

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 services: Retail, Hospital, Internet, Nuclear, Ambulatory Surgery Center, Community, Off Site Cognitive Services, Parenteral, Mail Service, 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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C

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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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D

# NEVADA STATE BOARD OF PHARMACY

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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: 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 _____)   | <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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 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                              |   | 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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 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: Americo RX, LLC d/b/a Uptown Drugs Pharmacy

Physical Address: 14737 Champaign Rd.

Mailing Address: 14737 Champaign Rd.

City: Allen Park State: MI Zip Code: 48101-1616

Telephone: 313-383-8300 Fax: 313-769-6889

Toll Free Number: 866-250-2241 (Required per NAC 639.708)

E-mail: UptowndrugsRX@gmail.com Website: N/A

Managing Pharmacist: STEPHANIE LANGFORD COUCH License Number: 5302030936

**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 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: _____               |

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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: Vanderbilt Integrated Pharmacy

Physical Address: 726 Melrose Avenue

Mailing Address: Same

City: Nashville State: TN Zip Code: 37211

Telephone: 615-875-6000 Fax: 615-242-1151

Toll Free Number: 866-321-8664 (Required per NAC 639.708)

E-mail: pharmacy.contracts@vanderbilt.edu Website: N/A

Managing Pharmacist: Hansel Newman License Number: 35090

### 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: _____               |

All boxes must be checked  
For the application to be complete

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New Pharmacy or  **Ownership Change** (Provide current license number if making changes: PH02611)  
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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: Wellpartner

Physical Address: 20800 SW 115th Avenue Tualatin, OR 97062

Mailing Address: One CVS Drive

City: Woonsocket State: RI Zip Code: 02895

Telephone: 401-765-1500 Fax: \_\_\_\_\_

Toll Free Number: 877-935-5911 (Required per NAC 639.708)

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Managing Pharmacist: Kent Blair License Number: 7146

### 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 **              |
| All boxes must be checked           |   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Non Sterile Compounding             |
| For the application to be complete  |   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Mail Service Sterile Compounding ** |
|                                     |   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> 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: Fountain Plaza Pharmacy

Physical Address: 2825 W. Andrew Johnson Hwy

Mailing Address: 2825 W. Andrew Johnson Hwy

City: Morristown

State: TN

Zip Code: 37814

Telephone: 423-307-5757

Fax: 423-307-5241

Toll Free Number: 844-990-9993

(Required per NAC 639.708)

E-mail: Ryan@fpprxs.com

Website: FountainPlazaPharmacy.com

Managing Pharmacist: Ryan K. Hollingsworth

License Number: 33675

### 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,

99127

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.

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: People First Pharmacy #2

Physical Address: 2501 E. Hebron Pkwy, Ste 100A, Carrollton, TX 75010

Mailing Address: P.O. Box 118043

City: Carrollton State: TX Zip Code: 75011

Telephone: 972 300 4130 Fax: 972 300 4132

Toll Free Number: 1 833 633 7669 (Required per NAC 639.708)

E-mail: tesh@peoplefirstpharmacy.com Website: www.peoplefirstpharmacy.com

Managing Pharmacist: Sharon Bondy License Number: 20148

### 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 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 checked="" type="checkbox"/> <input 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,**

09244

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.

[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: Talca Pharmaceuticals Inc

Physical Address: 768B Calle Plano, Camarillo, CA 93012-8555

Mailing Address: same as above

City: Camarillo State: CA Zip Code: 93012-8555

Telephone: 805-482-0400 Fax: 805-482-0117

Toll Free Number: 800-482-4476 (Required per NAC 639.708)

E-mail: talcapharm@talcapharm.com Website: n/a

Managing Pharmacist: Kenneth J. Amodeo License Number: 37646

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: \_\_\_\_\_

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: \_\_\_\_\_

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,

99180

**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: Tampa Family Pharmacy, LLC

Physical Address: 2919 W. Swann Ave, suite 101 Tampa, FL 33609

Mailing Address: 2919 W. Swann Ave, suite 101

City: Tampa State: FL Zip Code: 33609

Telephone: (813) 871-5161 Fax: (813) 877-2479

Toll Free Number: (866) 871-5670 (Required per NAC 639.708)

E-mail: rph@ffpspecialty.com Website: www.TFPwellnessSystems.com

Managing Pharmacist: Haley Miller License Number: PS34073

**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,

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.

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

|  |  |
|--|--|
| <input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4      | <input type="checkbox"/> Partnership - Pages 1,2,3,6 |
| <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,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: Cooper Surgical, Inc.

Physical Address: 825 Wurlitzer Drive, North Tonawanda, NY 14120

Mailing Address: 95 Corporate Drive

City: Trumbull State: CT Zip Code: 06611

Telephone: 203-601-5200 Fax: 203-601-9870

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

E-mail: james.keller@coopersurgical.com Website: www.coopersurgical.com

Facility Manager: Jennifer M. Gates

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

99238



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

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|  |   |
|--|---|
| <input type="checkbox"/> New Wholesaler                                    | <input type="checkbox"/> Ownership Change |
| (Please provide current license number if making changes: <u>WH01624</u> ) |   |

|   |  |
|---|--|
| <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: Priority Healthcare Distribution, Inc. dba CuraScript SD Specialty Distribution

Physical Address: 2040 W. Rio Salado Parkway, Suite 101A

Mailing Address: same as above

City: Tempe State: Arizona Zip Code: 85281

Telephone: (480) 417-5001 Fax: (480) 968-1614

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

E-mail: LMSanchez@express-scripts.com Website: n/a

Facility Manager: Luisa Sanchez

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

Please see Exhibit A - Copy of Resume

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

|                                       |   |   |                                      |
|---------------------------------------|---|---|--------------------------------------|
| <input type="checkbox"/> Pharmacies   | <input checked="" type="checkbox"/> Practitioners | <input checked="" type="checkbox"/> Hospitals | <input type="checkbox"/> Wholesalers |
| <input type="checkbox"/> Other: _____ |   |   |                                      |

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

|   |  |
|---|--|
| <input type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices            | <input type="checkbox"/> Hypodermic Devices      |
| <input type="checkbox"/> Poisons or Chemicals                                   | <input type="checkbox"/> Veterinary Legend Drugs |
| <input checked="" type="checkbox"/> Controlled Substances (include copy of DEA) |  |
| <input type="checkbox"/> 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)**  
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New Wholesaler or  Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_  
Check box below for type of ownership and complete all required forms for type of ownership that  
you have selected. If LLC use Non Public Corporation or Partnership  
 Publicly Traded Corporation – Pages 1,2,3,4  Partnership - Pages 1,2,3,7  
 Non Publicly Traded Corporation – Pages 1,2,3,5,6  Sole Owner – Pages 1,2,3,8

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

Facility Name: EPI Health, LLC

Physical Address: 134 Columbus St.

City: Charleston State: SC Zip Code: 29403

Telephone Number: 843-737-8739 Fax Number: 843-965-8599

Toll Free Number: 800-499-4468

E-mail: sharwell@epihealth.com Website: www.epihealth.com

Facility Manager: Ronald Owens

Professional qualifications and experience of facility manager: President of EPI Health, CPA and CFA

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

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

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

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

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
**(non-refundable and not transferable money order or cashier's check only)**  
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New Wholesaler                       Ownership Change  
(Please provide current license number if making changes: WH \_\_\_\_\_ )

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

**GENERAL INFORMATION**

Facility Name: Fisher Scientific Company L.L.C.

Physical Address: 4951 Langdon Rd Suite 170, Dallas TX 75241

Mailing Address: 300 Industry Drive

City: Pittsburgh State: PA Zip Code: 15275

Telephone: 412.765.9458 Fax: 724.517.1546

Toll Free Number: 1-800-766-7000

E-mail: bill.blessing@thermofisher.com Website: thermofisher.com

Facility Manager: Patrick Berryman

Professional qualifications and experience of facility manager: Operations Manager 10 plus years with Fisher Scientific Company L.L.C.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled be firm:

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

99240

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)**

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|   |   |
|---|---|
| <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: Fisher Scientific Company L.L.C.

Physical Address: 3315 Atlantic Ave, Raleigh NC 27604

Mailing Address: 300 Industry Drive

City: Pittsburgh State: PA Zip Code: 15275

Telephone: 412.765.9458 Fax: 724.517.1546

Toll Free Number: 1-800-766-7000

E-mail: bill.blessing@thermofisher.com Website: thermofisher.com

Facility Manager: Patrick Berryman

Professional qualifications and experience of facility manager: Operations Manager 10 plus years with Fisher Scientific Company L.L.C.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

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

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

|  |  |
|--|--|
| <input checked="" type="checkbox"/> Publicly Traded Corporation – <b>Pages 1,2,3,4</b> | <input type="checkbox"/> Partnership - Pages 1,2,3,6 |
| <input 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: Integrated Commercialization Solutions, LLC

Physical Address: 6450 LaSalle Drive, Suite B, Lockbourne, OH 43137

Mailing Address: 3101 Gaylord Parkway - ATTN: Simone Orange

City: Frisco State: TX Zip Code: 75034

Telephone: 614-409-8500 Fax: 614-409-4204

Toll Free Number: N/A

E-mail: kara.ellis@absg.com Website: www.icconnect.com

Facility Manager: Kara Ellis

Professional qualifications and experience of facility manager: See Exhibit A for 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: \_\_\_\_\_

✓

**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                       Ownership Change  
(Please provide current license number if making changes: WH \_\_\_\_\_ )

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

**GENERAL INFORMATION**

Facility Name: La Jolla Pharmaceutical Company

Physical Address: 4550 Towne Centre Court, San Diego, CA 92121

Mailing Address: 4550 Towne Centre Court

City: San Diego State: CA Zip Code: 92121

Telephone: (858) 207-4264 Fax: (858) 225-6210

Toll Free Number: N/A

E-mail: medicalinformation@ljpc.com Website: www.lajollapharmaceutical.com

Facility Manager: Dennis M. Mulroy

Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

Pharmacies                       Practitioners                       Hospitals                       Wholesalers  
 Other: Specialty Distributors

Type of Products to be handled or wholesaled by firm:

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

10-K

99163

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                   | <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: MEDICAL PURCHASING SOLUTIONS, LLC

Physical Address: 36600 PARKWAY LN, STE J Hilliard, OH 43026

Mailing Address: 15021 N. 74<sup>th</sup> St #300

City: SCOTSDALE State: AZ Zip Code: 85260

Telephone: 602-476-1595 Fax: 800-351-0834

Toll Free Number: 888-894-248

E-mail: denis@medicalpurchasingsolutions.com Website: www.Medicalpurchasingsolutions.com

Facility Manager: Denis McNicholl

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: \_\_\_\_\_

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 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: Northwind Pharmaceuticals, LLC

Physical Address: 9402 Uptown Drive, Suite 1100

City: Indianapolis State: IN Zip Code: 46256

Telephone Number: 317-522-1637 Fax Number: 317-576-9807

Toll Free Number: 800-722-0772

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

Facility Manager: Ronda Fox

Professional qualifications and experience of facility manager: over 10 years as facility management or supervisory roles in pharmaceutical distribution

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

|  |   |                                    |   |
|--|---|------------------------------------|---|
| <input checked="" type="checkbox"/> Pharmacies | <input checked="" type="checkbox"/> Practitioners | <input type="checkbox"/> Hospitals | <input checked="" type="checkbox"/> Wholesalers |
| <input type="checkbox"/> Other: _____          |   |                                    |   |

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

|   |  |
|---|--|
| <input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices | <input type="checkbox"/> Hypodermic Devices      |
| <input type="checkbox"/> Poisons or Chemicals                                   | <input type="checkbox"/> Veterinary Legend Drugs |
| <input checked="" type="checkbox"/> Controlled Substances (include copy of DEA) |  |
| <input type="checkbox"/> Other: _____   |  |

VAWD



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                       Ownership Change  
(Please provide current license number if making changes: WH \_\_\_\_\_ )

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

**GENERAL INFORMATION**

Facility Name: Pajunk Medical Systems, LP

Physical Address: 6611 Bay Circle, Suite 140, Norcross, GA 30071

Mailing Address: 6611 Bay Circle, Suite 140

City: Norcross                      State: GA                      Zip Code: 30071

Telephone: 770-493-6832                      Fax: 678-514-3388

Toll Free Number: 888-972-5865

E-mail: info@pajunk-usa.com                      Website: www.pajunkusa.com

Facility Manager: Laura Counts

Professional qualifications and experience of facility manager: See attached resume;

Start-up of a new anesthesia tray assembly line, including component sourcing process development and validation , and quality management system set up

Types of licensed outlets or authorized persons firm will serve:

Pharmacies                       Practitioners                       Hospitals                       Wholesalers  
 Other: Surgery Centers

Type of Products to be handled or wholesaled be firm:

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

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.

|   |   |
|---|---|
| <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: Rainbow Gold, Inc.

Physical Address: 115 Grimes Drive

Mailing Address: 115 Grimes Drive

City: Giuntersville State: AL Zip Code: 35976

Telephone: 256-264-0175 Fax: 256-264-0180

Toll Free Number: n/a

E-mail: dennisb@rainbowgoldproducts.com Website: N/A

Facility Manager: Dennis Boyette

Professional qualifications and experience of facility manager: Over 40 years experience with pharmaceutical companies and management positions.

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

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

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

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

99241

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.

|   |   |
|---|---|
| <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: Emes 2 Pharmaceuticals, LLC DBA Rx Return Services

Physical Address: 2140 Sunnydale Blvd. Suite B & C

Mailing Address: 2140 Sunnydale Blvd. Suite B & C

City: Clearwater State: FL Zip Code: 33765

Telephone: 727-754-7848 Fax: 727-754-7850

Toll Free Number: N/A

E-mail: adminrx@rxreturnservices.com Website: rxrs.com

Facility Manager: Frank La Greca

Professional qualifications and experience of facility manager: I have been working in the Reverse Distributor Field for the past 4yrs.

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

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

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

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

99125

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.

Form with checkboxes for 'New Wholesaler' and 'Ownership Change', and a note to provide current license number if making changes.

Form with checkboxes for ownership types: Publicly Traded Corporation, Partnership, Non Publicly Traded Corporation, and Sole Owner.

GENERAL INFORMATION

Facility Name: TIME CAP LABORATORIES, INC

Physical Address: 220 MILLER PLACE

Mailing Address:

City: HICKSVILLE State: NY Zip Code: 11801

Telephone: 631 753-9090 Fax: 631 753-2220

Toll Free Number:

E-mail: imcgregor@timecaplabs.com Website: www.timecaplabs.com

Facility Manager: Irene McGregor

Professional qualifications and experience of facility manager: 20+ years experience(See Attached CV)

Types of licensed outlets or authorized persons firm will serve:

Form with checkboxes for 'Pharmacies', 'Practitioners', 'Hospitals', 'Wholesalers', and 'Other'.

Type of Products to be handled or wholesaled by firm:

Form with checkboxes for 'Legend Pharmaceuticals, Supplies or Devices', 'Hypodermic Devices', 'Poisons or Chemicals', 'Veterinary Legend Drugs', 'Controlled Substances', and 'Other'.

99162

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                       Ownership Change  
(Please provide current license number if making changes: WH \_\_\_\_\_)

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

**GENERAL INFORMATION**

Facility Name: Tetraphase Pharmaceuticals, Inc.

Physical Address: 480 Arsenal Way, Watertown, MA 02472

Mailing Address: 480 Arsenal Way

City: Watertown State: MA Zip Code: 02472

Telephone: (617) 715-3600 Fax: (617) 926-3557

Toll Free Number: N/A

E-mail: sdobson@tphase.com Website: http://www.tphase.com/

Facility Manager: Maria Stahl

Professional qualifications and experience of facility manager: SVP and General Counsel for Tetraphase since March 2015. Former VP, General Counsel and Secretary of Idenix Pharmaceuticals.

Types of licensed outlets or authorized persons firm will serve:

Pharmacies                       Practitioners                       Hospitals                       Wholesalers  
 Other: Specialty Distributors

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: \_\_\_\_\_

99110

10-K

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: Tyto Care

Physical Address: 106 West 32nd Street

City: New York State: NY Zip Code: 10001

Telephone Number: 866-971-8986 Fax Number: \_\_\_\_\_

Toll Free Number: 203-918-6434

E-mail: ysig@tytocare.com Website: www.tytoCare.com

Facility Manager: Jodi Gabaef

Professional qualifications and experience of facility manager: (CV 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: Airvida

Physical Address: 2921 E. Ft. Lowell Rd. Suite 115 Tucson, AZ 85716  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: same as above

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

Telephone: 520-405-0141 Fax: 520-514-0515

E-mail: jthomas@airvida.com Website: www.airvida.com

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

Mon: \_\_\_\_\_ to \_\_\_\_\_ Tue: 9:30 to 5:00 Wed: 9:30 to 5:00 Thu: 9:30 to 5:00

Fri: 9:30 to 5:00 Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

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

Name: Jerry Thomas

**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

09237

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)**

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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: Attentus Medical Sales, Inc.

Physical Address: 5750 N Sam Houston Parkway E, Ste. 406, Houston, TX 77032  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Medical Specialties Distributors, LLC 800 Technology Center Drive

City: Stoughton State: MA Zip Code: 02072

Telephone: 781-344-6000 Fax: 781-344-7244

E-mail: licensing@msdistributors.com Website: www.attentusmedical.com

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

Mon: 8 to 6 Tue: 8 to 6 Wed: 8 to 6 Thu: 8 to 6

Fri: 8 to 6 Sat: closed to Sun: closed to Holidays: closed to

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

Name: Matt Poole

**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>Oxygen regulators and conservers at wholesale level only</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

99126



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<br>(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: Avondale HIVE, Inc.

Physical Address: 41089 Enterprise Circle North, Suite 112, Temecula, CA 92590  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 41089 Enterprise Circle North, Suite 112

City: Temecula State: CA Zip Code: 92590

Telephone: 1-877-353-1193 ext. 403 Fax: 951-340-4097

E-mail: mmarcotti@avondalehive.com Website: \_\_\_\_\_

**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: Megan Marcotti

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

HA

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

### FACILITY INFORMATION

Facility Name: Home Medical Equipment and Supplies

Physical Address: 644 SW Coast Hwy, STE B, Newport, OR 97365-5051  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 644 SW Coast Hwy, STE

City: Newport State: OR Zip Code: 97365-5051

Telephone: 1-800-980-4148 Fax: 1-888-979-4637

E-mail: customercare@home-medical.com Website: \_\_\_\_\_

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

Mon: 9 to 4 Tue: 9 to 4 Wed: 9 to 4 Thu: 9 to 4  
Fri: 9 to 4 Sat: CLOSED to Sun: CLOSED to Holidays: CLOSED to

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

Name: Barbara Mantha

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

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

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

Name: n/a

Telephone: n/a

II

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.

Application form section with checkboxes for ownership types: New MDEG, Ownership Change, Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, Sole Owner.

FACILITY INFORMATION

Facility Name: PRO-THOTICS TECHNOLOGY, INC DBA PROTHOTICS HEALTH

Physical Address: 285 SILLS RD 3D PATCHOGUE NY 11772

Mailing Address: 285 SILLS RD 3D

City: PATCHOGUE State: NY Zip Code: 11772

Telephone: 631 438 1075 x 150 Fax: 877 366 5492

E-mail: DAFFENITA@PROTHOTICSHALTH.COM Website: N/A

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 to 5 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: John Affenita

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 Prosethics

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

Name: Telephone:

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

Application form with checkboxes for ownership types: New MDEG, Ownership Change, Partnership, Sole Owner, etc.

FACILITY INFORMATION

Facility Name: TensSource, LLC

Physical Address: 8110 Anderson Road Suite 100-A Tampa FL 33634

Mailing Address: PO Box 340549

City: Tampa State: FL Zip Code: 33694

Telephone: 888-365-7861 Fax: 855-231-7748

E-mail: avargas@stymco.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 4pm Tue: 8am to 4pm Wed: 8am to 4pm Thu: 8am to 4pm
Fri: 8am to 4pm Sat: N/A to N/A Sun: N/A to N/A Holidays: N/A to N/A

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Nicholas Exarchos

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, 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:

KK

### 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<br>(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: Therapeutic Resources, Inc.

Physical Address: 16000 Bothell-Everett Hwy Ste 175, Mill Creek WA 98012  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: PO Box 12608

City: Mill Creek State: WA Zip Code: 98082

Telephone: 425-337-9609 Fax: 425-374-4756

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

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

Mon: 9:30 to 5 Tue: 9:30 to 5 Wed: 9:30 to 5 Thu: 9:30 to 5  
Fri: CLOSED Sat: CLOSED Sun: CLOSED Holidays: CLOSED

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

Name: Carrie Daggett

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

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

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

Name: N/A Telephone: N/A

LL

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

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

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

Application must be printed legibly or typed

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

New MDEG     
  Ownership Change     
  Name Change     
  Location Change  
 (Please provide current license number if making changes: MP or MW N/A)

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

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

MDEG Name: Bennett Medical Services

Physical Address: 2600 Mill Street, Suite 800, Reno, NV 89502  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2600 Mill Street, Suite 600,

City: Reno State: NV Zip Code: 89502

Telephone: 719-635-9119 Fax: 719-635-9956

E-mail: dsiegel@ppsc.com Website: www.bennettmedical.com

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

9am-12pm      9am-12pm      9am-12pm      9am-12pm  
 Mon: 1pm to 4pm    Tue: 1pm to 4pm    Wed: 1pm to 4pm    Thu: 1pm to 4pm  
 9am-12pm  
 Fri: 1pm to 4pm    Sat: on call to    Sun: on call to    Holidays: on call to

### MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Merlene Mecum

### 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 Prosthethics
- 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: On call services Telephone: 775-329-0799

99164

MM

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

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

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

Application must be printed legibly or typed

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Form with checkboxes for New MDEG, Ownership Change, Name Change, Location Change and a note to provide current license number.

Form with checkboxes for Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, and Sole Owner, with a note to check the correct type of ownership.

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Bennett Medical Services

Physical Address: 2600 Mill Street, Suite 100, Reno, NV 89502 (This must be a business address, we can not issue a license to a home address)

Mailing Address: 2600 Mill Street, Suite 600,

City: Reno State: NV Zip Code: 89502

Telephone: 208-327-8888 Fax: 208-323-5590

E-mail: dsiegel@ppsc.com Website: www.bennettmedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Operating hours for Mon, Tue, Wed, Thu, Fri, Sat, Sun, and Holidays.

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Jason Beck

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

Form with checkboxes for Medical Gases, Respiratory Equipment, Life-sustaining equipment, Diabetic Supplies, Assistive Equipment, Parenteral and Enteral Equipment, and Orthotics and Prosthesis.

\*\*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: On call services Telephone: 775-329-0799

99165

NN

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

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

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

Application must be printed legibly or typed

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New MDEG     Ownership Change     Name Change     Location Change  
(Please provide current license number if making changes: MP or MW N/A)

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

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

MDEG Name: Bennett Medical Services

Physical Address: 2600 Mill Street, Suite 700, Reno, NV 89502  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2600 Mill Street, Suite 600,

City: Reno State: NV Zip Code: 89502

Telephone: 720-519-1233 Fax: 720-519-1251

E-mail: dsiegel@ppsc.com Website: www.bennettmedical.com

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

Mon: 9am-12pm 1pm to 4pm Tue: 9am-12pm 1pm to 4pm Wed: 9am-12pm 1pm to 4pm Thu: 9am-12pm 1pm to 4pm  
Fri: 9am-12pm 1pm to 4pm Sat: on call to Sun: on call to Holidays: on call to

### MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Nadia Kretsu

### 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: On call services Telephone: 775-329-0799

99166



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# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

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

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

Application must be printed legibly or typed

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

|   |   |                                      |  |
|---|---|--------------------------------------|--|
| <input checked="" type="checkbox"/> New MDEG                                    | <input type="checkbox"/> Ownership Change | <input type="checkbox"/> Name Change | <input type="checkbox"/> Location Change |
| (Please provide current license number if making changes: MP or MW <u>N/A</u> ) |   |                                      |  |

|  |   |
|--|---|
| <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 1,2,3,5a,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 to be completed by all types of ownership

MDEG Name: Bennett Medical Services

Physical Address: 2700 Mill Street, Suite 100, Reno, NV 89502  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2600 Mill Street, Suite 600,

City: Reno State: NV Zip Code: 89502

Telephone: 916-681-0111 Fax: 916-681-0100

E-mail: dsiegel@ppsc.com Website: www.bennettmedical.com

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

|                        |                        |                        |                             |
|------------------------|------------------------|------------------------|-----------------------------|
| 9am-12pm               | 9am-12pm               | 9am-12pm               | 9am-12pm                    |
| Mon: <u>1pm to 4pm</u> | Tue: <u>1pm to 4pm</u> | Wed: <u>1pm to 4pm</u> | Thu: <u>1pm to 4pm</u>      |
| 9am-12pm               |                        |                        |                             |
| Fri: <u>1pm to 4pm</u> | Sat: <u>on call to</u> | Sun: <u>on call to</u> | Holidays: <u>on call to</u> |

### MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Daniel Theobald

### 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 checked="" 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: On call services Telephone: 775-329-0799

99167

PP

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

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

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

Application must be printed legibly or typed

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

|   |   |                                      |  |
|---|---|--------------------------------------|--|
| <input checked="" type="checkbox"/> New Pharmacy                    | <input type="checkbox"/> Ownership Change | <input type="checkbox"/> Name Change | <input type="checkbox"/> Location Change |
| (Please provide current license number if making changes: PH _____) |   |                                      |  |

|  |  |
|--|--|
| <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b           | <input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b           |
| <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b   | <input checked="" type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b |
| Please check box for type of ownership and complete correct part of the application. |  |

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

Pharmacy Name: BELMONT PHARMACY

Physical Address: 3050 E. BONANZA RD, LAS VEGAS, NV 89101

Mailing Address: 6553 MISSION CREST AVENUE

City: LAS VEGAS State: NV Zip Code: 89131

Telephone: 702-528-5336 Fax: \_\_\_\_\_

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

E-mail: reubobbybenson@yahoo.com Website: \_\_\_\_\_

Managing Pharmacist: BOBBY BENSON License Number: 13553

**Hours of Operation:**

|                    |                  |              |          |             |             |
|--------------------|------------------|--------------|----------|-------------|-------------|
| Monday thru Friday | <u>9</u> am      | <u>6</u> pm  | Saturday | <u>9</u> am | <u>3</u> pm |
| Sunday             | <u>CLOSED</u> am | <u>  </u> pm | 24 Hours | <u>  </u>   | <u>  </u>   |

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

|  |  |
|--|--|
| <input checked="" type="checkbox"/> Retail         | <input type="checkbox"/> Off-site Cognitive Services |
| <input type="checkbox"/> Hospital (# beds _____)   | <input type="checkbox"/> Parenteral                  |
| <input type="checkbox"/> Internet                  | <input type="checkbox"/> Parenteral (outpatient)     |
| <input type="checkbox"/> Nuclear                   | <input type="checkbox"/> Outpatient/Discharge        |
| <input type="checkbox"/> Out of State              | <input type="checkbox"/> Mail Service                |
| <input type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> Long Term Care              |

QQ

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

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

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

Application must be printed legibly or typed

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New Pharmacy       Ownership Change       Name Change       Location Change  
(Please provide current license number if making changes: PH 03447 )

Publicly Traded Corporation – Pages 1,2,3,7,8a,8b       Partnership - Pages 1,2,5,7,8a,8b  
 Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b       Sole Owner – Pages 1,2,6,7,8a,8b  
Please check box for type of ownership and complete correct part of the application.

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

Pharmacy Name: Direct Scripts Mail (DSM) Pharmacy  
Physical Address: 71 North Pecos Road, suite #104  
Mailing Address: PO Box 363071 N.  
City: North Las Vegas State: Nevada Zip Code: 89036-3071  
Telephone: 1-800-913-1846 Fax: 818-839-5696  
Toll Free Number: 1-800-913-1846  
E-mail: rwright@directscripts.com Website: \_\_\_\_\_  
Managing Pharmacist: Rory Wright License Number: 14443

**Hours of Operation:**

Monday thru Friday 9:30 am 6:00 pm      Saturday \_\_\_\_\_ am \_\_\_\_\_ pm  
Sunday \_\_\_\_\_ am \_\_\_\_\_ pm      24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

Retail       Off-site Cognitive Services  
 Hospital (# beds \_\_\_\_\_)       Parenteral  
 Internet       Parenteral (outpatient)  
 Nuclear       Outpatient/Discharge  
 Out of State       Mail Service  
 Ambulatory Surgery Center       Long Term Care

RR

**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)

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

Publicly Traded Corporation – Pages 1,2,3,10,11a&b       Partnership - Pages 1,2,6,10,11a&b  
 Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b       Sole Owner – Pages 1,2,8,10,11a&b

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

Pharmacy Name: Elite Medical Center

Physical Address: 150 E. Harmon Ave

City: Las Vegas State: Nevada Zip Code: 89109

Telephone: 702-445-5070 Fax: \_\_\_\_\_

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

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

Managing Pharmacist: Mary Green License Number: 10657

**TYPE OF PHARMACY AND SERVICES PROVIDED**

- Yes/No
- Retail
  - Hospital (# beds 22)
  - 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

**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)**

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

Publicly Traded Corporation – Pages 1,2,3,10,11a&b       Partnership - Pages 1,2,6,10,11a&b  
 Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b       Sole Owner – Pages 1,2,8,10,11a&b

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

Pharmacy Name: Pharmacy Consulting Services group

Physical Address: 5550 painted mirage rd. #115

City: Las Vegas State: NV Zip Code: 89149

Telephone: 702-910-3331 Fax: \_\_\_\_\_

Toll Free Number: Ø E-mail: michelle.gandy@lalasecete.com

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

Managing Pharmacist: Mary Grear 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 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 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 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

TT

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

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

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

Application must be printed legibly or typed

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

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

Pharmacy Name: Sun Valley Surgery Center, LLC

Physical Address: 4090 N. Martin Luther King Blvd.

City: North Las Vegas State: NV Zip Code: 89032

Telephone: 702 489-5460 Fax: 877-752-9402

Toll Free Number: NA E-mail: svsc-manager@gmail.com

Website: NA

Managing Pharmacist: Leo Basch License Number: 12431

**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: Surgical procedures

UU

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

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

**(non-refundable and not transferable money order or cashier's check only)**  
Application must be printed legibly or typed

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

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

Pharmacy Name: THE INFUSION PHARMACY

Physical Address: 70 E HORIZON RIDGE PKWY STE 140

City: HENDERSON State: NV Zip Code: 89002

Telephone: (702) 750-0475 Fax: (702) 750-0485

Toll Free Number: (833) 205-5762 E-mail: INFO@THEINFUSIONPHARMACY.COM

Website: N/A

Managing Pharmacist: KHAREN LOPEZ License Number: 18439

**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 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