

**3**

## 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: 866 East Tremont Pharmacy LLC / Boca PharmacyPhysical Address: 1910 Arthur Ave (3 Floor) Bronx, NY 10457Mailing Address: PO Box 740054City: Bronx State: NY Zip Code: 10474Telephone: 718-991-3532 Fax: 718-608-6002Toll Free Number: 877-514-9903 (Required per NAC 639.708)E-mail: Info@bocanyc.com Website: WWW.BOCANYC.COMManaging Pharmacist: Tiffany L. Breheim License Number: 057144**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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☐ Partnership - Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: AIDS Healthcare Foundation dba ATF Pharmacy

Physical Address: 700 SE 3rd Ave., Suite 100, Fort Lauderdale, FL 33316

Mailing Address: 6255 W. Sunset Blvd., Floor 21

City: Los Angeles State: CA Zip Code: 90028

Telephone: 954-761-4531 Fax: 954-761-4539

Toll Free Number: 855-894-6337 (Required per NAC 639.708)

E-mail: Megan.Southwell@aidshhealth.org Website: aidshhealth.org

Managing Pharmacist: Briana Moe License Number: PS 55393

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: Berkley Pharmacy LLC  
 Physical Address: 28577 Schoenherr Rd, Warren, MI 48088  
 Mailing Address: 5908 Breckenridge Pkwy,  
 City: Tampa State: FL Zip Code: 33610  
 Telephone: 586-573-8300 Fax: 586-573-8301  
 Toll Free Number: 844-573-8300 (Required per NAC 639.708)  
 E-mail: benzer104@benzerpharmacy.com Website: www.benzerpharmacy.com  
 Managing Pharmacist: Siu Hiu Wu License Number: 5302038503

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521  
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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: Holiday CVS, L.L.C. dba: CVS/pharmacy #11340  
 Physical Address: 1600 SW 80th Terrace, 2nd Floor Plantation, FL 33824  
 Mailing Address: One CVS Drive  
 City: Woonsocket State: RI Zip Code: 02895  
 Telephone: 401-770-8136 Fax: 401-216-3220  
 Toll Free Number: 800-753-0596 (Required per NAC 639.708)  
 E-mail: kimberly.mitchell@cvshealth.com Website: www.cvs.com  
 Managing Pharmacist: Monica Albritten License Number: PS50228

**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: Multidose Packaging

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

Pharmacy Name: Caremark, L.L.C. dba: CVS/specialty #48640

Physical Address: 10302 W. Emerald St., Boise, ID 8704

Mailing Address: One CVS Drive

City: Woonsocket State: RI Zip Code: 02895

Telephone: 1-800-552-8159 Fax: \_\_\_\_\_

Toll Free Number: 1-800-552-8159 (Required per NAC 639.708)

E-mail: kimberly.mitchell@cvshealth.com Website: N/A

Managing Pharmacist: Kristina Jonas License Number: P4973

**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: Pharmacy does not compound or dispense Controlled Substances

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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: KnipperRx Inc. (No change to name, location, FEIN, mgmt)

Physical Address: 1250 Patrol Road, Suite 100, <sup>DR PLE</sup> Charlestown, IN 47111

Mailing Address: One Healthcare Way

City: Lakewood State: NJ Zip Code: 08701

Telephone: (732) 905-7878 Fax: (732) 886-9205

Toll Free Number: 855 647-7379 (Required per NAC 639.708)

E-mail: pharmacy@knipperx.com Website: knipperx.com

Managing Pharmacist: Patrick Southall, RPh License Number: 260260 0214  
(Indiana)

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

Pharmacy Name: Millennium Pharmacy

Physical Address: 3384 N. Mt Juliet Rd, Suite 1000

Mailing Address: 3384 N. Mt Juliet Rd, Suite 1000

City: Mt Juliet State: TN Zip Code: 37122

Telephone: 615-667-6611 Fax: 615-594-5310

Toll Free Number: 800-686-5240 (Required per NAC 639.708)

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

Managing Pharmacist: Ngan Thu-Ngoc Nguyen License Number: 41977

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

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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: 755 Research Parkway, Suite 160, Oklahoma City, OK 73104

Mailing Address: 755 Research Parkway, Suite 160

City: Oklahoma City State: OK Zip Code: 73104

Telephone: 405-246-3737 Fax: 405-246-3811

Toll Free Number: 800-562-6223 (Required per NAC 639.708)

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

Managing Pharmacist: Marius Maree License Number: 15620 (OK)

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

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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: Rochester Health Mart Pharmacy

Physical Address: 176 Virginia Avenue, 3rd floor Rochester, PA 15074-1723

Mailing Address: 1314 7th Ave Beaver Falls, PA 15010 - 4217

City: Rochester State: PA Zip Code: 15074

Telephone: (724) 987-6085 Fax: (724) 987-6084

Toll Free Number: (888) 498-5438 (Required per NAC 639.708)

E-mail: contracting@memawinc.com Website: www.rochesterhealthmartpharmacy.com

Managing Pharmacist: Brandon Royek License Number: RP441872

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

Pharmacy Name: XPRESSO PHARMACY INC.

Physical Address: 6305 B Miramar Parkway, Miramar, FL 33023

Mailing Address: 6305 B Miramar Parkway

City: Miramar State: Florida Zip Code: 33023

Telephone: 954-534-9779 Fax: 954-251-1767

Toll Free Number: 888-249-3639 (Required per NAC 639.708)

E-mail: mail@xpressopharmacy.com

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

Managing Pharmacist: Ivette Soto License Number: PS38831

**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

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

Pharmacy Name: WALGREEN ARIZONA DRUG CO. D/B/A COMMUNITY, A WALGREENS PHARMACY #21213

Physical Address: 5149 W THUNDERBIRD RD

Mailing Address: PO BOX 901, DEERFIELD, IL 60015

City: GLENDALE State: AZ Zip Code: 85306

Telephone: (602) 427-0919 Fax: (602) 427-0920

Toll Free Number: 877-518-0113 (Required per NAC 639.708)

E-mail: LICENSEADMINISTRATION@WALGREENS.COM Website: WALGREENS.COM

Managing Pharmacist: Paul Stoneburg License Number: S017427

**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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☒ 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: Crestview Pharmacy

Physical Address: 1116 North Ferdon Blvd Crestview, FL 32536

Mailing Address: 1116 North Ferdon Blvd

City: Crestview State: FL Zip Code: 32536

Telephone: 850-683-1111 Fax: 850-683-1753

Toll Free Number: 877-821-5504 (Required per NAC 639.708)

E-mail: \_\_\_\_\_ Website: crestviewpharmacyfl.com

Managing Pharmacist: Hal Densman PharmD License Number: PS35788

### 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: immunization delivery

**\*\*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

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

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

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

☐ Partnership - Pages 1,2,5,7

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

☒ Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: BUX HEALTHCARE INC DBA FAMILY PHARMACY

Physical Address: 3644 WEBBER STREET SARASOTA, FL 34232

Mailing Address: 3644 WEBBER STREET

City: SARASOTA State: FL Zip Code: 34232

Telephone: 941-921-6645 Fax: 855-420-6141

Toll Free Number: 855-610-7227 (Required per NAC 639.708)

E-mail: LICENSE@FAMILYPHARMACY.ORG Website: WWW.FAMILYPHARMACY.ORG

Managing Pharmacist: SOHAL SHAH License Number: PS37198

### 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,

8/23  
N

**NEVADA STATE BOARD OF PHARMACY**  
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521  
**APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE**

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

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

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

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

Pharmacy Name: Gem Drugs  
Physical Address: 139 Central Avenue  
Mailing Address: P.O. Drawer K  
City: Reserve State: La. Zip Code: 70084  
Telephone: 985-536-3957 Fax: 985-536-2231  
Toll Free Number: 800-256-5774 (Required per NAC 639.708)  
E-mail: randy@gemdrugs.com Website: www.gemdrugs.com  
Managing Pharmacist: Amy Nguyen License Number: 019889

**TYPE OF PHARMACY AND**

**SERVICES PROVIDED**

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

### FACILITY INFORMATION

Facility Name: APM Medical Supplies

Physical Address: 33 Tennis Village Dr, Rockwall, TX 75032

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

Mailing Address: 33 Tennis Village Dr, Rockwall, TX 75032

City: Rockwall State: TX Zip Code: TX

Telephone: (844)743-7373

Fax: (844)207-3434

E-mail: info@apm-med.com

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

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

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

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

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

Name: Amanda Denton

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

☐ Medical Gases\*\*

☐ Respiratory Equipment\*\*

☐ Life-sustaining equipment\*\*

☐ Diabetic Supplies

☐ Assistive Equipment

☐ Parenteral and Enteral Equipment\*\*

☐ Orthotics and Prosthesis

☒ Other: DME, specifically urological catheters and urology accessories

\*\*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: Amanda Denton

Margaret Stringer

Telephone: (485) 930-6116

Page 1

702-524-5091



# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

Please check box for type of ownership and complete correct part of the application.

### FACILITY INFORMATION

Facility Name: Bridgewater Health Supplies LLC

Physical Address: 116A South Street Oyster Bay, NY 11771

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

Mailing Address: 116A South Street

City: Oyster Bay State: NY Zip Code: 11771

Telephone 516-802-0233

Fax: 516-908-4383

E-mail: steve@bridgewaterhealthsupplies.com

Website: bridgewaterhealthsupplies.com

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

Mon: 8:30am to 2:30pm Tue: 8:30am to 2:30pm Wed: 8:30am to 2:30pm Thu: 8:30am to 2:30pm

Fri: 8:30am to 2:30pm Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

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

Name: Steven Franey

### 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: Urological Supplies

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

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

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

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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(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: Cala Health, Inc.

Physical Address: 875 Mahler Rd Suite 168 Burlingame, CA 94010  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 875 Mahler Rd Suite 168

City: Burlingame State: CA Zip Code: 94010 Telephone: 650-204-1723

Fax: n/a

E-mail: linda@calahealth.com Website: www.CalaHealth.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: n/a to Sun: n/a to Holidays: n/a to

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

Name: Scott Wilson

### 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>Wearable neuromodulation device</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: \_\_\_\_\_

## NEVADA STATE BOARD OF PHARMACY

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

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

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

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

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

Facility Name: CARE CONCEPTS, INC.

Physical Address: 7222 VAN NUYS BLVD SUITE E VAN NUYS, CA 91303  
 (This must be a business address, we can not issue a license to a home address)

Mailing Address: 20944 SHERMAN WAY STE 115

City: CANOGA PARK State: CA Zip Code: 91303

Telephone: (818) 785-7553 Fax: (818) 530-1419

E-mail: COMPCAREMANAGEMENT@GMAIL.COM Website: N/A

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

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

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

Name: RALPH AMATO

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

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

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

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

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

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

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

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

Please check box for type of ownership and complete correct part of the application.

**FACILITY INFORMATION**Facility Name: Energy Workers Medical Services, LLCPhysical Address: 140 N 100 E, American Fork, UT 84403  
(This must be a business address, we can not issue a license to a home address)Mailing Address: 140 N 100 ECity: American Fork State: UT Zip Code: 84403 Telephone: \_\_\_\_\_801-841-4490 Fax: 801-820-7702E-mail: njohns@ewmsmedical.com Website: ewmsmedical.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: NA Sun: NA to \_\_\_\_\_ Holidays: NA to \_\_\_\_\_**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**Name: Nathan Johns**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 ProsthesisOther: Basic over the counter medical supplies

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

Name: Nathan JohnsTelephone: 801-400-6644



# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<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: Good Night Medical

Physical Address: 8999 Gemini Parkway Ste 220, Columbus, OH 43240  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 8999 Gemini Parkway Ste 220, Columbus, OH 43024

City: Columbus State: OH Zip Code: 43240 Telephone: \_\_\_\_\_

877-753-3742 Fax: N/A

E-mail: healy@goodnightmedical.com Website: goodnightmedical.com

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

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

9 to 5 Sat: Prn to \_\_\_\_\_ Sun: Prn to \_\_\_\_\_ Holidays: Prn to \_\_\_\_\_

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

Name: Alan Rudy, CEO & owner

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

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

\*\*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: Deadrick Thomas, RPT Telephone: 559-545-9243

## NEVADA STATE BOARD OF PHARMACY

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

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

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

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<input checked="" type="checkbox"/> New MDEG <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____) <input type="checkbox"/> Partnership - Pages 1,2,3,6 <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: Prollenium US Inc.

Physical Address: 9121 Anson Way, Suite 213, Raleigh, NC 27615  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip Code: 10921

Telephone: (919) 987-1803 Fax: (919) 256-5173

E-mail: PUI@slsny.com Website: www.revanesseusa.com

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

Mon: 09:00 to 05:00 Tue: 09:00 to 05:00 Wed: 09:00 to 05:00 Thu: 09:00 to 05:00

Fri: 09:00 to 05:00 Sat:     to     Sun:     to     Holidays:     to    

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

Name: Douglas Roman Yoch

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

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

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<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: Sawtooth Orthotics & Prosthetics, Inc.

Physical Address: 780 S 14th St  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: PO Box 82308, Austin, TX. 78708-2308

City: Boise State: ID Zip Code: 83702-6841

Telephone: 208-344-9981 Fax: 208-344-9968

E-mail: shscott@hanger.com Website: www.hanger.com

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

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

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

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

Name: Debra Anderson

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

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Gases**             | <input checked="" type="checkbox"/> Assistive Equipment       |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment**   |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthetics |
| <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: Debra Anderson Telephone: 208-344-9981

W

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

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

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<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: TLC Medical SuppliesPhysical Address: 3312 W. Florence Ave Suite D Los Angeles CA 90043

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

Mailing Address: 3312 W. Florence Ave Suite DCity: Los AngelesState: Zip Code: CA 90043Telephone: 323-880-8104Fax: 323-880-8204E-mail: tlcmedicalsupplies@gmail.com

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

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**Mon: 9 AM to 5 PM Tue: 9 AM to 5 PM Wed: 9 AM to 5 PM Thu: 9 AM to 5 PM Fri: \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_ Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**Name: Abel Gebremedical**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: \_\_\_\_\_

\*\*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 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: Visionary Surgery Center of Nevada

Physical Address: 10463 Double R Blvd.

City: Reno State: NV Zip Code: 89521

Telephone: 775-322-1000 Fax: 775-322-1050

Toll Free Number: \_\_\_\_\_ E-mail: elizabeth@renoeyecare.com

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

Managing Pharmacist: Mary Grear License Number: 10687

**TYPE OF PHARMACY AND**

**SERVICES PROVIDED**

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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



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**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (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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☐ 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: Caremark, L.L.C. dba CVS Specialty

Physical Address: 7251 S. Eastern Ave.

City: Las Vegas

State: NV Zip Code: 89119

Telephone: 866-833-3752

Fax: PENDING

Toll Free Number: 1-866-833-3752

E-mail: N/A

Website: N/A

Managing Pharmacist: Tasha Castro

License Number: 18122

**TYPE OF PHARMACY AND**

**SERVICES PROVIDED**

Yes/No

☐ ☒ Retail

☐ ☒ Hospital (# beds \_\_\_\_\_)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☒ Community

☒ ☐ Other: Mail Order

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding

☐ ☒ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding

☐ ☐ Other Services: \_\_\_\_\_