

A

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: ASAP PHARMACY, INC.
Physical Address: 1361 MAIN ST. DUNEDIN, FLORIDA 34698
Mailing Address: 1361 MAIN ST. DUNEDIN, FLORIDA 34698
City: DUNEDIN State: FL Zip Code: 34698
Telephone: 727-281-8242 Fax: 727-281-8289
Toll Free Number: 727-281-8289 (Required per NAC 639.708)
E-mail: asapharmacy@verizon.net Website: NONE
Managing Pharmacist: ERICA LESTINI License Number: PH 20934

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,**

B

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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: Metro Drugs Hoboken, LLC

Physical Address: 79 Hudson Street, Hoboken, New Jersey 07030

Mailing Address: 79 Hudson Street

City: Hoboken State: New Jersey Zip Code: 07030

Telephone: 201-253-1100 Fax: 201-253-1101

Toll Free Number: 1-888-475-2388 (Required per NAC 639.708)

E-mail: Roberts@metrodrugs.com Website: www.metrodrugs.com

Managing Pharmacist: Robert Schwartz License Number: 28RI03080800

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

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☐ Partnership - Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Motto Pharmacy Inc.

Physical Address: 4152 W Blue Heron Blvd Suite 129 Riviera Beach FL 33404

Mailing Address: 4152 W Blue Heron Blvd Suite 129

City: Riviera Beach State: FL Zip Code: 33404

Telephone: 561-881-0022 Fax: 561-881-0061

Toll Free Number: 866-204-5008 (Required per NAC 639.708)

E-mail: MottoFLrx@gmail.com Website: NA

Managing Pharmacist: Howard A Friedman License Number: PS27147

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds ____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☒ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☐ Other Services: _____

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

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☐ 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, Inc. d/b/a OptumRx

Physical Address: 7159 Corklan Drive, Flagler Center 300, Suites 100 and 110

Mailing Address: 7159 Corklan Drive, Flagler Center 300, Suites 100 and 110

City: Jacksonville State: FL Zip Code: 32258

Telephone: 904-423-4214 Fax: 800-491-7997

Toll Free Number: 800-788-4863 (Required per NAC 639.708)

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/No

- ☐ ☒ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☒ ☐ Other: Non-Dispensing Pharmacy

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: See Attached Description

****If you check "yes" on any of these types of services, you will be required 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.

E

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GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Gabiga-Jordan, LLC d/b/a Pharmacy Care Providers of Georgia
Physical Address: 4046 Jimmie Dyess Pkwy Ste 100
Mailing Address: 4046 Jimmie Dyess Pkwy Ste 100
City: Augusta State: GA Zip Code: 30907
Telephone: 706-305-1359 Fax: 706-504-3787
Toll Free Number: 855-612-1390 (Required per NAC 639.708)
E-mail: rhampton@pcpgrx.com Website: N/A
Managing Pharmacist: Ruth Hampton License Number: RPH017527

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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F

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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: UBC Pharmacy

Physical Address: 4700 N Hanley, Suite B, Saint Louis, MO, 63134

Mailing Address: 4700 N Hanley, Suite B

City: Saint Louis State: MO Zip Code: 63134

Telephone: (314) 452 7475 Fax: (866) 750 9260

Toll Free Number: (855) 822 7948 (Required per NAC 639.708)

E-mail: therese.twomey@ubc.com Website: no pharmacy website

Managing Pharmacist: Katherine Therese Twomey License Number: 41391

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

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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: Value Specialty Pharmacy, LLC

Physical Address: 1333 Plank Road, Suite 200

Mailing Address: 1333 Plank Road, Suite 200

City: Duncansville State: PA Zip Code: 16635

Telephone: 855-265-8008 Fax: 814-283-2219

Toll Free Number: 855-265-8008 (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

- ☐ ☒ 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 (delivery via FedEx)
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☐ Other Services: _____

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H

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☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: PH⁰³⁴¹²
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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: AAA COMMUNITY PHARMACY

Physical Address: 7921 WESTMINSTER BLVD.

Mailing Address: 7921 WESTMINSTER BLVD.

City: WESTMINSTER

State: CALIFORNIA

Zip Code: 92683

Telephone: 714-988-6888

Fax: 714-677-2400

Toll Free Number: 888-666-0646

(Required per NAC 639.708)

E-mail: PINGONUSA@GMAIL.COM

Website: N/A

Managing Pharmacist: MICHAEL DEPADUA CARLOS

License Number: 63254

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,

I

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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: SmartScript Pharmacy

Physical Address: 4041 State Road 91, suite B

Mailing Address: (Same as above)

City: Oshkosh State: WI Zip Code: 54904

Telephone: 844-476-2781 Fax: 844-245-7075

Toll Free Number: 844-476-2781 (Required per NAC 639.708)

E-mail: patti.luedtke@smartscriptpharmacy.com Website: www.smartscriptpharmacy.com

Managing Pharmacist: Patricia Luedtke License Number: 11657-40 WI

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,**

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

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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: 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:

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

10-K

K

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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 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by 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 trade and specialty customer contracts and communications ensuring alignment and coordination with distribution and channel 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:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA) NA - See Attachment B
☐ Other: _____

10-K

L

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☒ 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: Agios Pharmaceuticals, Inc.

Physical Address: 88 Sidney Street

City: Cambridge State: MA Zip Code: 02139

Telephone Number: 617-649-8600 Fax Number: 617-649-8618

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 facility manager: Chief Commercial Officer – oversees sales and marketing functions. Over 25 years of industry 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:

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

M

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

Physical Address: 4470 Yankee Hill Rd. Ste 100 Rocklin, CA 95677

City: Rocklin State: CA Zip Code: 95677

Telephone Number: (888) 987-7739 Fax Number: (916) 644-6015

Toll Free Number: _____

E-mail: rsouza@authenticmed.com Website: www.authenticmed.com

Facility Manager: Ricky Souza

Professional qualifications and experience of facility manager: CA designated 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 Devices ☐ Hypodermic Devices

☐ Poisons or Chemicals ☐ Veterinary Legend Drugs

☐ Controlled Substances (include copy of DEA)

☐ Other: _____

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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 by 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 ☒ 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: _____

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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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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: 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
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

P

NEVADA STATE BOARD OF PHARMACY
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☐ 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: Fisher BioServices, Inc.

Physical Address: 14665 Rothgeb Drive

City: Rockville State: MD 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 of facility manager: Twenty-one years experience with applicant as a Principal Investigator - Research Grade Cranberry Product Development and Area Director, Pharmaceuticals Services.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☐ Wholesalers
☒ Other: Clinical Trial Sites

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 Non-Prescription Drugs

Q

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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: 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: statelicense@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:

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

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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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Application must be printed legibly or typed

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

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: 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@harrispharmaceutical.com Website: Harrispharmaceutical.com

Facility Manager: Janice Harris

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
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: Generics, OTC

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NEVADA STATE BOARD OF PHARMACY
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☐ 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: IBSA Pharma Inc.

Physical Address: 8 Campus Drive, Suite 201

City: Parsippany State: NJ Zip Code: 07054

Telephone Number: 908-280-1600 Fax Number: 908-292-1133

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 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: _____

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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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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: 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:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA) N/A - See Attachment C
☐ Other: _____

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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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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: Innocoll Inc.

Physical Address: 3803 West Chester Pike, Suite 190

City: Newtown Square State: PA Zip Code: 19073

Telephone Number: 484-406-5200 Fax Number: 484-406-5201

Toll Free Number: N/A

E-mail: Tmoore@innocoll.com Website: www.innocoll.com

Facility Manager: Timothy J. Moore

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: Surgery centers

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: _____

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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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☐ 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: McKesson Medical-Surgical Inc.

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: N/A

E-mail: RegulatoryAffairs@mcKesson.com Website: www.mckesson.com

Facility Manager: Steve Robenolt

Professional qualifications and experience of facility manager: More than 30 years Pharmaceutical 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 ☒ Hypodermic Devices
☒ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

W

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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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: MD Logistics, Inc.

Physical Address: 2370 Perry Road

City: Plainfield State: IN Zip Code: 46168

Telephone Number: (317) 707-3510 Fax Number: (317) 707-3219

Toll Free Number: n/a

E-mail: cstinson@mdlogistics.com Website: www.mdlogistics.com

Facility Manager: Tim Lawyer

Professional qualifications and experience of facility manager: 8 years of pharmaceutical wholesale distribution manager 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:

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

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

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

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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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 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: Premier Dental Products Company
 Physical Address: 1710 Romano Dr
 City: Plymouth Meeting State: PA Zip Code: 19462
 Telephone Number: 610-239-6000 Fax Number: None
 Toll Free Number: 888-670-6100
 E-mail: cbraslow@premusa.com Website: www.premusa.com
 Facility Manager: Mark Williams

Professional qualifications and experience of facility manager: Warehouse Manager at
Premier Dental Products Company, September 1981-present (36 years)

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

2

NEVADA STATE BOARD OF PHARMACY

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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 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: PTC Therapeutics, Inc.

Physical Address: 100 Corporate Court

City: South Plainfield State: 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: Diane Jones

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: _____

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: _____

PT

AA

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 by 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 ☒ 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: _____

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NEVADA STATE BOARD OF PHARMACY
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APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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☐ 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

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: The Hilsinger Company

Physical Address: 4646 S. Overland Drive

City: Tuscon State: AZ Zip Code: 85714

Telephone Number: (520) 321-1262 Fax Number: (877) 321-1267

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: Angie has helped this company 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 ☒ 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: _____

many

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 by all types of ownership

Facility Name: Wardfield Distribution LLC
Physical Address: 5653 Creekside Parkway, Suite B
City: Lockbourne State: OH Zip Code: 43137
Telephone Number: (614) 654-2444 Fax Number: (614) 654-2445
Toll Free Number: N/A
E-mail: ARUNS@WDSRX.COM Website: WWW.WDSRX.COM
Facility Manager: Kevin Reynolds
Professional qualifications and experience of facility manager: <see attached>

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Other: Retail Pharmacy Chains

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 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.

☒ 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: 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 66th Street North Suite 107

City: Largo State: FL Zip Code: 33773

Telephone: 727-440-9471

Fax: 727-440-9476

E-mail: info@absolutecomfortmedical.com

Website: _____

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: Kristina Wexler

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: Off the shelf Orthotics

**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: _____

EE

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: American Health Supply Inc.

Physical Address: 1080 NE Jensen Beach Blvd Jensen Beach FL 34957
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1080 NE Jensen Beach Blvd (Same AS Above)

City: Jensen Beach State: FL Zip Code: 34957

Telephone: 855-760-8957 Fax: 855-465-8682

E-mail: Alicia.hernandez0311@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
Fri: 9 to 1 Sat: closed to Sun: closed to Holidays: closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Alicia Neely

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: Azad Hasan Telephone: 843-208-3334

FF

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input 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: Randy L Smith dba C+R Medical

Physical Address: 2908 SE Loop 820
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2908 SE Loop 820

City: Fort Worth State: TX 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: 8am to 4pm Tue: 8am to 4pm Wed: 8am to 4pm Thu: 8am to 4pm
Fri: 8am 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)

- | | |
|---|--|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input checked="" 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: <u>Urological, ostomy, Surgical supplies</u> |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____ Telephone: _____

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 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: 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 Fax: 763.537.4310

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**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☐ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

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: _____

HH

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: 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: 866-834-7473 Fax: 877-490-9111

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: 8:30 to 4:00 Wed: 8:30 to 4:0 Thu: 8:30 to 4:00

Fri: 8:30 to 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)

- | | |
|---|--|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input checked="" 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: Barbara Defoe

Telephone: 866-834-7473

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

II

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

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

FACILITY INFORMATION

Facility Name: 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)

- | | |
|--|--|
| <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 | <input checked="" type="checkbox"/> Other: <u>Prescription Medical Devices</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: _____

JJ

KK

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 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 checked="" 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: BLISS PHARMACY

Physical Address: 6496 MEDICAL CENTER ST #101

City: LAS VEGAS State: NV Zip Code: 89148

Telephone: (702) 374-7344 Fax: IN PROCESS

Toll Free Number: IN PROCESS E-mail: LGMACARAEG@YAHOO.COM

Website: N/A

Managing Pharmacist: SOYOUNG EOM License Number: 18126

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: _____

KK

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Dignity Health Rehabilitation Hospital

Physical Address: 2390 Siena Heights Drive

City: Henderson State: NV Zip Code: 89052

Telephone: 725-726-2000 Fax: 702-330-8072

Toll Free Number: na E-mail: na

Website: na

Managing Pharmacist: Daniel Kim License Number: 15620

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
☒ ☐ Hospital (# beds 00)
☐ ☒ 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: -

LL

MM

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: ETERNITY CARE INFUSION PHARMACY

Physical Address: 6725 S EASTERN AVE STE 8

City: LAS VEGAS State: NV Zip Code: 89002

Telephone: (702) 374-7344 Fax: IN PROCESS

Toll Free Number: IN PROCESS E-mail: LGMACARAEG@YAHOO.COM

Website: N/A

Managing Pharmacist: CLARE-LANIE MACARAEG License Number: 19507

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: _____

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.

☒ 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: 7350 W. Cheyenne Ave #110 LV, NV 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 Vegas State: NV Zip Code: 89106

Telephone: 702-243-7671 Fax: 702-259-7671

E-mail: precisionndp@yahoo.com Website: www.prostheticslasvegas.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: 0 to 0 Sun: 0 to 0 Holidays: 0 to 0

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Jimmy Colson

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 Prosthetics |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: <u>mastectomy</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: _____