

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.

[X] 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

[X] 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: Advanced Pharmacy Solutions

Physical Address: 26611 Cabot Road, Suite B, Laguna Hills CA 92653

Mailing Address: 26611 Cabot Road, Suite B

City: Laguna Hills State: CA Zip Code: 92653

Telephone: 949-348-7900 Fax: 949-348-7920

Toll Free Number: 800-464-7736 (Required per NAC 639.708)

E-mail: slee@aps-rx.net Website: https://www.aps-rx.net

Managing Pharmacist: John JACKSON License Number: 31998 Calif
7176 Nev

TYPE OF PHARMACY AND SERVICES PROVIDED

- Yes/No
[X] [ ] Retail
[ ] [X] Hospital (# beds)
[ ] [X] Internet
[ ] [X] Nuclear
[ ] [X] Ambulatory Surgery Center
[X] [ ] Community
[X] [ ] Other: Specialty
[X] [ ] Off-site Cognitive Services
[ ] [X] Parenteral \*\*
[ ] [X] Parenteral (outpatient)
[X] [ ] Outpatient/Discharge
[X] [ ] Mail Service
[X] [ ] Long Term Care
[ ] [X] Sterile Compounding \*\*
[ ] [X] Non Sterile Compounding
[ ] [X] 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

# 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: Aviva Care Pharmacy

Physical Address: 2053 North University Drive Sunrise FL 33322

Mailing Address: 2053 North University Drive

City: Sunrise State: Florida Zip Code: 33322

Telephone: 954 451 - 5578 Fax: 954 - 451 - 5208

Toll Free Number: 844-236-5644 (Required per NAC 639.708)

E-mail: avivacarepharmacy@gmail.com Website: \_\_\_\_\_

Managing Pharmacist: Vilna Roberts License Number: PS 57438

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

All boxes must be checked  
 For the application to be complete

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

C

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## 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: CareMetx Health, LLC

Physical Address: 704 Quince Orchard Rd., Suite 150, Gaithersburg, MD 20878

Mailing Address: Same as above

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

Telephone: 877-885-1101 Fax: 877-885-1103

Toll Free Number: 877-885-1101 (Required per NAC 639.708)

E-mail: spmanagement@caremetx.com Website: www.caremetx.com

Managing Pharmacist: Darvin Joy License Number: Maryland #21717

### 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,**

D

# 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: CHESTERFIELD PHARMACY

Physical Address: 102 N. SHILOH STE 305, GARLAND, TX 75042

Mailing Address: 102 N. SHILOH STE 305

City: GARLAND State: TX Zip Code: 75042

Telephone: (972) 272-0840 Fax: (214) 594-9669

Toll Free Number: (888) 776-5192 (Required per NAC 639.708)

E-mail: CHESTERFIELDPHARMACY@GM, Website: NONE

Managing Pharmacist: COURTNEY HICKS STEGMAN License Number: 44428

### TYPE OF PHARMACY AND SERVICES PROVIDED

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

All boxes must be checked  
For the application to be complete

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

E

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: Comprehensive Care Pharmacy

Physical Address: 910 North Charles G Seivers Blvd

Mailing Address: 910 North Charles G Seivers Blvd

City: Clinton State: TN Zip Code: 37716

Telephone: 865-264-4099 Fax: 888-216-1471

Toll Free Number: 833-256-9227 (Required per NAC 639.708)

E-mail: comprehensivecarepharmacy@gmail.com Website: www.comprehensivecarepharmacy.com

Managing Pharmacist: Chris Helms License Number: 8806

**TYPE OF PHARMACY AND SERVICES PROVIDED**

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

All boxes must be checked  
For the application to be complete

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

F

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.

Form with checkboxes for ownership types: New Pharmacy, Ownership Change, Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, Sole Owner. Includes license number PH 02747.

GENERAL INFORMATION to be completed by all types of ownership

Form for general information: Pharmacy Name (Concentrix CVG), Physical Address (3760 N. Commerce Drive, Suite 160), Mailing Address (same as above), City (Tucson), State (Arizona), Zip Code (85705), Telephone (520-407-7421), Fax (520-407-7335), Toll Free Number (800-925-4733), E-mail (john.belobraydic@walgreens.com), Website, Managing Pharmacist (John Belobraydic), License Number (S008583 (AZ)).

Table with columns: TYPE OF PHARMACY AND SERVICES PROVIDED. Lists various pharmacy types and services with Yes/No checkboxes. Includes instructions: 'All boxes must be checked For the application to be complete'.

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

G

# 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: Fresenius Medical Care North America

Physical Address: 101 Waukegan Road, Suite 100

Mailing Address: c/o RA Licensing, 920 Winter Street, Waltham, MA 02451

City: Lake Bluff

State: IL

Zip Code: 600044

Telephone: 847-473-0855

Fax: 781-466-0682

Toll Free Number: 866-577-8632

(Required per NAC 639.708)

E-mail: Frank.Petrillo@fmc-na.com

Website: www.fmcna.com

Managing Pharmacist: Seth D. Feldman

License Number: IL Lic. #051.034337

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds \_\_\_\_\_)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: Attachment #6

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: Attachment #6

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

H

# 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: Lakeside Pharmacy

Physical Address: 6280 Highway 129, Monterey LA 71354

Mailing Address: 6280 Highway 129, Monterey LA 71354

City: Monterey State: LA Zip Code: 71354

Telephone: 318-386-2344 Fax: 318-386-2366

Toll Free Number: 833-301-8594 (Required per NAC 639.708)

E-mail: cedwardmaier@yahoo.com

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

Managing Pharmacist: Charles Maier License Number: 15447

### 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

# 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: **PH01418**)

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: Lincare Pharmacy Services, Inc. dba Med 4 Home

Physical Address: 10800 N. Congress Avenue

Mailing Address: 10800 N. Congress Avenue

City: Kansas City      State: MO      Zip Code: 64153

Telephone: 816-801-7505      Fax: 816-895-6862

Toll Free Number: 800-804-2084      (Required per NAC 639.708)

E-mail: eweight@secure.med4home.com      Website: med4home.com

Managing Pharmacist: Evan Weight      License Number: 2012025448

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

- Yes/No
- Retail
  - Hospital (# beds \_\_\_\_\_)
  - Internet
  - Nuclear
  - Ambulatory Surgery Center
  - Community
  - Other: \_\_\_\_\_

- Yes/No
- Off-site Cognitive Services
  - Parenteral \*\*
  - Parenteral (outpatient)
  - Outpatient/Discharge
  - Mail Service
  - Long Term Care
  - Sterile Compounding \*\*
  - Non Sterile Compounding
  - Mail Service Sterile Compounding \*\*
  - Other Services: \_\_\_\_\_

All boxes must be checked  
For the application to be complete

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

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

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

**Partnership** - Pages 1,2,5,7

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

**Sole Owner** – Pages 1,2,6,7

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

Pharmacy Name: Pharmacy Corporation of America d/b/a PharMerica

Physical Address: 1901 Campus Place STE 100 Louisville, KY 40299

Mailing Address: same as above

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

Telephone: 800-947-5556 Fax: 800-947-5557

Toll Free Number: 800-947-5556 (Required per NAC 639.708)

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

Managing Pharmacist: David Gresham License Number: 008718

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

Yes/No

- Retail
- Hospital (# beds \_\_\_\_\_)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: Clinical Practice  
Non-dispensing pharmacy

Yes/No

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

All boxes must be checked  
For the application to be complete

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

K

# 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: PillPack LLC

Physical Address: 250 Commercial St., Suite 2012

Mailing Address: Same as physical.

City: Manchester State: NH Zip Code: 03101

Telephone: 855-745-5725 Fax: 603-935-9108

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

E-mail: nick@pillpack.com Website: www.Pillpack.com

Managing Pharmacist: Nicholas Guletsky License Number: R2431(NH)

### TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	AND	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input checked="" type="checkbox"/> <input type="checkbox"/> Other: <u>30 day home delivery with patient-specific multi-dose packaging.</u>		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked  
For the application to be complete

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

L

# 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: PINELAND PHARMACY

Physical Address: 502 BUSINESS PARKWAY

Mailing Address: 502 BUSINESS PARKWAY

City: RICHARDSON

State: TX

Zip Code: 75081

Telephone: (214) 579-9967

Fax: (409) 420-3101

Toll Free Number: (800) 991-3059

(Required per NAC 639.708)

E-mail: PINELANDPHARMACY@GMAIL.COM

Website: NONE

Managing Pharmacist: STEWART HOUSTON BYERS

License Number: 29768

### 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,**

M

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

[X] 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

[X] 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: WeCare Specialty Pharmacy, Inc. dba Preveon Specialty Pharmacy

Physical Address: 7223 Church Street, Suite A-19, Highland, CA 92346

Mailing Address: 2121 N D Street

City: San Bernardino State: California Zip Code: 92405

Telephone: (909) 266-0016 Fax: (909) 708-4138

Toll Free Number: (877) 843-5181 (Required per NAC 639.708)

E-mail: wecarespecialty@gmail.com Website: www.preveon.com

Managing Pharmacist: Jefmar Dickey License Number: 65988

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked
For the application to be complete

Yes/No

- [ ] [X] Off-site Cognitive Services
[ ] [X] Parenteral \*\*
[ ] [X] Parenteral (outpatient)
[ ] [X] Outpatient/Discharge
[X] [ ] Mail Service
[ ] [X] Long Term Care
[ ] [X] Sterile Compounding \*\*
[ ] [X] Non Sterile Compounding
[ ] [X] Mail Service Sterile Compounding \*\*
[ ] [X] Other Services: \_\_\_\_\_

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

N

**NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane – Reno, NV 89509

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

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

**(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: Professional Pharmacy Resources

Physical Address: 4854 Woodbine Rd Unit 5

Mailing Address: 4854 Woodbine Rd Unit 5

City: Pace State: FL Zip Code: 32571

Telephone: 850-463-0022 Fax: 866-685-7608

Toll Free Number: 866-236-5040 (Required per NAC 639.708)

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

Managing Pharmacist: Bryan Henderson License Number: PS31350

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No

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

All boxes must be checked  
For the application to be complete

Yes/No

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

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

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

DH-SJ-1

D

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: St. Joseph's McAuley Pharmacy

Physical Address: 500 West Thomas Road, Suite 190, Phoenix, AZ 85013

Mailing Address: 500 West Thomas Road, Suite 190, Attn Sophia Jensen

City: Phoenix State: AZ Zip Code: 85013

Telephone: 602-406-3970 Fax: 602-406-7145

Toll Free Number: 888-294-8348 (Required per NAC 639.708)

E-mail: StJosephOutpatientPharmacy@DignityHealth.org Website: https://www.dignityhealth.org/arizona/locations/stjosephs/services/pharmacy

Managing Pharmacist: Sophia Jensen License Number: S017376

TYPE OF PHARMACY AND SERVICES PROVIDED

- Yes/No
Retail
Hospital (# beds)
Internet
Nuclear
Ambulatory Surgery Center
Community
Other:

- Yes/No
Off-site Cognitive Services
Parenteral \*\*
Parenteral (outpatient)
Outpatient/Discharge
Mail Service
Long Term Care
Sterile Compounding \*\*
Non Sterile Compounding
Mail Service Sterile Compounding \*\*
Other Services:

All boxes must be checked
For the application to be complete

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

P

**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 01141)  
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

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

Facility Name: Amneal Pharmaceuticals LLC

Physical Address: 118 Beaver Trail

City: Glasgow State: KY Zip Code: 42141

Telephone Number: (866) 525-7873 Fax Number: (866) 525-7874

Toll Free Number: N/A

E-mail: APL@slsny.com Website: www.amneal.com

Facility Manager: Anthony Wayne Hodges

Professional qualifications and experience of facility manager: Mr. Hodges is certified in various technology protocols and maintains all internal controls for safety and efficiencies within the company. He has over 16 years of security and technical experience, and over 11 years of managerial experience.

Types of licensed outlets or authorized persons firm will serve:

Pharmacies       Practitioners       Hospitals       Wholesalers  
 Other: Distribution sites with organization, manufacturers, distributors, and US Government

Type of Products to be handled or wholesaled by firm:

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



Q

**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<sup>02165</sup>)  
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: Amneal Pharmaceuticals LLC

Physical Address: 40 Aberdeen Drive

City: Glasgow State: KY Zip Code: 42141

Telephone Number: (866) 525-7270 Fax Number: (866) 525-7271

Toll Free Number: N/A

E-mail: APL@slny.com Website: www.amneal.com

Facility Manager: David Lee Groce

Professional qualifications and experience of facility manager: \_\_\_\_\_  
Warehouse Manager experience since 1994 (please see attached resume) \_\_\_\_\_

Types of licensed outlets or authorized persons firm will serve: \_\_\_\_\_

- Pharmacies       Practitioners       Hospitals       Wholesalers  
 Other: Distribution sites with organization, manufacturers, and US Government

Type of Products to be handled or wholesaled by firm:

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

R

**NEVADA STATE BOARD OF PHARMACY**

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

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

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

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

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH <u>02165</u> ) Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

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

Facility Name: Aprecia Pharmaceuticals, LLC

Physical Address: 10901 Kenwood Road

City: Blue Ash State: OH Zip Code: 45242

Telephone Number: (513) 864-4110 Fax Number: (845) 544-2481

Toll Free Number: N/A

E-mail: APA@slsny.com Website: www.aprecia.com

Facility Manager: Kyle E. Smith

Professional qualifications and experience of facility manager: MBA, BS Chemical and Biomolecular Engineering

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

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

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

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

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

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

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

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

Facility Name: Arnold Dental Supply Company, Inc.

Physical Address: 16531 13th Ave, Suite A102

City: Lynnwood State: WA Zip Code: 98037

Telephone Number: (425) 712-8786 Fax Number: (425) 712-8677

Toll Free Number: (800) 562-6645

E-mail: leticia@arnold-dental.com Website: www.arnold-dental.com

Facility Manager: Leticia Guerrero - Quality Assurance Manager

Professional qualifications and experience of facility manager: Over 9 years of of operations experience in manufacturing/supply chain within a regulated part of health care/pharmaceutical industry.

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

- Pharmacies       Practitioners       Hospitals       Wholesalers  
 Other: Licensed Dental Schools and Dental Labs

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

T

**NEVADA STATE BOARD OF PHARMACY**

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

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

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

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

Application must be printed legibly or typed

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

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

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

**GENERAL INFORMATION**

Facility Name: Burke Therapeutics, LLC

Physical Address: 1205 Albert Pike, Ste B

Mailing Address: 3633 Central Ave

City: Hot Springs State: AR Zip Code: 71913

Telephone: 501-620-4449 Fax: 501-321-2886

Toll Free Number: N/A

E-mail: tdugan@burkepharmaceutical.com Website: burketherapeutics.com

Facility Manager: Tim Dugan

Professional qualifications and experience of facility manager: See attached

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

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

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

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

U

**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 01564)  
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: DSC Logistics, LLC  
Physical Address: 11599 Arrow Route  
City: Rancho Cucamonga State: CA Zip Code: 91730  
Telephone Number: (909) 390-4880 Fax Number: (909) 605-1027  
Toll Free Number: N/A  
E-mail: mark.diaz@dsclogistics.com Website: www.dsclogistics.com  
Facility Manager: Mark Diaz  
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: Nursing Homes, Acute Care 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: OTC Medications

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

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

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

<input type="checkbox"/> New Wholesaler or <input checked="" type="checkbox"/> <b>Ownership Change</b> (Provide current license number if making changes: <u>WH 02199</u> )	
Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

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

Facility Name: DSC Logistics, LLC

Physical Address: 874 Thomas Parkway

City: Jefferson State: GA Zip Code: 30549

Telephone Number: (706) 708-3005 Fax Number: (706) 367-1074

Toll Free Number: N/A

E-mail: ryan.aberg@dsclogistics.com Website: www.dsclogistics.com

Facility Manager: Ryan Aberg

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: Nursing Homes, Acute Care 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: OTC medications.

W

**NEVADA STATE BOARD OF PHARMACY**

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

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

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

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

Application must be printed legibly or typed

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

<input 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: Eyevance Pharmaceuticals LLC

Physical Address: 777 Taylor Street, Suite 1050

City: Fort Worth State: TX Zip Code: 76102

Telephone Number: 817-677-6120 Fax Number: n/a

Toll Free Number: n/a

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

Facility Manager: Jerry St. Peter

Professional qualifications and experience of facility manager: Chief Executive Officer with more than 28 years of executive leadership in specialty pharmaceutical strategic planning, marketing, sales, managed markets, reimbursement, financial management and business development.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

X

**NEVADA STATE BOARD OF PHARMACY**

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

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

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New Wholesaler or <input checked="" type="checkbox"/> Ownership Change (Provide current license number if making changes: WH01966 Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

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

Facility Name: Humco Holding Group, Inc.

Physical Address: 7400 Alumax Drive

City: Texarkana State: TX Zip Code: 75501

Telephone Number: 903-334-6200 Fax Number: 903-334-6300

Toll Free Number: 800-662-3435

E-mail: licensing@humco.com Website: https://www.humco.com/

Facility Manager: Ivan Gonzalez

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: prescription drugs (human), precursor chemicals, API, and OTC drugs



Y

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

New Wholesaler 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

(LLC)

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

Facility Name: JAMS Wholesale Distribution Services LLC

Physical Address: 4811 Lyons Technology Parkway Units 03404

City: Coconut Creek State: FL Zip Code: 33073

Telephone Number: 888-570-5007 Fax Number: 800-542-8544

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

E-mail: pete@petebizzaro.com Website: www.jamswholesale.com

Facility Manager: Peter Bizzaro

Professional qualifications and experience of facility manager: Designated Rep at Location since 2010. Oversees day to day functions at location and fully understands all wholesale distributor rules & regulations.

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: \_\_\_\_\_

Z

**NEVADA STATE BOARD OF PHARMACY**

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

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

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

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

Application must be printed legibly or typed

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

New Wholesaler or  Ownership Change (Provide current license number if making changes: 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: NDc Homecare LLC

Physical Address: 407 New Sanford Rd

City: Lafayette State: TN Zip Code: 37086

Telephone Number: 615 366 3230 Fax Number: n/a

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

E-mail: compliance@ndc-nc.com Website: www-ndchomecare.com

Facility Manager: Tammy Beasley

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: \_\_\_\_\_

AA

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

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

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

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

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

Facility Name: Shire Rare Disease U.S. Biotech, Inc.

Physical Address: 300 Shire Way

City: Lexington State: MA Zip Code: 02421

Telephone Number: 617-349-0200 Fax Number: 614-652-0282 674

Toll Free Number: N/A

E-mail: gmb-facility-licensing@cardinalhealth.com Website: www.baxalta.com

Facility Manager: John Morelli

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

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

BB

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

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

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

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: SPECTRA MEDICAL DEVICES, INC.

Physical Address: 260 H FORDHAM RD.

City: WILMINGTON State: MA Zip Code: 01887

Telephone Number: 978-657-0889 Fax Number: 978-651-4166

Toll Free Number: none

E-mail: MPUOPOLO@SPECTRAMEDICAL.COM Website: WWW.SPECTRAMEDICAL.COM

Facility Manager: ANTHONY C ARRIGO

Professional qualifications and experience of facility manager: 46 YEARS IN THEMEDICAL DEVICE AND KIT COMPONENT BUSINESS

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

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.

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: Jubilant DraxImage Radiopharmacies, Inc. dba Triad Isotopes

Physical Address: 1835 Nonconnah Boulevard, Suite 153

City: Memphis State: TN Zip Code: 38132

Telephone Number: 901-345-3434 Fax Number: 901-345-2463

Toll Free Number: 855-862-8371

E-mail: STaylor@triadisotopes.com Website: www.triadisotopes.com

Facility Manager: Steve Taylor

Professional qualifications and experience of facility manager: See attached CV

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

- Pharmacies       Practitioners       Hospitals       Wholesalers  
 Other: Authorized users / Imaging 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: Radiopharmaceuticals

DD

**NEVADA STATE BOARD OF PHARMACY**

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

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

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

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

Application must be printed legibly or typed

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

New Wholesaler 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: NDC Homecare LLC dba Wolf Medical Supply  
 Physical Address: 13951 Northwest 9th St  
 City: Sunrise State: FL Zip Code: 33325  
 Telephone Number: 615 366 3330 Fax Number: none  
 Toll Free Number: none  
 E-mail: compliance@ndc-inc.com Website: www.ndc-homecare.com  
 Facility Manager: Jason Solomon  
 Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

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 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: Angelini Pharma Inc.

Physical Address: 8322 Helgerman Court, Gaithersburg, MD 20877  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: (Same)

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

Telephone: 301-330-7597 Fax: 301-330-6432

E-mail: vsena-weltin@angelini-us.com Website: www.angelini-us.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: N/A to Sun: N/A to Holidays: N/A to

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

Name: Valeria Sena-Weltin

**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: OTC devices, prescription ("federal legend") devices |

\*\*If providing these types of services you are required to have intended for chronic wound care, and disinfectants for care in the event of an emergency. Provide name and telephone: catheters, ports, and skin

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

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 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: Crown Medical Solutions, LLC.

Physical Address: 2741 Lemon Grove Avenue, Ste. 101  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2741 Lemon Grove Avenue, Ste. 101

City: Lemon Grove State: CA Zip Code: 91945

Telephone: 619-207-4004 Fax: 844-313-8267

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

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

Mon: 9 to 3:00 Tue: 9 to 3:00 Wed: 9 to 3:00 Thu: 9 to 3:00  
Fri: 9 to 3:00 Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

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

Name: Michelle King

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

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

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

Name: N/A Telephone: N/A



GG

**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: MAINLANDS MEDICAL, INC.

Physical Address: 9371 US HWY 19 N SUITE D  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 9371 US HWY 19 N SUITE D

City: PINELLAS PARK State: FL Zip Code: 33782

Telephone: 7274418300 Fax: 7274461928

E-mail: info@mainlandsmmedical.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)**

- |  |  |
|--|--|
| <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 Prosethetics |
| <input type="checkbox"/> Diabetic Supplies           | Other: <u>Off the shelf orthotics</u>                          |

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

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

HH

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

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

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

Application must be printed legibly or typed

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

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

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

Pharmacy Name: WV Surgery Center LLC

Physical Address: 1050 S Rainbow Blvd

City: Las Vegas State: NV Zip Code: 89145

Telephone: (702) 2355778 Fax: \_\_\_\_\_

Toll Free Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Managing Pharmacist: Mary Gear License Number: 10687

**TYPE OF PHARMACY AND SERVICES PROVIDED**

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

All boxes must be checked  
For the application to be complete

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

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

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

Application must be printed legibly or typed

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

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

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

Pharmacy Name: PREFERRED PHARMACY  
Physical Address: 8352 W. WARM SPRINGS SUITE 300  
City: LAS VEGAS State: NV Zip Code: 89113  
Telephone: 702 701 8943 Fax: 702 - 701 - 8939  
Toll Free Number: N/A E-mail: SARIF.CHOROYAHOO.COM  
Website: N/A  
Managing Pharmacist: LALBHAI PATEL License Number: 16527

**TYPE OF PHARMACY AND SERVICES PROVIDED**

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

All boxes must be checked  
For the application to be complete