types of licensed outlets or authorized persons firm will serve:					
□ Pharmacies □ Practitioners া					
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:					



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

Thou Whater to the state of the
New Wholesaler or Ownership Change (Provide current license number if making changes: WH_02097 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
Sole Owner – Pages 1,2,3,8
GENERAL INFORMATION to be completed be all types of ownership
Facility Name:The Hilsinger Company
Physical Address: _4646 S. Overland Drive
City: <u>Tuscon</u> State: <u>AZ</u> Zip Code: <u>85714</u>
Telephone Number: _(520) 321-1262
Toll Free Number: _(800) 486-6169
E-mail: achirco@eyecareandcure.com Website: N/A
Facility Manager:Angie Chirco
Professional qualifications and experience of facility manager: <u>Angie has helped this company</u> obtain licenses from the following agencies: DEA, State Boards of Pharmacy, and the FDA
Types of licensed outlets or authorized persons firm will serve:
□ Pharmacies
Type of Products to be handled or wholesaled by firm:
<ul> <li>✓ Legend Pharmaceuticals, Supplies or Devices</li> <li>☐ Poisons or Chemicals</li> <li>☐ Controlled Substances (include copy of DEA)</li> <li>☐ Other:</li> </ul>





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

FMew Wholesaler or Flownership Change (D
Thew 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
Sole Owner - Pages 1,2,3,8
GENERAL INFORMATION to be completed be all types of ownership
Facility Name: Wortheld Distribution, UC
Physical Address: 5653 Cheekside Tarkway, Suite B
City: Lockbook State: Oth Zip Code: 43137
Telephone Number: 614)654-2444 Fax Number: 614)654-2445
Toll Free Number:
E-mail: ARUNSONE WASRY. COM Website: WWW. WASRY. COM
Facility Manager: Kevin Reynolds
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:
<ul> <li>□ Legend Pharmaceuticals, Supplies or Devices</li> <li>□ Poisons or Chemicals</li> <li>□ Controlled Substances (include copy of DEA)</li> <li>□ Other:</li> </ul>



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

	☐ Ownership Change  Please provide current license number if making changes: MP or MW)			
<ul><li>□ Publicly Traded C</li><li>☑ Non Publicly Trad</li></ul>	orporation ☐ Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Sole Owner ☐ Pages 1,2,3,7 ☐ Pages 1,2,3,7 ☐ Deck box for type of ownership and complete correct part of the application.			
FACILITY INFORM	IATION			
Facility Name:	Absolute Comfort Medical, Inc.			
Physical Address:	11350 66th Street North Suite 107 Largo, FL 33773  (This must be a business address, we can not issue a license to a home address)			
Mailing Address: _	11350 44th Chrone North Co. 1, 107			
City: Largo	State: FLZip Code: 33773			
Telephone: 727-44	-0-9471 Fax:Fax:			
E-mail:info@abso	olutecomfortmedical.com Website:			
DAYS AND HOURS	S THAT THE FACILITY WILL BE REGULARLY OPERATING			
Mon: <sup>9AM</sup> to <sup>5PM</sup>	Tue: $\frac{9AM}{to^{5PM}}$ Wed: $\frac{9AM}{to^{5PM}}$ Thu: $\frac{9AM}{to^{5PM}}$			
Fri: 9AM to <sup>5PM</sup>	Sat: to Sun: to Holidays: to			
	ATOR INFORMATION: Person in charge on a daily basis			
	ina Wexler			
TYPE OF MDEG PI	RODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)			
<ul><li>☐ Medical Gases**</li><li>☐ Respiratory Equ</li></ul>	— Nocionivo Equipment			
☐ Respiratory Equ ☐ Life-sustaining e				
☐ Diabetic Supplie	Other: Off the shelf Orthotics			
**If providing these ty	pes of services you are required to have in place a mechanism to ensure continued			
care in the event of a	n emergency. Provide name and telephone number of Nevada contact.			
Ivaille.	Telephone:			

## 23

#### **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

New MDEG □ Ownership Change (Please provide current license number if making changes: MP or MW)
☐ Publicly Traded Corporation Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation Pages 1,2,3,5 ☐ Sole Owner Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.
FACILITY INFORMATION
Facility Name: American Heath Supply Inc.
Physical Address: 1080 NE Jensen Beach Blvd Jensen Bach FL 34957 (This must be a business address, we can not issue a license to a home address)
Mailing Address: 1080 NE Johan Beach Blvd (Same AS Above)
City: Jensen Beach State: FL Zip Code: 34957
Telephone: 855-760-8957 Fax: 855-465-8682
E-mail: Aliciohernandez0311@Gmail.com Website: N/A
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 9 to 4 Tue: 9 to 4 Wed: 9 to 4 Thu: 9 to 4
Mon: 9 to 4 Tue: 9 to 4 Wed: 9 to 4 Thu: 9 to 4  Fri: 9 to 1 Sat: Closed Holidays: Closed Holidays: Closed
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Alicia Neely
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
THE OF MIDES PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosethics ☐ 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: <u>Azad Hasan</u> Telephone: <u>843-208-3334</u>
Page 1



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

Physical Address: 2908 SE LOOP 830  (This must be a business address, we can not issue a license to a home address)  Mailing Address: 2908 SE LOOP 830  City: Fort Worth State: Ty Zip Code: 76140-1019  Telephone: 817-590-8166 Fax: 817-590-8377  E-mail: Maria   eal @ Candrmedical retwebsite: Www.candrmedical net  DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING  Mon: 8 am to 4pm Tue: 8 anto 4pm Wed: 8 am to 4pm Thu: 8 anto 4pm  Fri: 8 am to 4pm Sat: Close Sun: Closed Holidays: Closed  MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis  Name: Maria E Leal Garcia  TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)  Assistive Equipment  Parenteral and Enteral Equipment**	
Non Publicly Traded Corporation - Pages 1,2,3,5   Pole Owner - Pages 1,2,3,7   Please check box for type of ownership and complete correct part of the application.    Facility Information   Facility Name: Randy L Smith dba C+R Medical	
Facility Name: Randy L Smith dba C+R Medical  Physical Address: 2908 SE Loop 830  (This must be a business address, we can not Issue a license to a home address)  Mailing Address: 2908 SE Loop 830  City: Fort Worth State: Ty Zip Code: 76140-1019  Telephone: 817-590-8166 Fax: 817-590-8271  E-mail: Maria   Pal @ Candrmedical   Network   Www. candrmedical   network    DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING  Mon: 8 am to 4pm Tue: 8 anto 4pm Wed: 8 amto 4pm Thu: 8 anto 4pm  Fri: 8 am to 4pm Sat: Close Sun: Close Holidays: Closed Sun: Close Sun: Close Sun: Close Holidays: Closed Sun: Close Sun: Close Holidays: Closed Sun: Close Sun: Close Holidays: Closed Sun: Close Sun: Close Sun: Close Holidays: Closed Sun: Close Sun: Close Holidays: Closed Sun: Close Sun: Close Holidays: Closed Sun: Close Sun: Close Sun: Close Holidays: Closed Sun: Close Sun: Close Holidays: Closed Sun: Close Sun: Close Holidays: Closed Sun: Close Sun: Close Sun: Close Holidays: Close Sun:	☐ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ Sole Owner – Pages 1,2,3,7
Physical Address: 2908 SE LOOP 830  (This must be a business address, we can not issue a license to a home address)  Mailling Address: 2908 SE LOOP 830  City: Fort Worth State: Ty Zip Code: 76146-1019  Telephone: 817-590-8166 Fax: 817-590-8377  E-mail: Maria   eal @ Candrmedical retwebsite: Www.candrmedical.net  DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING  Mon: 8 am to 4pm Tue: 8 anto 4pm Wed: 8 amto4pm Thu: 8 anto 4pm  Fri: 8 am to 4pm Sat: Close Sun: Close Holidays: Closed  MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis  Name: Maria E Leal Garcia  TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)  Medical Gases**    Assistive Equipment   Parenteral and Enteral Equipment**   Parenteral and Enteral Equipment**   Orthotics and Prosethics   Other: Urple glad   Ostomy Surgical 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.	FACILITY INFORMATION
Chis must be a business address, we can not issue a license to a home address)   Mailing Address: 2908 SE LOOP 320   City: Fort Worth	Facility Name: Randy L Smith dba C+R Medical
City: Fort Worth State: Ty Zip Code: 76140-1019  Telephone: 817-590-8166 Fax: 817-590-8271  E-mail: Maria   leal @ Candrmedical Net Website: Www. Candrmedical net  DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING  Mon: 8 am to 4pm Tue: 8 anto 4pm Wed: 8 am to 4pm Thu: 8 anto 4pm  Fri: 8 am to 4pm Sat: Closse Sun: Closse Holidays: Cl	Physical Address: 2908 SE Loop 820  (This must be a business address, we can not issue a license to a home address)
Telephone: 817-590-8166  E-mail: Maria   eal @ Candrmedical Net Website: Www.candrmedical net  DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING  Mon: 8 am to 4pm Tue: 8 anto 4pm Wed: 8 am to 4pm Thu: 8 anto 4pm  Fri: 8 am to 4pm Sat: Closed Sun: Closed Holidays: Closed  MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis  Name: Maria E Leal Garcia  TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)  Medical Gases**  Respiratory Equipment**  Respiratory Equipment**  Respiratory Equipment**  Orthotics and Prosethics  Other: Urblogical ostamy, Surgical supplication the event of an emergency. Provide name and telephone number of Nevada contact.	Mailing Address: 2908 SE Loop 820
Telephone: 817-590-8166  E-mail: Maria   eal @ Candrmedical Net Website: Www.candrmedical net  DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING  Mon: 8 am to 4pm Tue: 8 anto 4pm Wed: 8 am to 4pm Thu: 8 anto 4pm  Fri: 8 am to 4pm Sat: Closed Sun: Closed Holidays: Closed  MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis  Name: Maria E Leal Garcia  TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)  Medical Gases**  Respiratory Equipment**  Respiratory Equipment**  Respiratory Equipment**  Orthotics and Prosethics  Other: Urblogical ostamy, Surgical supplication the event of an emergency. Provide name and telephone number of Nevada contact.	City: Fort Worth State: Ty Zip Code: 76140-1019
Mon: 8 am to 4pm Tue: 8 anto 4pm Wed: 8 am to 4pm Thu: 8 anto 4pm  Fri: 8 am to 4pm Sat: Closed Sun: Closed Holidays: Closed MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis  Name: Matu E Leal Garcia  TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)  Assistive Equipment Parenteral and Enteral Equipment**  Respiratory Equipment**  Respiratory Equipment**  Corthotics and Prosethics Other: Urological, Ostomy, Surgical 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.	Telephone: 817-590-8166 Fax: 817-590-8271
Mon: 8 am to 4pm Tue: 8 anto 4pm Wed: 8 am to 4pm Thu: 8 anto 4pm  Fri: 8 am to 4pm Sat: Closed Sun: Closed Holidays: Closed MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis  Name: Matia E Leal Garcia  TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)    Medical Gases**	E-mail: Maria. leal @ Candrmedical. retvebsite: www. candrmedical. net
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis  Name: Mative E Leal Garcive  TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)    Medical Gases**	DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis  Name: Mative E Leal Garcive  TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)    Medical Gases**	Mon: 8 am to 4pm Tue: 8 anto 4pm Wed: 8 am to 4pm Thu: 8 am to 4pm
Name: Matin E Leal Garcia  TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)  □ Medical Gases** □ Assistive Equipment □ Parenteral and Enteral Equipment** □ Life-sustaining equipment** □ Orthotics and Prosethics □ Other: Urological, Ostamy, Surgical 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.	Fri: 8am to 4pm Sat: Closed Sun: Clased Holidays: Closed
Name: Matin E Leal Garcia  TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)  □ Medical Gases** □ Parenteral and Enteral Equipment** □ Life-sustaining equipment** □ Orthotics and Prosethics □ Orthotics and Prosethics □ Other: Urological, Ostamy, Surgical 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.	MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic 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: Matia E Leal-Garcia
☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic 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.	
□ Respiratory Equipment** □ Life-sustaining equipment** □ Diabetic 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.	TYPE OF MIDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Life-sustaining equipment** ☐ Orthotics and Prosethics ☐ Other: ☐ Orthotics and Prosethics ☐ Orthotics and Prosethics ☐ Orthotics and Prosethics ☐ Other:	☐ Medical Gases** ☐ Assistive Equipment
Diabetic Supplies  Other: <u>Urological</u> , <u>Ostomy</u> , <u>Surgical</u> 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.	☐ Respiratory Equipment**  ☐ Parenteral and Enteral Equipment**
care in the event of an emergency. Provide name and telephone number of Nevada contact.	☐ Life-sustaining equipment** ☐ Orthotics and Prosethics
care in the event of an emergency. Provide name and telephone number of Nevada contact.	Diabetic Supplies Other: Urological, Ostomy, Surgical suppli
	and providing these types of services you are required to have in place a mechanism to ensure continued
ramoreichibite	
Page 1	





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

□ New MDEG □ Ownership Change  (Please provide current license number if making changes: MP or MW)
☐ Partnership - Pages 1,2,3,6☐ Non Publicly Traded Corporation – Pages 1,2,3,5☐ 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: _Inspire Medical Systems, Inc.
Physical Address: Joel C. Aaberg  (This must be a business address, we can not issue a license to a home address)
Mailing Address: 9700 63rd Avenue N., Suite 200
City: Maple Grove State: MN Zip Code: 55369
Telephone: _763.205.7972
E-mail: joelaaberg@inspiresleep.com Website: www.inspire.com
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 9:00 to 5:00 Tue: 9:00 to 5:00 Wed: 9:00 to 5:00
Thu: 9:00 to 5:00 Fri: 9:00 to 5:00 Sat: closed Sun: closed Holidays: closed
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Joel C. Aaberg
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 Prosethics
☐ Diabetic Supplies ☐ Other: Implantable stimulator for sleep apnea
**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: Page 1
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### **NEVADA STATE BOARD OF PHARMACY**

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy (non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

New MDEG			
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 □ Non Publicly Traded Corporation – Pages 1,2,3,5 □ 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: ONE SOURCE MEDICAL GROUP LLC			
Physical Address: 13910 LYNMAR BLVD., TAMPA, FL 33636 (This must be a business address, we can not issue a license to a home address)			
Mailing Address: 13910 LYNMAR BLVD			
City: TAMPA State: FL Zip Code: 33626			
Telephone: <u>866-834-7473</u> Fax: <u>877-490-9111</u>			
E-mail: Bmurphy@onesourcemg.com Website: www.onesourcemedicalgroup.com/			
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING			
Mon: 8:30 to 4:00 Tue: 8:30to 4:00 Wed: 8:30 to 4:0 Thu: 8:30 to 4:00			
Fri: 8:300 4:00 Sat: to Sun: to Holidays: to			
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis			
Name: Beth Murphy			
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)			
☐ Medical Gases** ☐ Assistive Equipment			
☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Orthotics and Prosethics			
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: Barbara Defoe Telephone: 866-834-7473 Page 1			



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

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

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Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New MDEG ☐ Ownership Change (Please provide current license number if making changes: MP or MW
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 □ Non Publicly Traded Corporation – Pages 1,2,3,5 □ 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: The Spectranetics Corporation
Physical Address: 9965 Federal Drive, Colorado Springs, CO 80921  (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: 719-447-2000 Fax: 719-447-2022
E-mail: drew.hill@philips.com Website: www.spectranetics.com
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: Andrew J. Hill
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
<ul> <li>☐ Medical Gases**</li> <li>☐ Respiratory Equipment**</li> <li>☐ Parenteral and Enteral Equipment**</li> </ul>
☐ Life-sustaining equipment** ☐ Orthotics and Prosethics
☐ Diabetic Supplies  **If providing these types of services you are required to have in place a mechanism to ensure continue.
care in the event of an emergency. Provide name and telephone number of Nevada contact.  Name: Telephone:
Page 1

N/A

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### **NEVADA STATE BOARD OF PHARMACY**

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

## **APPLICATION FOR NEVADA PHARMACY LICENSE**

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Application must be printed legibly or typed

<b>-</b> NDi				
Check box below for type	of ownership and complete al	rrent lic requii	ense number if making changes: PH red forms. **If LLC use Non Public	
Corporation or Partnership				
☐ Non Publicly Traded Co	ation – Pages 1,2,3,10,11a&b	108h	<ul><li>☒ Partnership - Pages 1,2,6,10,11a&amp;b</li><li>☒ Sole Owner - Pages 1,2,8,10,11a&amp;b</li></ul>	
GENERAL INFORMATI	ON to be completed by al	Idab	Sole Owner - Pages 1,2,8,10,11a&b	_
OLIVE IN ORMATI	to be completed by al	type	s of ownership	
Pharmacy Name:B	LISS PHARMACY			
Physical Address: 6496 I	MEDICAL CENTER ST #101			
City: LAS VEGAS	State:	NV	Zip Code:89148	
	44 Fax: IN PF			
Toll Free Number: IN P	ROCESS E-m	ail: LC	GMACARAEG@YAHOO.COM	
Website: N/A				
Managing Pharmacist:	SOYOUNG EOM		License Number: 18126	
77/DE 65			- 10-	
IYPE OF I	PHARMACY AND	<u>SE</u>	RVICES PROVIDED	
Yes/No		Yes	s/No	7
□ Ret	ail		☑ Off-site Cognitive Services	
□ 💢 Hos	unital /# bada \			- 11
	spital (# beds)		Parenteral	
□ 🛛 Inte			<ul><li>✓ Parenteral</li><li>✓ Parenteral (outpatient)</li></ul>	
□ ⊠ Inte □ ⊠ Nuc	rnet	_		
□ 🔀 Nuc	rnet		Parenteral (outpatient)	
□ Þ Nuc □ Þ Amb	rnet		<ul><li>▶ Parenteral (outpatient)</li><li>☒ Outpatient/Discharge</li></ul>	
□ ⊠ Nuc □ □ X Amb □ □ X Con	rnet elear oulatory Surgery Center		<ul><li>☑ Parenteral (outpatient)</li><li>☑ Outpatient/Discharge</li><li>☑ Mail Service</li></ul>	
□ ⊠ Nuc □ □ X Amb □ □ X Con	rnet clear culatory Surgery Center nmunity		<ul> <li>▶ Parenteral (outpatient)</li> <li>☒ Outpatient/Discharge</li> <li>☒ Mail Service</li> <li>☒ Long Term Care</li> </ul>	
□ ⊠ Nuc □ □ X Amb □ □ X Con □ □ X Othe	rnet clear culatory Surgery Center nmunity		<ul> <li>☑ Parenteral (outpatient)</li> <li>☑ Outpatient/Discharge</li> <li>☑ Mail Service</li> <li>☑ Long Term Care</li> <li>☑ Sterile Compounding</li> </ul>	
□ □ Nuc □ □ X Amb □ □ X Con □ □ X Othe  All boxes me	rnet clear culatory Surgery Center nmunity er:		<ul> <li>▶ Parenteral (outpatient)</li> <li>▶ Outpatient/Discharge</li> <li>▶ Mail Service</li> <li>▶ Long Term Care</li> <li>▶ Sterile Compounding</li> <li>▶ Non Sterile Compounding</li> </ul>	

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

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Application must be printed legibly or typed

<b>.</b>					
✓New Pharmacy or □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.					
☐ 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	a&b				
GENERAL INFORMATION to be completed by all types of ownership					
Pharmacy Name: Dignity Health Rehabilitation Hospital					
Physical Address: 2390 Siena Heights Drive					
City: Henderson State: N	Zip Code: <u>89052</u>				
Telephone: <u>725-726-2000</u> Fax: <u>703-</u>	330-8072				
Toll Free Number: np E-ma	il:na				
Website: <u>Na</u>					
Managing Pharmacist: Daniel Kim	License Number: 15430				
TYPE OF PHARMACY AND	SERVICES PROVIDED				
Yes/No	Yes/No				
□ ☑ Retail	☐				
□ Hospital (# beds <u>u 0</u> )	□ ☑ Parenteral				
□ ☑ Internet	□ <b>☑</b> Parenteral (outpatient)				
□ ☑ Nuclear	□ ☑ Outpatient/Discharge				
□ 🗹 Ambulatory Surgery Center	□ ☑ Mail Service				
□ ☑ Community	□ ☑ Long Term Care				
□ <b>d</b> Other:	☑ Sterile Compounding				
	☑ Non Sterile Compounding				
All boxes must be checked	☐ ☑ Mail Service Sterile Compounding				
For the application to be complete	□ ☑ Other Services:				



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

### **APPLICATION FOR NEVADA PHARMACY LICENSE**

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Application must be printed legibly or typed

Check <u>box</u> below Corporation or Pa ☐ Publicly Tradeo ☐ Non Publicly T	for type of ownership and co rtnership. d Corporation – Pages 1,2,3 raded Corporation – Pages	omplete all ,10,11a&b 1,2,4,10,11	requii	ense number if making changes: PH red forms. **If LLC use Non Public  Partnership - Pages 1,2,6,10,11a&b  Sole Owner – Pages 1,2,8,10,11a&b
GENERAL INFORMATION to be completed by all types of ownership				
Pharmacy Name	e:ETERNITY CARE INFU	JSION PHA	RMAC	Υ
Physical Addres	S: 6725 S EASTERN AVE ST	E 8		
City: LAS VEGA	S	State:!	۷V	Zip Code: 89002
Telephone: (702	) 374-7344	ax: IN PF	ROCES	SS
Toll Free Number	er: IN PROCESS	E-m	ail: LC	GMACARAEG@YAHOO.COM
Website: N/A	N			
Managing Pharn	nacist: CLARE-LANIE MAC	ARAEG		License Number: 19507
TY	PE OF PHARMACY A	ND	SE	RVICES PROVIDED
Yes	s/No		Ye	s/No
	☐ Retail			☑ Off-site Cognitive Services
	☑ Hospital (# beds)		4	. Parenteral
			X	Parenteral (outpatient)
	Nuclear		×	Outpatient/Discharge
	☐X Ambulatory Surgery Ce	enter		⊠ Mail Service
	Community			💢 Long Term Care
	Other:		.💢	☐ Sterile Compounding
				☑ Non Sterile Compounding
All	boxes must be checked			Mail Service Sterile Compounding
For	the application to be comple	ete		☑ Other Services:

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

į.			
New MDEG ☐ Ownership Change ☐ Name Change ☐ Location Change (Please provide current license number if making changes: MP or MW)			
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 □ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b □ Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.			
GENERAL INFORMATION to be completed by all types of ownership			
MDEG Name: Precision Orthotics & Prosthetics			
Physical Address: 1350 W. Cheyenne Ave # 10 LV W 89129  (This must be a business address, we can not issue a license to a home address)			
Mailing Address: 526 S. Tonopah Dr. #120			
City: LAS Veas State: W Zip Code: 891010			
Telephone: 70-213-7671 Fax: 70-259-7671			
E-mail: <u>precision una dynho com website</u> : <u>WWW.prosthetics asvegas</u> .com			
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING			
Mon: $8 \text{ to } 5$ Tue: $8 \text{ to } 5$ Wed: $8 \text{ to } 5$ Thu: $8 \text{ to } 5$			
Fri: 8 to 5 Sat: 10 to 0 Sun: 10 to 0 Holidays: 10 to 0			
MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)			
Name: Jimmy Colsm			
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 Prosethics			
Diabetic Supplies  Other: Mastectomy  **If providing these types of sorvices you are required to have in place a machine.			
**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:			