

A

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☐ New Pharmacy or ☒ **Ownership Change** (Provide current license number if making changes: **PHD3697**)
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 **LLC**
☐ 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: East Ridge Rx LLC

Physical Address: 12176 South 1000 East Ste 2

Mailing Address: 12176 South 1000 East Ste 2

City: Draper State: UT Zip Code: 84020

Telephone: 801-355-5176 Fax: 801-606-7358

Toll Free Number: 877-252-4882 (Required per NAC 639.708)

E-mail: pharmacist@eastridgerx.com Website: www.eastridgeex.com (In Progress)

Managing Pharmacist: Angelee Dean License Number: 6647553-1701

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds)
☐ ☒ Internet - **SEE ENCLOSED STATEMENT**
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☐ ☒ Other:

All boxes must be checked

For the application to be complete

Yes/No

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Haltom Pharmacy

Physical Address: 5310 E. Belknap STE E

Mailing Address: _____

City: Haltom City State: Texas Zip Code: 76117

Telephone: 817-838-2500 Fax: 817-838-2510

Toll Free Number: 888-642-5613 (Required per NAC 639.708)

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

Managing Pharmacist: Thanh Ngo License Number: 39963

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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101090

NEVADA STATE BOARD OF PHARMACY

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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: LEGACYRX PHARMACY

Physical Address: 16051 ADDISON RD, STE 305

Mailing Address: 16051 ADDISON RD, STE 305

City: ADDISON State: TX Zip Code: 75001

Telephone: (972) 485-4443 Fax: (214) 594-7454

Toll Free Number: (800) 991-4752 (Required per NAC 639.708)

E-mail: LEGACYRXPHARM@GMAIL.COM Website: NONE

Managing Pharmacist: LISA LEELEN KUEHNE License Number: 35635

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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NEVADA STATE BOARD OF PHARMACY

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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: MP Pharmacy II

Physical Address: 4434 Cerritos Ave., Los Alamitos, CA 90720

Mailing Address: 4434 Cerritos Ave

City: Los Alamitos State: CA Zip Code: 90720

Telephone: 714-733-2701 Fax: 714-733-3702

Toll Free Number: 800-674-8901 (Required per NAC 639.708)

E-mail: mppharmaceuticalsla@gmail.com Website: mpmedsII.com

Managing Pharmacist: Ronak Desai License Number: RPH55481

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: Retail

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

10/1/19

E

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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: PREFERRED PHARMACY INC

Physical Address: 3303 HARBOR BLVD H7

Mailing Address: 3303 HARBOR BLVD H7

City: COSTA MESA State: CA Zip Code: 92626

Telephone: 714-497-2778 Fax: 714-787-4966

Toll Free Number: 877-737-8477 (Required per NAC 639.708)

E-mail: FSG@PREFERRED RX.COM Website: WWW.PREFERRED RX.COM

Managing Pharmacist: TONY LA License Number: 73904

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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101344

NEVADA STATE BOARD OF PHARMACY

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☒ Partnership - Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Roman Health Pharmacy LLC

Physical Address: 900 Broadway St. Suite 706

Mailing Address: 900 Broadway St. Suite 706

City: New York State: New York Zip Code: 10003

Telephone: 347-719-1438 Fax: NONE

Toll Free Number: 888-798-8686 (Required per NAC 639.708)

E-mail: ana@getroman.com Website: www.getroman.com

Managing Pharmacist: Ana Espinal License Number: 062874

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

☐ ☒ Retail

☐ ☒ Hospital (# beds _____)

☒ ☐ Internet

☐ ☒ Nuclear

☐ ☐ Ambulatory Surgery Center

☐ ☒ Community

☒ ☐ Other: Telemedicine

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,

10/185

G

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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: Fresh RxPhysical Address: 565 Goddard AvenueMailing Address: P.O. Box 347City: Ignacio State: CO Zip Code: 81137Telephone: 970.442.6400 Fax: 970.563.4403Toll Free Number: 800-388-3135 (Required per NAC 639.708)E-mail: jkutzelco@freshrxllc.com Website: under constructionManaging Pharmacist: John D. Kutzko License Number: PHA. 0019440**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,

101261

NEVADA STATE BOARD OF PHARMACY

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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: Total Care Rx, Inc.

Physical Address: 57-37 Main Street Flushing, NY 11355

Mailing Address: 57-37 Main Street

City: Flushing State: NY Zip Code: 11355

Telephone: 718.762.7111 Fax: 718.947.1079

Toll Free Number: 866.868.2579 (Required per NAC 639.708)

E-mail: AdminLevel2@TotalCareRx.com Website: www.TotalCareRx.Com

Managing Pharmacist: William B. Donnelly License Number: 043826

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,**

101158

I

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: Animal Health International, Inc.

Physical Address: 804 Henrietta Creek Road

City: Roanoke State: TX Zip Code: 76262

Telephone Number: 970-584-5200 Fax Number: 970-584-5700

Toll Free Number: _____

E-mail: marcus.prochazka@animalhealthinternational.com Website: www.animalhealthinternational.com

Facility Manager: Brandon Cochran

Professional qualifications and experience of facility manager: 4 years of experience working for a prescription drug wholesale distributor.

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: _____

101348

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

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☒ 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: Animal Health International, Inc.

Physical Address: 640 South Main Street

City: Spanish Fork State: UT Zip Code: 84660

Telephone Number: 801-798-7347 Fax Number: 970-584-5841

Toll Free Number: _____

E-mail: marcus.prochazka@animalhealthinternational.com Website: www.animalhealthinternational.com

Facility Manager: Swade Bartlett

Professional qualifications and experience of facility manager: 5.5 years of experience working for
prescription drug wholesale distributor

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: _____

K

NEVADA STATE BOARD OF PHARMACY
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☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

Johnson & Johnson Health Care Systems Inc. is wholly owned by Johnson & Johnson, a publicly traded company. As advised by your office, because the parent company is publicly traded, the publicly traded pages of this application must be completed.

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Johnson & Johnson Health Care Systems Inc.

Physical Address: 1101 Synthes Avenue

City: Monument State: CO Zip Code: 80132

Telephone Number: 719-481-5300 Fax Number: N/A

Toll Free Number: N/A

E-mail: Calvara2@its.jnj.com Website: www.ijchs.com

Facility Manager: Conrad P. Alvarado

Professional qualifications and experience of facility manager: See Attachment B

Types of licensed outlets or authorized persons firm will serve:

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

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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☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☒ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Jubilant HollisterStier LLC

Physical Address: 3525 North Regal Street

City: Spokane State: Washington Zip Code: 99207

Telephone Number: 509-489-5656 Fax Number: 509-484-4320

Toll Free Number: 1-800-992-1128

E-mail: madams@jhs.jubl.com Website: hsallergy.com

Facility Manager: Gina L. Truscott, Site Head Director, Regulatory Affairs

Professional qualifications and experience of facility manager: Regulatory Affairs Certification, United States and Europe. 21 + years experience

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

M

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☒ 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: Novadoz Pharmaceuticals, LLC

Physical Address: 20 Duke Road, Suite A

City: Piscataway State: NJ Zip Code: 08854

Telephone Number: 908-887-0679 Fax Number: 732-902-2113

Toll Free Number: N/A

E-mail: seshu.akula@novadozpharma.com Website: novadozpharma.com

Facility Manager: Seshu Akula

Professional qualifications and experience of facility manager: Resume 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: _____

N

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

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Remedy Rx Wholesale

Physical Address: 1057 S. Sherman St. Ste 120

City: Richardson State: Tx Zip Code: 75081

Telephone Number: 888-638-6793 Fax Number: 972-692-6793

Toll Free Number: 888-638-6793

E-mail: remedyrxwholesale@gmail.com Website: _____

Facility Manager: Tony Tran

Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies
 ☐ Practitioners
 ☐ Hospitals
 ☒ Wholesalers

☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

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

<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,7
<input 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: Sage Therapeutics, Inc.

Physical Address: 215 First Street

City: Cambridge State: MA Zip Code: 01242

Telephone Number: (617) 299-8380 Fax Number: (617) 299-8379

Toll Free Number: N/A

E-mail: Mike.Flanagan@sagerx.com Website: www.sagerx.com

Facility Manager: Kimi Iguchi

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: 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: _____

P

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

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

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH____)
 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: Top Quality Manufacturing, Inc.

Physical Address: 13165 Sandoval St

City: Santa Fe Springs State: CA Zip Code: 90670

Telephone Number: 562-906-6100 Fax Number: 562-906-6161

Toll Free Number: 800-483-8559

E-mail: jon@topqualitygloves.com Website: www.topqualitygloves.com

Facility Manager: Jando Chow

Professional qualifications and experience of facility manager: Manages warehouse operations including, Shipping, Receiving, Inventory Management, Safe storage, Quality control & Record keeping of RX products. Licensed as a Designated Rep in the State of California. Ensures compliance with Local, State & Federal regulations.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

Q

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: CP Bracing Supply, Inc.

Physical Address: 801 W Bay Drive Suite 505

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

Mailing Address: 801 W Bay Drive Suite 505

City: Largo State: FL Zip Code: 33770

Telephone: 727-314-4343 Fax: 1-877-270-7712

E-mail: info@cpbracingsupply.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: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Daniil Demidov

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>Off the shelf Orthotics</u> |

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

Name: _____ Telephone: _____

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

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

FACILITY INFORMATION

Facility Name: Custom Milling Center

Physical Address: 4680 Table Mountain Drive
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4680 Table Mountain Drive

City: Golden State: Co. Zip Code: 80403

Telephone: 303 865-7755 Fax: 303 865-7757

E-mail: Mike.Valenzuela@henrySchein.com Website: WWW.CUSTOM-MILLING.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8AM to 5PM Sat: Closed Sun: Closed Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Mike Valenzuela

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: N/A

Telephone: N/A

S

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OOS 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 or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: MD or MW _____) Check <u>box</u> below for type of ownership and complete all required forms.	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Partnership - Pages 1,2,3,7 <input type="checkbox"/> Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Devotion Medical Supply, Inc.
 Physical Address: 101 Kenwood Road Suite 26
 Mailing Address: same as above
 City: Fayetteville State: GA Zip Code: 30214
 Telephone Number: 678-817-4418 Fax Number: 678-817-4419
 Toll Free Number: 877-910-5341
 E-mail: sorobor@sbcglobal.net Website: _____

MDEG Administrator Information (Person in charge on a daily basis.)

Name: Simon Orobor

Days and Hours that the Facility will be Regularly Operated:

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5
 Fri: 9 to 5 Sat: 9 to 3 Sun: _____ to _____ Holidays: _____ to _____

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

- | | |
|---|--|
| <input type="checkbox"/> Medical Gases ** | <input checked="" type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment ** | <input type="checkbox"/> Parenteral and Enteral Equipment ** |
| <input type="checkbox"/> Life-sustaining equipment ** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> 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 a telephone number of a Nevada contact.

Name: _____ Telephone: _____

100906

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

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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: Elite Medical Supply

Physical Address: 2167 Camino Del Rio South #315
(This must be a business address, we can not issue a license to a home address)

Mailing Address: _____

City: San Diego State: CA Zip Code: 92108

Telephone: 1-844-434-1140 Fax: 1-877-219-6962

E-mail: nnexsteelmedicalsupplyhmc.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8³⁰ to 3 Tue: 8³⁰ to 3 Wed: 8³⁰ to 3 Thu: 8³⁰ to 3

Fri: 8³⁰ to 3 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: Sheila Negat

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

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

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

Name: Sheila Negat Telephone: 1-844-434-1140

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

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<input checked="" type="checkbox"/> New MDEG <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____) <input type="checkbox"/> Partnership - Pages 1,2,3,6 <input type="checkbox"/> Sole Owner – Pages 1,2,3,7
---	---

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

FACILITY INFORMATION

Facility Name: FedEx Supply Chain, Inc.

Physical Address: 9 Gateway Commerce Center Dr. E, Ste. 110, Edwardsville, IL 62025
 (This must be a business address, we can not issue a license to a home address)

Mailing Address: Attn: Licensing, 700 Cranberry Woods Dr.

City: Cranberry Twp. State: PA Zip Code: 16066

Telephone: 800-677-3110 Fax: 724-776-3167

E-mail: FSC-pharmalicensing@fedex.com Website: supplychain.fedex.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 6a to 4p Tue: 7a to 3p Wed: 7a to 3p Thu: 7a to 3p
 Fri: 6a to 4p Sat: 6a to 4p Sun: 6a to 4p Holidays: — to —

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Eric Keelin

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

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

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

Name: _____ Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

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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: First Stop Medical Supply, Inc.

Physical Address: 8800 49th Street North #309

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

Mailing Address: 8800 49th Street North #309

City: Pinellas Park State: FL Zip Code: 33782

Telephone: 727-498-8573 Fax: 1-888-785-6609

E-mail: info@firststopmedicalsupply.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: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Daniil Demidov

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>Off the shelf Orthotics</u> |

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

Name: _____

Telephone: _____

W

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

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

FACILITY INFORMATIONFacility Name: BioResolutions LLC (DBA: Halo Wound Solutions)Physical Address: N64 W24801 Main Street Suite #106 Sussex, WI 53089

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

Mailing Address: N64 W24801 Main Street Suite # 106City: Sussex State: WI Zip Code: 53089 Telephone: 262-820-0289Fax: 888-655-6244 E-mail: Lesslinger@halodme.comWebsite: www.halodme.com**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5 Fri: 8 to 5Sat: closed Sun: closed Holidays: _____ to _____**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**Name: Luke Esslinger**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

- | | | |
|--|---|--------------------------------------|
| <input type="radio"/> Medical Gases** | <input type="radio"/> Assistive Equipment | <input type="radio"/> Parenteral and |
| <input type="radio"/> Enteral Equipment** | <input type="radio"/> Respiratory Equipment** | <input type="radio"/> Orthotics and |
| <input type="radio"/> Prosthetics | <input type="radio"/> Life-sustaining equipment** | |
| <input type="radio"/> Diabetic Supplies | | |
| <input checked="" type="radio"/> Other: <u>Wound Care Surgical Dressing Supplies</u> | | |

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

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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: Healogics Wound Care Supply, LLC

Physical Address: 5220 Belfort Road, Suite 150, Jacksonville, FL 32256
(This must be a business address, we can not issue a license to a home address)

Mailing Address: P. O. Box 551187

City: Jacksonville State: FL Zip Code: 32256

Telephone: 904-446-3464 Fax: 904-446-3376

E-mail: jarrod.henshaw@healogics.com Website: www.healogics.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5
 Fri: 9 to 5 Sat: Closed Sun: Closed Holidays: See attachment

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jarrod Henshaw

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

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

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

Application must be printed legibly or typed

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

FACILITY INFORMATION

Facility Name: Jackson Medical Supply, Inc.

Physical Address: 801 West Bay Drive, Suite 515, Largo FL 33770

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

Mailing Address: 801 West Bay Drive, 515

City: Largo State: FL Zip Code: 33770

Telephone: 727-754-3306 Fax: 727-754-3396

E-mail: info@jacksonmedsupplyinc.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: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Daniil Demidov

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>Off the shelf Orthotics</u> |

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

Name: _____

Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

FACILITY INFORMATION

Facility Name: Layne Medical Supply, Inc.

Physical Address: 39047 County Rd 54
(This must be a business address, we can not issue a license to a home address)

Mailing Address: _____

City: Zephyrhills State: FL Zip Code: 33542

Telephone: 813-702-6376 Fax: 813-702-6315

E-mail: Info@laynemedicalsupply.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8AM to 5PM Tue: 8AM to 5PM Wed: 8AM to 5PM Thu: 8AM to 5PM
Fri: 8AM to 5PM Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Kristina Wexler

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

- | | |
|--|--|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and 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: _____ Telephone: Off the Shelf Orthotics

AA

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: LJH Medical Solutions, Inc.

Physical Address: 801 West Bay Drive, Suite 504 Largo, FL 33770
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 801 West Bay Drive, Suite 504

City: Largo State: FL Zip Code: 33770

Telephone: 727-223-8878 Fax: 727-240-1247

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9AM to 5PM Tue: 9AM to 5PM Wed: 9AM to 5PM Thu: 9AM to 5PM
Fri: 9AM to 5PM Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Kristina Wexler

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

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

101182

BB

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

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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: Lucky Medical Supply, Inc.

Physical Address: 14004 Roosevelt Boulevard Suite 612
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 14004 Roosevelt Boulevard Suite 612

City: Clearwater State: FL Zip Code: 33762

Telephone: 727-351-7948 Fax: 727-509-3801

E-mail: info@luckymedsupply.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9AM to 5PM Tue: 9AM to 5PM Wed: 9AM to 5PM Thu: 9AM to 5PM
Fri: 9AM to 5PM Sat: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jimmy Darling III

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>Off the shelf orthotics</u> |

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

Name: _____ Telephone: _____

CC

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

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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 INFORMATIONFacility Name: Medical Rehab Supply, Inc.Physical Address: 3636 Camino Del Rio N. Suite 150, San Diego, CA.
(This must be a business address, we can not issue a license to a home address)Mailing Address: 3636 Camino Del Rio N. Ste. 150City: San Diego State: CA Zip Code: 92108Telephone: 844-285-1135 Fax: 800-693-5073E-mail: info@medicalrehabsupply.net Website: NA**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**Mon: 9am to 4pm Tue: 9am to 4pm Wed: 9am to 4pm Thu: 9am to 4pmFri: 9am to 4pm Sat: to Sun: to Holidays: to **MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**Name: Leticia Engleman**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

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

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

Name: _____ Telephone: _____

101181

DD

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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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: TESLA MEDICAL LLC

Physical Address: 8401 BENJAMIN ROAD, SUITE C, TAMPA, FL 33634-1203
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 8401 BENJAMIN ROAD, SUITE C

City: TAMPA State: FL Zip Code: 33634-1203

Telephone: (813) 243-4353 Fax: (813) 433-5691

E-mail: dphilion@teslamedusa.com Website: www.teslamedusa.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8³⁰ AM to 2³⁰ PM Tue: 8³⁰ AM to 2³⁰ PM Wed: 8³⁰ AM to 2³⁰ PM Thu: 8³⁰ AM to 2³⁰ PM
Fri: 8³⁰ AM to 2³⁰ PM Sat: CLOSED Sun: CLOSED Holidays: CLOSED

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: DAVID PHILION

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

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

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

Name: _____ Telephone: _____

EE

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: **PH00640**)
 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: CVS/pharmacy # 8806

Physical Address: 1250 West 7th St

City: Reno State: NV Zip Code: 89503

Telephone: 775-747-6658 Fax: (775) 747-7249

Toll Free Number: N/A E-mail: N/A

Website: N/A

Managing Pharmacist: Ali Asghar M-TaFreshi License Number: 14852 ✓

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: _____

ff

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: Medical and Dental Center of Nevada

Physical Address: 4275 Burnham Ave. #101

City: Las Vegas State: NV Zip Code: 89119

Telephone: 702-489-3555 Fax: pending

Toll Free Number: N/A E-mail: _____

Website: N/A

Managing Pharmacist: Mary Grear, RPh License Number: 10087v

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 Surgery
☐ ☒ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding
☐ ☒ Other Services: _____

GG

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: SAFE Pharmacy Corporation

Physical Address: 737 North Main Street

City: Las Vegas State: NV Zip Code: 89101

Telephone: _____ Fax: _____

Toll Free Number: 800-642-1652 E-mail: pharmacy@safehealth.me

Website: safehealth.me

Managing Pharmacist: Susan A. Rounds License Number: 13868 ✓

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

HH

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

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

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

Application must be printed legibly or typed

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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: Spring Valley Surgery Center, LLC

Physical Address: 8828 Meadow Street

City: Las Vegas State: NV Zip Code: 89139

Telephone: (702) 227-4440 Fax: (702) 880-4197

Toll Free Number: N/A E-mail: epence@vpimedi.com

Website: www.lasvegaspaininstitutes.com

Managing Pharmacist: Douglas Cammann License Number: 13340 ✓

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: _____