

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.

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Avera ePharmacy
Physical Address: 4103 N. Loop 1604 W, Suite 202
Mailing Address: - as above -
City: San Antonio State: TX Zip Code: 78257
Telephone: 210-610-0413 Fax: 210-549-4061
Toll Free Number: 855-283-7279
E-mail: Jeremy.Mueller@avera.org Website: www.averaecare.org
Managing Pharmacist: Jeremy Mueller License Number: 19546

TYPE OF PHARMACY AND SERVICES PROVIDED

Checkboxes for pharmacy types (Retail, Hospital, Internet, Nuclear, Ambulatory Surgery Center, Community, Other) and services (Off-site Cognitive Services, Parenteral, Outpatient/Discharge, Mail Service, Long Term Care, Sterile Compounding, Non Sterile Compounding, Mail Service Sterile Compounding, Other Services).

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

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B

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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: Center for Comprehensive Care & Diagnosis of Inherited Blood Disorders

Physical Address: 2670 North Main Street, Suite 150

Mailing Address: 2670 North Main Street, Suite 150

City: Santa Ana State: CA Zip Code: 92705

Telephone: 949-748-7521 Fax: 949-748-7615

Toll Free Number: 888-906-2390 (Required per NAC 639.708)

E-mail: info@c3dibd.org Website: cibd-ca.org

Managing Pharmacist: Phillip Lee Chung License Number: 47368

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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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: El Monte Community Pharmacy

Physical Address: 10808 Ramona Blvd

Mailing Address: _____

City: El Monte State: CA Zip Code: 91731

Telephone: 626-579-6277 Fax: 626-579-6739

* Toll Free Number: _____ (Required per NAC 639.708)

E-mail: info@rxpatientsupport.com Website: _____

Managing Pharmacist: Ijeoma Henrietta Obinwanne License Number: RPH 60844

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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issuing license.

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Express Veterinary Pharmacy, LLC

Physical Address: 833 N Cooper Road Suite 104 Gilbert AZ 85233

Mailing Address: 833 N Cooper Road Suite 104

City: Gilbert State: AZ Zip Code: 85233

Telephone: (480) 892-0761 Fax: (480) 892-0707

Toll Free Number: (833) 206-2945 (Required per NAC 639.708)

E-mail: businessmanager@expressvetpharmacy.com Website: www.expressvetpharmacy.com

Managing Pharmacist: Brenda Sue Fletcher, PharmD License Number: S015011 (AZ)

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: PH0270
 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: Foothills Professional Pharmacy

Physical Address: 4545 E Chandler Blvd #100, Phoenix, AZ 85048

Mailing Address: 4545 E Chandler Blvd #100, Phoenix, AZ 85048

City: Phoenix State: AZ Zip Code: 85048

Telephone: 480-496-4444 Fax: 480-496-4450

Toll Free Number: 877-496-2924 (Required per NAC 639.708)

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

Managing Pharmacist: Melissa Ann Ducheschere License Number: S014346

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 <u> </u>)	<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: <u> </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: <u> </u>

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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: Parkway Pharmacy LP

Physical Address: 3502 US Highway 9 Howell, NJ 07731

Mailing Address: 3502 US Highway 9

City: Howell State: NJ Zip Code: 07731

Telephone: 866-355-7797 Fax: 888-551-6289

Toll Free Number: 866-355-7797 (Required per NAC 639.708)

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

Managing Pharmacist: Alan Bleznick License Number: 28R101759600

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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 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: CD Pharmacy LLC dba Red Rock Pharmacy Ste 101
 Physical Address: 863 West 450 South ste 101
 Mailing Address: 863 West 450 South ste 101
 City: Springville State: UT Zip Code: 84663
 Telephone: 801-477-9444 Fax: 801-477-9445
 Toll Free Number: 877-346-9599 (Required per NAC 639.708)
 E-mail: ORDERSVhome@RedRockRx.com Website: www.RedRockRx.com
 Managing Pharmacist: Robert L. Barber License Number: 7769826-1701

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 checked="" type="checkbox"/> <input 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: _____

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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: Regents Pharmacy

Physical Address: 4150 Regents Park Row #155, La Jolla, CA, 92037

Mailing Address: 4150 Regents Park Row #155, La Jolla, CA, 92037

City: La Jolla State: CA Zip Code: 92037

Telephone: 858-281-5200 Fax: 858-260-2170

Toll Free Number: 888-426-3098 (Required per NAC 639.708)

E-mail: John.Han@RegentsRx.com Website: www.RegentsRx.com

Managing Pharmacist: John Han License Number: RPH64847

TYPE OF PHARMACY AND SERVICES PROVIDED

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

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