# 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 <b>Ownership Chang</b> e (Provide current leads to be so below for type of ownership and complete all requirements.)	
Publicly Traded Corporation – Pages 1.2.3.7	Partnership - Pages 1,2,5,7
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Mon Publicly Traded Corporation – Pages 1,2,4,7 ☐	Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be completed by all type	A
Pharmacy Name: 904 Prospect Pharmac	
Physical Address: 904 Prospect Ave	Bronx, NY 10459
Mailing Address: Po Box 740054 Bro	nx, NY 10474
City: Bronk State: NY	Zip Code: 10459
Telephone: 118-991-6700 Fax: 718-8	74-1378
Toll Free Number: (844) 340 - 2622 (Require	d per NAC 639.708)
E-mail: Info@bocanyc.com Website:	www. Bocame. com
Managing Pharmacist: Leah Kana	License Number: 049000
TYPE OF PHARMACY AND SE	RVICES PROVIDED
Yes/No Ye	s/No
☑ □ Retail □	☐ Off-site Cognitive Services
☐ ☑ Hospital (# beds) ☐	Parenteral **
□ □ Internet □	Parenteral (outpatient)
□ ☑ Nuclear □	☐ Outpatient/Discharge
☐ ☑ Ambulatory Surgery Center ☑	☐ Mail Service
□ ☑ Community □	Long Term Care
□ □ Other: □	Sterile Compounding **
	☑ Non Sterile Compounding
All boxes must be checked	Mail Service Sterile Compounding **
For the application to be complete	Other Services:



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1 Official Dox Defow for Ivi	de of ownershin and complete	de current license number if making changes: PH e all required forms.
GENERAL INFORMA	TION to be completed by	all types of ownership
Pharmacy Name: Aff		
Physical Address: 11	003 Antoine Drive, Suite F	
Mailing Address:11	003 Antoine Drive, Suite F	
City: Houston	State:	Texas Zip Code: 77086
	200 Fax: _2	
		(Required per NAC 639.708)
E-mail: affinityrxpharma	<b>4</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Vebsite:
	The state of the s	License Number: 61114
Yes/No	F PHARMACY AND	SERVICES PROVIDED
D C All boxes	ospital (# beds)	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:

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

# C

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☐New Pharmacy or  ☐Ownership Change (Provide curred Check box below for type of ownership and complete all red Publicly Traded Corporation – Pages 1,2,3,7 ☐ Non Publicly Traded Corporation – Pages 1,2,4,7	equired forms.
GENERAL INFORMATION to be completed by all to	ypes of ownership
Pharmacy Name: Alta Rx LLC	
Physical Address: 9883 S 500 W Sandy, UT 84070	
Mailing Address: 9883 S 500 W	
City: Sandy State: UT	Zip Code: <u>84070</u>
Telephone: 801-716-7200 Fax: 801-71	6-7202
Toll Free Number: 855-686-1859 (Requ	uired per NAC 639.708)
E-mail: pharmacist@altarxpharmacy.com Webs	ite: www.altarx.com (in progress)
Managing Pharmacist: Nicole Cox	License Number: 10036324-1701
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
🛛 🗆 Retail	□ ⊠ Off-site Cognitive Services
□ 🙀 Hospital (# beds)	□ ⊠ Parenteral **
□ Na Internet - SEE ENLISED	□ 🛱 Parenteral (outpatient)
□ Nuclear STATEMEN	□ ⊠ Outpatient/Discharge
☐	☑ Mail Service
□ ⊠ Community	□ 🔀 Long Term Care
Other: (1) Wal	□ ⊠ Sterile Compounding **
PALESTIA	□ ⊠ Non Sterile Compounding
All boxes must be checked	☐ ☒ Mail Service Sterile Compounding **
For the application to be complete	☐ ☐ Other Services:

# D

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New Pharmacy or Monership Change (Provide Check box below for type of ownership and complete	le current license number if making changes: PHY55898
Publicly Traded Corporation - Pages 1 2 3 7	Partnership Dawn 4.0.5.7
Non Publicly Traded Corporation – Pages 1,2,4,7	☐ Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be completed by	
Pharmacy Name: BINH DAN PHAR	MACY
Physical Address: 14516 Brook hund	st st westminiter (+ 92682
Mailing Address: 14516 Brook hurs	st st westminster CA 92683
City:State:	Zin Code:
Telephone: (714) 531 - 5502 Fax: (7	14) 531-8425
Toll Free Number:(F	Required per NAC 639.708) -nill Drouge
E-mail: 22 FARMACY @ GMAIL. COM W	ehsite:
Managing Pharmacist: Enc Phan	License Number:
Managing Pharmacist: <u>Enc Phan</u>	License Number: 53237
Managing Pharmacist: Enc Phan  TYPE OF PHARMACY AND  Yes/No	License Number:
Managing Pharmacist: <u>Fric Phan</u> TYPE OF PHARMACY AND	License Number:SERVICES PROVIDED  Yes/No
Managing Pharmacist: Enc Phan  TYPE OF PHARMACY AND  Yes/No	License Number:
Managing Pharmacist: Enc Phan  TYPE OF PHARMACY AND  Yes/No  ☐ Retail	License Number:
Managing Pharmacist:	SERVICES PROVIDED  Yes/No  Services Parenteral **  Parenteral (outpatient) Outpatient/Discharge Mail Service Long Term Care
Managing Pharmacist:	SERVICES PROVIDED  Yes/No  Services Parenteral **  Parenteral (outpatient)  Outpatient/Discharge  Mail Service  Long Term Care  Sterile Compounding **
Managing Pharmacist:	License Number:
Managing Pharmacist:	License Number:

<sup>\*\*</sup>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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☐New Pharmacy or <b>☐Ownership Chang</b> e (Provide of Check box below for type of ownership and complete ald ☐ Publicly Traded Corporation — Pages 1,2,3,7 ☐ Non Publicly Traded Corporation — Pages 1,2,4,7	I required forms.  ☐ Partnership - Pages 1,2,5,7
GENERAL INFORMATION to be completed by al	I types of ownership
Pharmacy Name: 2 4 Pharm	uacy
Pharmacy Name: Physical Address: 1551 McKean	street.
Mailing Address:	
City: Philadelphia. State: 7	Ponsulvania Zip Code: 19145
Telephone: (25) 755-0814 Fax: (2)	5) 271- 5492
Toll Free Number: 833 - 254 - 27 2 (Re	
	A CONTRACTOR OF THE CONTRACTOR
E-mail: ty pharmacy a) verizon. net Wel Managing Pharmacist: Yen Phane	License Number: 192 //40/14/2
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
☑ □ Retail	□ ☑ Off-site Cognitive Services
□ 🗹 Hospital (# beds)	□ 🕅 Parenteral **
□ 🖾 Internet	☐ ☑ Parenteral (outpatient)
□ ⊠ Nuclear	□ 🛛 Outpatient/Discharge
☐ ဩ Ambulatory Surgery Center	⊠ □ Mail Service
☐ ဩ Community	☐ ☑ Long Term Care
□ 🖾 Other:	☐ ☑ Sterile Compounding **
	□ ☑ Non Sterile Compounding
All boxes must be checked	☐ Ø Mail Service Sterile Compounding **
For the application to be complete	☐ Ø Other Services:



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⊠New Pharmacy of Check box below for	or <b>Gownership Chang</b> e or type of ownership and co	(Provide curren	nt license number if making changes: PH
🗀 Publiciy Traded (	Jorporation – Pages 1.2.3.	.7	uired forms. ☑ Partnership  - Pages 1,2,5,7 ☑ Sole Owner – Pages 1,2,6,7
	MATION to be comple		
	MAH Pharmacy L.L.C. dba CHD F		
Physical Address:	4600 North Hanley Road, Suite C	,	
Mailing Address: _	4600 North Hanley Road, Suite C		
City: Saint Louis		State: Mis	lissouri Zip Code: 63134
	-5817 F		· · · · · · · · · · · · · · · · · · ·
Toll Free Number:	0== :		ed per NAC 639.708)
E-mail: rekruse@expre	ess-scripts.com	Website:	,
Managing Pharmad	cist: Richard E. Kruse		License Number: Missouri / 042666
			ERVICES PROVIDED
Yes/N	0		es/No
	] Retail		
	Hospital (# beds)		
	Internet		☑ Parenteral (outpatient)
	Nuclear		☑ Outpatient/Discharge
	Ambulatory Surgery Cen	ter 🖾	☐ Mail Service
. 🛚 🖾 🗆	Community	. 🗆	☑ Long Term Care
	Other:		Sterile Compounding **
			☑ Non Sterile Compounding
All box	es must be checked		☐ Mail Service Sterile Compounding **
For the	application to be complet	е 🗆	☑ Other Services:
*If you check "yos	71	-7	

<sup>\*\*</sup>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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New Pharmacy or <b>Dwnership Chang</b> e (Provide curre) Check box below for type of ownership and complete all re	
☐ 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 t	ypes of ownership
Pharmacy Name: CRX Specialty Solu-	hun Pharmory
Physical Address: 40 Bienville St.	
Mailing Address: 40 Bienville 54.	
City: Vatchitoches State: LA	Zip Code: 71457
Telephone: 877-646-1716 Fax: 318	-214-4190
Toll Free Number: 877 - 646 - 1716 (Requ	
E-mail: Terry . Smith @ southernscripts. Webs	ite: www.crxspecialty.com
	License Number: Pst. 017829
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
☐ □ Retail	☐ ☑ Off-site Cognitive Services
☐ ☑ Hospital (# beds)	☐ ☑ Parenteral **
☐ 🗹 Internet	□ 🕱 Parenteral (outpatient)
□ 🗷 Nuclear	□ 💆 Outpatient/Discharge
☐ ☑ Ambulatory Surgery Center	⊠ □ Mail Service
☐ № Community	□ ৷ ☑ Long Term Care
Other: MAL ORDER	☐
	□ À Non Sterile Compounding
All boxes must be checked	☐ Ø Mail Service Sterile Compounding **
For the application to be complete	☐ Ø Other Services:
	E. C. (10) CO. (1000)

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OHECK DOX D	CIOW	ioi type oi owriership and	a comple	ete all r	nun	license number if making changes: PHired forms.
LJ Publiciy T	raded	d Corporation – Pages 1.	2.3.7		$\Box$	Partnership - Pages 1,2,5,7 Sole Owner – Pages 1,2,6,7
GENERAL	INFO	RMATION to be com	pleted t	oy all t	type	es of ownership
		Edpharmalic				
Physical Ad	dres	s: 123 Columbia Dr., Suite	е Е РО В	ox 1399	9	
Mailing Add	ress:	123 Columbia Dr., Suite	E PO Box	k 1399		
City: Marsha	alls Cı	reek	_ State	: PA		Zip Code: 18335
Telephone:	570	338 6815	_Fax:	877 85	6 469	92
		866 233 2010				d per NAC 639.708)
E-mail: epoto	cki49	@yahoo.com				
Managing Pl	harm	acist: Edmund Potocki				License Number: rp443463
		PE OF PHARMACY				RVICES PROVIDED
	Yes	/No				s/No
		☐ Retail				Off-site Cognitive Services
		Hospital (# beds	_) '			■ Parenteral **
		■ Internet				<ul><li>Parenteral (outpatient)</li></ul>
		<ul><li>Nuclear</li></ul>				<ul><li>Outpatient/Discharge</li></ul>
		Ambulatory Surgery 0	Center		$\boxtimes$	☐ Mail Service
		■ Community				☐ Long Term Care
		Other:				Sterile Compounding **
	A 11 4					Non Sterile Compounding
		oxes must be checked				Mail Service Sterile Compounding **
	ror	the application to be com	plete			Other Services:

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Check box below for	type of ownership and complete a	current license number if making changes: PH 03503  all required forms.  ☐ Partnership - Pages 1,2,5,7  ☐ Sole Owner – Pages 1,2,6,7
the special field in the second secon	MATION to be completed by a	
	ProCare Pharmacy, L.L.C. dba:	
Physical Address:	2700 Northeast Expressway NE,	Suite B-800, Atlanta, GA 30345
Mailing Address: _	Licensing Dept/MC 1160, One C	VS Drive
City: Woonsocket	State:	RI Zip Code:
Telephone: 404-3	67-9111 Fax: 4	404-367-9199
	855-443-9944 (R	
E-mail: kimberly.m	itchell@cvshealth.com We	ebsite:
Managing Pharmac	cist: Sidney Sanders	License Number: RPH027993
TYPE	OF PHARMACY AND	SERVICES PROVIDED
Yes/N	0	Yes/No
	Retail	☐ ☐ Off-site Cognitive Services
	Hospital (# beds)	☐ ☑ Parenteral **
The second secon	7 Internet	☐ ☐ Parenteral (outpatient)
	Nuclear	□ □ Outpatient/Discharge
	Ambulatory Surgery Center	☐ Mail Service
¥	Community	☐ ☐ Long Term Care
	Other:	☐ ☐ Sterile Compounding **
		☐ Non Sterile Compounding
	xes must be checked	☐ Mail Service Sterile Compounding **
For th	e application to be complete	☐ ☐ Other Services:

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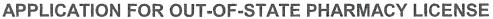
# (non-refundable and not transferable money order or cashier's check only)

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New Pharmacy or <b>Ownership Change</b> (Provide Check box below for type of ownership and complete a	
Check box below for type of ownership and complete a	current license number if making changes: <b>PH</b>
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☑ Non Publicly Traded Corporation – Pages 1,2,4,7	☐ Partnership - Pages 1,2,5,7
Minute ability Traded Corporation – Pages 1,2,4,7	☐ Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be completed by a	ll types of ownership
Pharmacy Name: American Trading, LLC dba Georgetown F	Rx, LLC
Physical Address: 10401 Old Georgetown Rd., Ste 205	
Mailing Address: 10401 Old Georgetown Rd., Ste 205	
City: Bethesda State: M	D Zip Code: 20814
Telephone: 301-571-0850 Fax: 301-6	
Toll Free Number: 855-612-1399 (Re	equired per NAC 639.708)
E mail: Clsenhera@georgotoumpelle	bsite: N/A
Managing Pharmacist: Carl Isenberg	License Number: 19848 MD
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
□ <b>v</b> Retail	☐ ☑ Off-site Cognitive Services
□ M Hospital (# beds)	☐ ☐ Parenteral **
□ M Internet	☐ ☑ Parenteral (outpatient)
□ <b>1</b> Nuclear	□
☐ M Ambulatory Surgery Center	
☑ Community	□ <b>M</b> Long Term Care
□ 🗹 Other:	☐ M Sterile Compounding **
	□ Mon Sterile Compounding
All boxes must be checked	☐ Mail Service Sterile Compounding **
For the application to be complete	□ ☑ Other Services:
*If you check "yes" on any of these types of ser	vice of the second seco

<sup>\*\*</sup>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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New Pharmacy or <b>Downership Chang</b> e (Provide curn Check box below for type of ownership and complete all re Publicly Traded Corporation – Pages 1,2,3,7 DNon Publicly Traded Corporation – Pages 1,2,4,7	equired forms.
GENERAL INFORMATION to be completed by all t	
Pharmacy Name: Hillcrest Pharmacy	
Physical Address: 781 E Fort Union	Blud.
Mailing Address: 781 E Fort Union P	Slvd.
City: Miduale State: (	7T Zip Code: 84047
Telephone: 385-900-1400 Fax: 38	5-900-1990
Toll Free Number: <u>i-855-499-2556</u> (Req	uired per NAC 639.708)
E-mail: hilk rest pharmacy 17 Dagmail, com Webs	ite: None
Managing Pharmacist: Techno, Ryan Abeyta	
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
🖾 🗆 Retail	□ ☑ Off-site Cognitive Services
☐ 🗷 Hospital (# beds)	□ 🗷 Parenteral **
□ 💆 Internet	☐
□ 🗷 Nuclear	□
□ M Ambulatory Surgery Center	🗵 🛘 Mail Service
☑ Community.	☐ 🗷 Long Term Care
□ 🗸 Other:	□   Sterile Compounding **
	□ 万 Non Sterile Compounding
All boxes must be checked	☐
For the application to be complete	☐ IX 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,

\* Controlled Substances will not be dispensed from Hillcrest Pharmacy

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GENERAL INFORMATION to be completed by all types of ownership   Pharmacy Name: HPC, LLC dba HPC Specialty Pharmacy   Physical Address: 63 S. Royal St. Ste. 800 Mobile, AL 36602   Mailing Address: 63 S. Royal St. Ste. 800   City: Mobile State: AL Zip Code: 36602
Physical Address: 63 S. Royal St. Ste. 800 Mobile, AL 36602  Mailing Address: 63 S. Royal St. Ste. 800
Mailing Address: 63 S. Royal St. Ste. 800
City: Mobile
Otate, At ZID Code: 36602
Telephone: 251-441-1990 Fax: 855-813-0583
Toll Free Number: 800-757-9192 (Required per NAC 639.708)
E-mail: licensing@hpcspecialtyrx.com  Website: www.hpcspecialtypharmacy.com
Managing Pharmacist: Cory Ward Wiggins License Number: 16214 (Alabama)
TVDE OF BUADANA OV
T = 5 . 1
D D D D D D D D D D D D D D D D D D D
D be ratefice at (outpatient)
D D Andreit C
G Community
To Cothern Meil Order County
L Le Oterile Compounding
☐ ☑ Non Sterile Compounding
All boxes must be checked  Mail Service Sterile Compounding **
For the application to be complete

<sup>\*\*</sup>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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The New Pharmacy or <b>□Ownership Chang</b> Check box below for type of ownership and □ Publicly Traded Corporation – Pages 1,2 Non Publicly Traded Corporation – Page	comple	ete all requi	red f	orms.
GENERAL INFORMATION to be comp				
Pharmacy Name: Imperial RX LLC				
Physical Address: 182 Rockingham Road	Unit 2			
Mailing Address: 182 Rockingham Rd Unit				
		. New Hai	npsh	ire Zip Code: 03053
Telephone:				
Toll Free Number: 8885523463				
E-mail: customerservice@imperial-RX.com		Wehsite:	Imp	perial-RX.com
Managing Pharmacist: Michael				License Number: NH3188
TYPE OF PHARMACY	AND			
Yes/No	AND		s/No	CES PROVIDED
⊠ □ Retail				Off-site Cognitive Services
☐	_)			Parenteral **
□ ■ Internet			8	Parenteral (outpatient)
□ ■ Nuclear			=	Outpatient/Discharge
☐	Center	X		Mail Service
☑ □ Community			•	Long Term Care
□ □ Other:			10	Sterile Compounding **
				Non Sterile Compounding
All boxes must be checked				Mail Service Sterile Compounding **
For the application to be com	plete			Other Services:

N

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I CHECK DOX DEIOM TOT TABLE O	tion – Pages 1.2.3.7	Partnership - Pages 1257
GENERAL INFORMATION	N to be completed by	all types of ownership
Pharmacy Name: Medcr		
Physical Address: 3348	W 12 Mile Road	
Mailing Address: same a	as physical	
City: Berkley	State:	Michigan Zip Code: _48072
Telephone: 248-607-3812		
		Required per NAC 639.708)
E-mail: info@medcrafterspha		Vebsite:
Managing Pharmacist: Pa	The state of the s	License Number: 5301011219
TYPE OF PI		
Yes/No	TARMACT AND	SERVICES PROVIDED
1€S/NO 12 □ Retai		Yes/No
	•	☐ ☐ Off-site Cognitive Services
☐ 12 Intern	tal (# beds)	□ ☑ Parenteral **
□ ☑ Intern		☐ ☑ Parenteral (outpatient)
		☐ ☑ Outpatient/Discharge
	latory Surgery Center	
☑ □ Comn		□ □ Long Term Care
□ □ Other		□ ☑ Sterile Compounding **
		□ □ Non Sterile Compounding
All boxes mus		☐ Mail Service Sterile Compounding **
For the applica	ation to be complete	□ □ Other Services:
**If you shook fiven?		

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

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⊠New Pharmacy or <b>□Ownership Chang</b> e Check box below for type of ownership and c □ Publicly Traded Corporation – Pages 1,2,3 Non Publicly Traded Corporation – Pages	omplete all r 3,7	equi.	red forms. Partnership - Pages 1.2.5.7
GENERAL INFORMATION to be complete	eted by all	type	s of ownership
Pharmacy Name: MXP Pharmacy			
Physical Address: 416 S. Tyler, Amarillo, T.	X 79101		
Mailing Address: 416 S. Tyler			
City: Amarillo	State: To	exas	Zip Code: 79101
Telephone: 800-687-8629			
Toll Free Number: 800-687-8629			
E-mail: licensing@maxor.com			www.maxor.com
Managing Pharmacist: Carol Capps	VVODO	nio.	License Number: 34437
	ND	SE	RVICES PROVIDED
Yes/No		Yes	s/No
□ ⊠ Retail			☐ Off-site Cognitive Services
□			☑ Parenteral **
□ 🖾 Internet			□ Parenteral (outpatient)
□ 🛭 Nuclear			☑ Outpatient/Discharge
☐	enter	$\boxtimes$	☐ Mail Service
☐ Community			☑ Long Term Care
💢 🛘 Other: Mail Order, Nor	resident		Sterile Compounding **
			⋈ Non Sterile Compounding
All boxes must be checked			Mail Service Sterile Compounding **
For the application to be compl	ete		☑ Other Services:

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



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

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☑New Pharmacy or ☐Ownership Char	nge (Provide	current	license number if making changes: PH
Check box below for type of ownership an  ☐ Publicly Traded Corporation – Pages 1  ☐ Non Publicly Traded Corporation – Pag	.2.3.7	/ <del>=</del> 7	Partnership - Pages 1257
GENERAL INFORMATION to be com			
Pharmacy Name: North Halstead LLC			The second secon
Physical Address: 998 N. Halstead Roa	d, Suite A		
Mailing Address: 998 N. Halstead Road			
City: Ocean Springs		IS	Zin Code: 39564
Гelephone: 228.215.1911	Fax: 228	.215.19	905
Foll Free Number: 866.266.8980	(R <sub>f</sub>	equire	d ner NAC 630 700)
E-mail: nhalsteadpharmacy@gmail.com	We.	heite	www.coastalpharmacy.com
Managing Pharmacist: Marcus	Dean		License Number: E-010819
TYPE OF PHARMACY	AND		RVICES PROVIDED
Yes/No			s/No
Retail			Off-site Cognitive Services
☐     Hospital (# beds	)		■ Parenteral **
□ 🔄 Internet			Parenteral (outpatient)
□ 📓 Nuclear			□ Outpatient/Discharge
☐	Center	$\boxtimes$	☐ Mail Service
			■ Long Term Care
☐ 图 Community			E Long reini Cale
☐ ☐ Other:			
		·	Sterile Compounding **



431 W Plumb Lane - Reno, NV 89509

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☑New Pharmacy or ☑Ownership Change (Provide curre Check box below for type of ownership and complete all re- ☑ Publicly Traded Corporation – Pages 1,2,3,7 ☑ Non Publicly Traded Corporation – Pages 1,2,4,7	quired forms.
GENERAL INFORMATION to be completed by all ty	pes of ownership
Pharmacy Name: PHARMADVICE, IMC dba PH	ARMACY EXPRESSY MEDICAL SUPPLIES
Physical Address: 26805 US HWY 19 N., C	LEARWATER, FL. 3376/
Mailing Address:	
City: State:	Zip Code:
Telephone: 407 213 0021 Fax: 407	273.0024
Toll Free Number: 877-829-1922 (Requ	ired per NAC 639.708)
E-mail: pharmadvice.incegmail.com Websi	te: pharmacyexpress 1. com
Managing Pharmacist: FORSTER OKAFOR	
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
□ □ Z Retail	☐ ☑ Off-site Cognitive Services
☐ ☐ Hospital (# beds)	□
□ ☑ Internet	☐ ☐ Parenteral (outpatient)
□ □ Nuclear	☐ ☑ Outpatient/Discharge
☐ ☐ Ambulatory Surgery Center	☑ ☐ Mail Service
☑ □ Community	☐ ☐ Long Term Care
☐ ☐ Other:	□ ☑ Sterile Compounding **
	☐ ☑ Non Sterile Compounding
All boxes must be checked	☐ ☑ Mail Service Sterile Compounding **
For the application to be complete	Other Services: TELINU



431 W Plumb Lane - Reno, NV 89509

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Toll Free Number: 94.319.2269 (Required per NAC 639.708) E-mail: 6000000000000000000000000000000000000	Yan Die verschaften von der	
CENERAL INFORMATION to be completed by all types of ownership  Pharmacy Name:	☐ Publicly Traded Corporation – Pages 1.2.3.7	Il required forms.
Physical Address:   GII Chill ON SVIII   WI 2010   Mailing Address:   JIML ON 000W   City:   JAMILL   State:   Zip Code: 37203   Telephone:   OH 319.2259   Fax:   OHU 319.2200   Toll Free Number:   OHI 519.2259   (Required per NAC 639.708)   E-mail:   DUDON ON O	Training Traded Corporation - Pages 1,2,4,7	Sole Owner – Pages 1,2,6,7
Physical Address:   GII Chill ON SVIII   WI 2010   Mailing Address:   JIML ON 000W   City:   JAMILL   State:   Zip Code: 37203   Telephone:   OH 319.2259   Fax:   OHU 319.2200   Toll Free Number:   OHI 519.2259   (Required per NAC 639.708)   E-mail:   DUDON ON O	GENERAL INFORMATION to be completed by a	Il forman of source 1.1
Physical Address: AML ON ONE  Mailing Address: AML ON ONE  City: No Will State: Type Code: 37203  Telephone: PH. 519.2259 Fax: 944.319.2260  Toll Free Number: 944.519.2259 (Required per NAC 639.708)  E-mail: Managing Pharmacist: Managing Ph	16611 627 1 1 11	ii types of ownership
Mailing Address:	Pharmacy Name: ///////////	
City:	Physical Address: 1911 Church Strut	8VQ 206
Telephone:	Mailing Address:	
Telephone: 19439259 Fax: 944319200  Toll Free Number: 4439259 (Required per NAC 639.708)  E-mail: 64000000000000000000000000000000000000	City: Na State:	IN Zip Code: 37203
E-mail:	Telephone: 1041319.2259 Fax: 9	544.319 22ho
E-mail: DUDSONT AND SERVICES PROVIDED  Yes/No Yes/No Hospital (# beds) Internet Nuclear Nuclear Ambulatory Surgery Center Mail Service Mail Service Nuclear Mother: Mothe	Toll Free Number: 944.319.2259 (Re	equired per NAC 639.708)
Managing Pharmacist:	V/1/ 11 01/ 1/2 d - 2 - 2 A - 1	
TYPE OF PHARMACY AND  Yes/No  Yes/No  All boxes must be checked  Yes/No  Yes/Polities  Y	Managing Pharmacist: With UNDOWN	Manua 1 12001
Yes/No    Retail	TYPE OF PHARMACY AND	
Retail  Hospital (# beds)  Internet  Nuclear  Community  Other:  Mospital (# beds)  Nuclear  Mount and the services		
Hospital (# beds) Internet  Nuclear  Ambulatory Surgery Center  Community  Other:  Non Sterile Cognitive Services  Parenteral **  Outpatient/Discharge  Mail Service  Long Term Care  Sterile Compounding **  Mon Sterile Compounding **		
☐ Mounternet ☐ Mounte ☐ Mount		□ ☑ Off-site Cognitive Services
☐ Muclear ☐ Mail Service ☐ Month Care ☐ Mon	□ 🕱 Hospital (# beds)	
□ Muclear □ Mail Service □ Mail Service □ Mount Community □ Sterile Compounding ** □ Mail Service Sterile Compounding **	□ 😾 Internet	_
☐ Ambulatory Surgery Center ☐ Mail Service ☐ Long Term Care ☐ Sterile Compounding ** ☐ Non Sterile Compounding All boxes must be checked ☐ Mail Service Sterile Compounding **	□ <b>反</b> Nuclear	
☐ Community ☐ Community ☐ Compounding ** ☐ Other: MUNOVIV ☐ Sterile Compounding ** ☐ Mail Service Sterile Compounding **	•	· •
☐ Other: MULTON ☐ Sterile Compounding ** ☐ Mon Sterile Compounding All boxes must be checked ☐ Mail Service Sterile Compounding **		
All boxes must be checked	· Mary Oral and	· 1
All boxes must be checked   Mail Service Sterile Compounding **	A Diner: Mult VIOLV	
All boxes must be checked   Mail Service Sterile Compounding **		□ ☑ Non Sterile Compounding
	All boxes must be checked	
	For the application to be complete	

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

431 W Plumb Lane - Reno, NV 89509

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

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Check box below for	or type of ownership and co	mplete all .	require	license number if making changes: <b>PH</b> red forms. Partnership - Pages 1,2,5,7 Sole Owner – Pages 1,2,6,7
	RMATION to be complet			
Pharmacy Name:	RX-DIRECT HOME DELI	VERY		
Physical Address:	5001 S COOPER ST STE	215, ARL	INGTO	ON, TX 76017
Mailing Address:	5001 S COOPER ST STE	215, ARLIN	<b>IGTON</b>	N, TX 76017
City: ARLINGTON	<u> </u>	State: TE	EXAS	Zip Code: <u>76017</u>
Telephone: 817-	274-8200 F	ax: <u>817-</u>	274-82	205
Toll Free Number	<u>855-581-6979</u>	(Re	quired	d per NAC 639.708)
				License Number: TX - 47704
		ND		ERVICES PROVIDED
Yes				es/No
×	□ Retail			☐ Off-site Cognitive Services
	☐ Hospital (# beds)			☑ Parenteral **
	☑ Internet			☑ Parenteral (outpatient)
	Nuclear     ■			☑ Outpatient/Discharge
	☑ Ambulatory Surgery Ce	nter	$\square$	☐ Mail Service
×	☐ Community			☑ Long Term Care
	☑ Other:			☑ Sterile Compounding **
All b	ooxes must be checked			☑ Mail Service Sterile Compounding **
For	the application to be compl	ete		☑ Other Services:

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

431 W Plumb Lane - Reno, NV 89509

# APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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New Pharmacy or <b>Dwnership Chang</b> e (Prov. Check box below for type of ownership and completed Publicly Traded Corporation — Pages 1,2,3,7 Non Publicly Traded Corporation — Pages 1,2,4,7	te all required forms
GENERAL INFORMATION to be completed b	
Pharmacy Name: TEE PHARMACY INC.	
Physical Address: _3333 Francis Lewis Blvd Flush	ing NY 11358
Mailing Address: 3333 Francis Lewis Blvd	
City: Flushing State:	NY Zip Code: 11358
Telephone:718-939-1001Fax:	
Toll Free Number: 866-254-8044	
E-mail: TeePharmacyNY@gmail.com \	
Managing Pharmacist: Mei Qing Liu	License Number: 058416 /NY
Managing Pharmacist: Mei Qing Liu  TYPE OF PHARMACY AND	
	License Number: 058416 /NY  SERVICES PROVIDED  Yes/No
TYPE OF PHARMACY AND	SERVICES PROVIDED Yes/No
TYPE OF PHARMACY AND Yes/No	SERVICES PROVIDED
TYPE OF PHARMACY AND  Yes/No  Retail  Hospital (# beds)  Internet	SERVICES PROVIDED  Yes/No  □ ♥ Off-site Cognitive Services
TYPE OF PHARMACY AND  Yes/No  ☐ Retail ☐ ☐ Hospital (# beds) ☐ ☐ Internet ☐ ☐ Nuclear	SERVICES PROVIDED  Yes/No  □ ♥ Off-site Cognitive Services □ ♥ Parenteral ***
TYPE OF PHARMACY AND  Yes/No  ☐ Retail ☐ ☐ Hospital (# beds) ☐ ☐ Internet ☐ ☐ Nuclear ☐ ☐ Ambulatory Surgery Center	SERVICES PROVIDED  Yes/No  □ ♥ Off-site Cognitive Services □ ♥ Parenteral ** □ ♥ Parenteral (outpatient)
TYPE OF PHARMACY AND  Yes/No  ☐ Retail ☐ ☐ Hospital (# beds) ☐ ☐ Internet ☐ ☐ Nuclear ☐ ☐ Ambulatory Surgery Center ☐ ☐ Community	SERVICES PROVIDED  Yes/No  □ ♥ Off-site Cognitive Services □ ♥ Parenteral ** □ ♥ Parenteral (outpatient) □ ♥ Outpatient/Discharge
TYPE OF PHARMACY AND  Yes/No  ☐ Retail ☐ ☐ Hospital (# beds) ☐ ☐ Internet ☐ ☐ Nuclear ☐ ☐ Ambulatory Surgery Center	SERVICES PROVIDED  Yes/No  □ ♥ Off-site Cognitive Services □ ♥ Parenteral ** □ ♥ Parenteral (outpatient) □ ♥ Outpatient/Discharge ■ ♥ Long Term Care □ ♥ Sterile Compounding **
TYPE OF PHARMACY AND  Yes/No  ☐ Retail ☐ ☐ Hospital (# beds) ☐ ☐ Internet ☐ ☐ Nuclear ☐ ☐ Ambulatory Surgery Center ☐ ☐ Community ☐ Other:	Yes/No  ☐ ♥ Off-site Cognitive Services ☐ ♥ Parenteral ** ☐ ♥ Parenteral (outpatient) ☐ ♥ Outpatient/Discharge ☐ ♥ Mail Service ☐ ♥ Long Term Care ☐ ♥ Sterile Compounding ** ☐ ♥ Non Sterile Compounding
TYPE OF PHARMACY AND  Yes/No  ☐ Retail ☐ ☐ Hospital (# beds) ☐ ☐ Internet ☐ ☐ Nuclear ☐ ☐ Ambulatory Surgery Center ☐ ☐ Community ☐ ☐ Other:	Yes/No  ☐ ✔ Off-site Cognitive Services ☐ ✔ Parenteral ** ☐ ✔ Parenteral (outpatient) ☐ ✔ Outpatient/Discharge ☐ ✔ Mail Service ☐ ✔ Sterile Compounding ** ☐ ✔ Mail Service Sterile Compounding **
TYPE OF PHARMACY AND  Yes/No  ☐ Retail ☐ ☐ Hospital (# beds) ☐ ☐ Internet ☐ ☐ Nuclear ☐ ☐ Ambulatory Surgery Center ☐ ☐ Community ☐ Other:	Yes/No  ☐ ♥ Off-site Cognitive Services ☐ ♥ Parenteral ** ☐ ♥ Parenteral (outpatient) ☐ ♥ Outpatient/Discharge ☐ ♥ Mail Service ☐ ♥ Long Term Care ☐ ♥ Sterile Compounding ** ☐ ♥ Non Sterile Compounding

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#### **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

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■New Pharmacy or □Ownership Change (Provide cu Check box below for type of ownership and complete all □ Publicly Traded Corporation – Pages 1,2,3,7 □ Non Publicly Traded Corporation – Pages 1,2,4,7	required forms.
GENERAL INFORMATION to be completed by all	types of ownership
Pharmacy Name: VALISURERY	
Physical Address: 5 SCIENCE PARK	IST FLOOR
Mailing Address: SAME	
City: NEW HAVEN State: C	Zip Code: <u>06511</u>
Telephone: 203-497-7370 Fax: 203	3-497-7371
Toll Free Number: 1-833-497-7370 (Red	
E-mail: MSer@ Valisure . com Web	
Managing Pharmacist: David S. Gorflec, f	
TYPE OF PHARMACY AND	
Yes/No	Yes/No
☑ □ Retail	□   ☐ Off-site Cognitive Services
☐ ☐ Hospital (# beds)	☐ ☑ Parenteral **
☐ Internet	☐ ☑ Parenteral (outpatient)
☐ ☐ Nuclear	☐ ☑ Outpatient/Discharge
☐ ☑ Ambulatory Surgery Center	☑ ☐ Mail Service
☐ Community	☐ ☑ Long Term Care
□	☐ ☑ Sterile Compounding **
	☐ ☑ Non Sterile Compounding
All boxes must be checked	☐ ☑ Mail Service Sterile Compounding **
For the application to be complete	☐ ☑ Other Services:

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

431 W Plumb Lane - Reno, NV 89509

# APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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Application must be printed legibly or typed

MNew Pharmacy or FOunarabin Change (D.	
☑New Pharmacy or ☐Ownership Change (Pro Check box below for type of ownership and comple	vide current license number if making changes: PHete all required forms
//PUDIICIV Traded Comoration - Pages 1.2.2.7	E Danton L. D. L. C. E.
✓ Non Publicly Traded Corporation – Pages 1,2,4,	7 ☐ Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be completed I	by all types of ownership
Pharmacy Name: WESTLAKE HEALTH MART P	HARMACY
Physical Address: 5421 BASSWOOD BLVD STE	700
Mailing Address: 5421 BASSWOOD BLVD STE 7	700
City: FORT WORTH State	e: _TX Zip Code: _76137
Telephone: 817-893-5182 Fax:	
Toll Free Number: 855-581-6979	
E	Website:
Managing Pharmacist: KHANH B HOANG	
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
☑ □ Retail	☐
□ 図 Hospital (# beds)	☐ ☑ Parenteral **
□ ☑ Internet	□ ☑ Parenteral (outpatient)
□ ☑ Nuclear	☐ ☑ Outpatient/Discharge
☐ ☑ Ambulatory Surgery Center	Mail Service
☑ □ Community	☐ ☑ Long Term Care
□ 🛛 Other:	☐ ☒ Sterile Compounding **
	□ ☑ Non Sterile Compounding
All boxes must be checked	☐ ☑ Mail Service Sterile Compounding **
For the application to be complete	□ ☑ Other Services:
***	

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



431 W Plumb Lane - Reno, NV 89509

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	rent license number if making changes: PH
Check box below for type of ownership and complete all re	
☐ Publicly Traded Corporation – Pages 1,2,3,7  ✓ Non Publicly Traded Corporation – Pages 1,2,4,7	☐ Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be completed by all t	ypes of ownership
Pharmacy Name: WORK INJURY RX ONE	•
Physical Address: 540 PENNSYLVANIA A	
Mailing Address: 540 PENNSYLVANIA AV	
City: FORT WASHINGTON State:	<i>PA</i> Zip Code: 19034
Telephone: $215-628-0714$ Fax: $213$	-628-0715
Toll Free Number: 877-882-9497 (Req	
E-mail:wirxpharmacy 540@gmail.comWebs	ite: wirxpharmacy.com
Managing Pharmacist: Patricia Johnson	License Number: RP 45-0072
TYPE OF PHARMACY AND	SERVICES PROVIDED
TYPE OF PHARMACY AND Yes/No	SERVICES PROVIDED Yes/No
Yes/No	Yes/No
Yes/No ☐ Retail	Yes/No □ ☑ Off-site Cognitive Services
Yes/No  ☑ □ Retail □ □ Hospital (# beds)	Yes/No □ □ Off-site Cognitive Services □ □ Parenteral **
Yes/No  ☐ Retail ☐ ☐ Hospital (# beds) ☐ ☐ ☐ Internet	Yes/No □ □ Off-site Cognitive Services □ □ Parenteral ** □ □ Parenteral (outpatient)
Yes/No  Retail  Hospital (# beds)  Internet  Nuclear	Yes/No  Off-site Cognitive Services  Parenteral **  Parenteral (outpatient)  Outpatient/Discharge
Yes/No    Retail   Retail   Hospital (# beds)    Internet   Nuclear   Ambulatory Surgery Center	Yes/No  Off-site Cognitive Services  Parenteral **  Outpatient (outpatient)  Outpatient/Discharge  Mail Service
Yes/No  Retail  Hospital (# beds)  Internet  Nuclear  Ambulatory Surgery Center  Community	Yes/No  Off-site Cognitive Services  Parenteral **  Outpatient/Discharge  Mail Service  Long Term Care
Yes/No  ☐ Retail ☐ ☐ Hospital (# beds) ☐ ☐ Internet ☐ ☑ Nuclear ☐ ☐ Ambulatory Surgery Center ☐ ☐ Community	Yes/No  Off-site Cognitive Services  Parenteral **  Outpatient/Discharge  Mail Service  Long Term Care  Sterile Compounding **
Yes/No  Retail  Hospital (# beds)  Internet  Nuclear  Ambulatory Surgery Center  Community  Other: CLOSED DOOR	Yes/No  Off-site Cognitive Services  Parenteral **  Outpatient (outpatient)  Outpatient/Discharge  Mail Service  Long Term Care  Sterile Compounding **  Non Sterile Compounding

# X

### **NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane - Reno, NV 89509

# APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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✓New Pharmacy or ☐Ownership Change (Provide Check box below for type of ownership and complete a ☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Non Publicly Traded Corporation – Pages 1,2,4,7	all required forms.
GENERAL INFORMATION to be completed by a	
Pharmacy Name: WIRX PHARMACY	I
Physical Address: 142 5 52 nd ST	STE 202
Mailing Address: 142 5 52 nd St. S	TE 202
City: PHILADELPHIA State:	PA Zip Code: 19139
Telephone: 215-628-0714 Fax: 2	15-628-0715
Toll Free Number: 877-882-9479 (R	equired per NAC 630 709)
E-mail: Wirkpharmacywp.com We	ebsite: Wirkpharmacy, Com
E-mail: Wirxpharmacywp.com We Managing Pharmacist: Jennifer Siege	1 License Number: RP 441942
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
☑ ☐ Retail	☐ ☐ Off-site Cognitive Services
☐ ☑ Hospital (# beds)	□ □ Parenteral **
□ □ Internet	□
□ □ Nuclear	□ □ Outpatient/Discharge
☐	☐ ✓ ☐ Mail Service
. 🗆 🗹 Community	□ □ Long Term Care
Other: CLOSED DOOR	□ □ Sterile Compounding **
	□ □∕Non Sterile Compounding
All boxes must be checked	☐
For the application to be complete	□ □ Other Services:
*If you shook "yes"	

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

431 W Plumb Lane - Reno, NV 89509

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

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Application must be printed legibly or typed

New Pharmacy or <b>Downership Chang</b> e (Provide cur Check box below for type of ownership and complete all re Publicly Traded Corporation – Pages 1,2,3,7	equired forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Non Publicly Traded Corporation – Pages 1,2,4,7	Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be completed by all t	ypes of ownership
Pharmacy Name: Chincok Healthcare	Pharmacy
Physical Address: 275 Waneka Pkwy	#10 Lapayelle CD 80024
Mailing Address: 325 W Sulfu Boulder Rd	#5 Lausille Co 80027
City: Latayette State:	<u>O</u> Zip Code: <u>2021</u>
Telephone: 120 458 4887 Fax: 720	0 465 93/2
Toll Free Number: 788 - 733 - 03/7 (Req	uired per NAC 639.708)
E-mail: (6'no-bb-111 @ amail com Wohe	site: www. chinodehealtheate. (or
L-IIIall. Chinoon near Fig & affect 1. Con Webs	
Managing Pharmacist: Fishing Ports	License Number: PHA, 602117
Managing Pharmacist: Ashley Portf	License Number: PHH. 102117
Managing Pharmacist: Pshiley Points  TYPE OF PHARMACY AND	License Number: PHH, 162117  SERVICES PROVIDED  Yes/No
Managing Pharmacist: Pichley Puff  TYPE OF PHARMACY AND  Yes/No  ▶ □ Retail	License Number: PHH, 162117  SERVICES PROVIDED  Yes/No
Managing Pharmacist: Pishley Ruff  TYPE OF PHARMACY AND  Yes/No  ☑ Retail	License Number: PHH. 167117  SERVICES PROVIDED  Yes/No  □ □ Off-site Cognitive Services □ □ Parenteral **
Managing Pharmacist: Fishey Ruff  TYPE OF PHARMACY AND  Yes/No  Marging Pharmacist: Fishey Ruff  M	License Number: PHH. 167117  SERVICES PROVIDED  Yes/No  □ □ Off-site Cognitive Services □ □ Parenteral ** □ □ Parenteral (outpatient)
Managing Pharmacist: Fishley Ruff  TYPE OF PHARMACY AND  Yes/No  Marging Pharmacist: Fishley Ruff  Yes/No  Marging Pharmacist  Yes/No  Ma	License Number: PHH. 167117  SERVICES PROVIDED  Yes/No  □ □ Off-site Cognitive Services □ □ Parenteral ** □ □ Parenteral (outpatient)
Managing Pharmacist: Pshley Puff  TYPE OF PHARMACY AND  Yes/No  Paraging Pharmacist: Pshley Puff  And  No  Paraging Pharmacist: Pshley Pharmacist: Psh	License Number: PHH. 167117  SERVICES PROVIDED  Yes/No  □ □ Off-site Cognitive Services □ □ Parenteral ** □ □ Parenteral (outpatient) □ □ Outpatient/Discharge
Managing Pharmacist: Fisher Puff  TYPE OF PHARMACY AND  Yes/No  ☐ Retail ☐ ☐ Hospital (# beds) ☐ ☐ Internet ☐ ☐ Nuclear ☐ ☐ Ambulatory Surgery Center	License Number: PHH. 167117  SERVICES PROVIDED  Yes/No  □ □ Off-site Cognitive Services □ □ Parenteral ** □ □ Parenteral (outpatient) □ □ Outpatient/Discharge □ □ Mail Service
TYPE OF PHARMACY AND  Yes/No  Yes/No  □ Retail □ □ Hospital (# beds) □ Internet □ □ Nuclear □ □ Ambulatory Surgery Center □ □ Community	License Number: PHH. 167117  SERVICES PROVIDED  Yes/No  □ □ Off-site Cognitive Services □ □ Parenteral ** □ □ Parenteral (outpatient) □ Outpatient/Discharge □ Mail Service □ Long Term Care
TYPE OF PHARMACY AND  Yes/No  Yes/No  □ Retail □ □ Hospital (# beds) □ Internet □ □ Nuclear □ □ Ambulatory Surgery Center □ □ Community	License Number: PHH. 167117  SERVICES PROVIDED  Yes/No  □ □ Off-site Cognitive Services □ □ Parenteral ** □ □ Parenteral (outpatient) □ □ Outpatient/Discharge □ □ Mail Service □ □ Long Term Care □ □ Sterile Compounding **
Managing Pharmacist:	License Number: PHH. 167117  SERVICES PROVIDED  Yes/No  □

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

Z

### **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.

<u> </u>				
CHECK DOX DEIOW I	or type of ownership and c	comple	te all requi	license number if making changes: <b>PH</b> ired forms.
☐ Publicly Traded	Corporation – Pages 1,2,3	3,7		Partnership - Pages 1,2,5,7 Sole Owner – Pages 1,2,6,7
	aded Corporation – Pages	1,2,4,1		Sole Owner – Pages 1,2,6,7
GENERAL INFO	RMATION to be comple	eted b	y all type	es of ownership
	CLINICAL SPECIALTY I			
Physical Address	. 811 North King's Hwy			
Mailing Address:	811 North King's Hwy			
City: Wake Village		State:	TX	Zip Code: 75501
Telephone: (844)	680-2944			
Toll Free Number	. (844) 680-2944		(Require	d per NAC 639.708)
E-mail: jack@csipha			-	www.csipharmacy.com
Managing Pharma	acist: Jack	Lemle		License Number: TX - 53333
TYP	E OF PHARMACY A	ND	SF	RVICES PROVIDED
Yes/				s/No
対	☐ Retail			☐ Off-site Cognitive Services
	Hospital (# beds)			
	, ☑ Internet			□ Parenteral (outpatient)
	⊠ Nuclear			☑ Outpatient/Discharge
		nter	×	☐ Mail Service
i i	☑ Community		Ø	☐ Long Term Care
Ď í	☐ Other: Specialty / Mail of	rder		Sterile Compounding **
,				
All bo	exes must be checked			☑ Mail Service Sterile Compounding **
For th	ne application to be comple	ete	Ø	□ Other Services: Specialty

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



431 W Plumb Lane - Reno, NV 89509

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

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	And the second s		
☑ New Pharmacy or ☐ Ownershi Check box below for type of owner		rent license number if making changes: PH	
☐ Publicly Traded Corporation – P	ages 1,2,3,7	Partnership - Pages 1,2,5,7	
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7 ☐ Sole Owner – Pages 1,2,6,7 ☐ Sole Owner – Pages 1,2,6,7			
GENERAL INFORMATION to be completed by all types of ownership			
Pharmacy Name: John's			
		and the state of t	
Physical Address: 29140	South Montpel	elier	
Mailing Address: Po Box	318		
City: Albany	State:	A Zip Code: 70711	
Telephone: 225.567.19	[21 Fax: 225.	5.567.1931	
Toll Free Number: 888 623	3 3 (Requir	uired per NAC 639.708)	
E-mail: hsrxe yahoo.	website	ite: johns pharmacy in albany.com	
· · · · · · · · · · · · · · · · · · ·		6674 License Number: pharmacy:	
		SERVICES PROVIDED PHY. 005954	
Yes/No		Yes/No	
☑ □ Retail		☐ ☐ Off-site Cognitive Services	
☐ ☑ Hospital (# t	peds ) E		
	manuscrosses I	☐ ☐ Parenteral **	
□ ☑ Internet		☐ Parenteral ** ☐ Parenteral (outpatient)	
□ <b>☑</b> Internet □ <b>☑</b> Nuclear			
		☐ ☑ Parenteral (outpatient)	
☐ <b>™</b> Nuclear	E Surgery Center E	<ul><li>☐ Parenteral (outpatient)</li><li>☐ Outpatient/Discharge</li></ul>	
☐ ☑ Nuclear ☐ ☑ Ambulatory	Surgery Center E	☐ ☐ Parenteral (outpatient) ☐ ☐ Outpatient/Discharge ☐ ☐ Mail Service	
☐ ☑ Nuclear ☐ ☑ Ambulatory ☑ ☐ Community	Surgery Center E	☐ ☐ Parenteral (outpatient) ☐ ☐ Outpatient/Discharge ☐ ☐ Mail Service ☐ ☐ Long Term Care	
☐ ☑ Nuclear ☐ ☑ Ambulatory ☑ ☐ Community	Surgery Center E	☐ ☐ Parenteral (outpatient) ☐ ☐ Outpatient/Discharge ☐ ☐ Mail Service ☐ ☐ Long Term Care ☐ ☐ Sterile Compounding **	
☐ ☑ Nuclear ☐ ☑ Ambulatory ☑ ☐ Community ☐ ☑ Other:	Surgery Center E  E  hecked E	☐ ☐ Parenteral (outpatient) ☐ ☐ Outpatient/Discharge ☐ ☐ Mail Service ☐ ☐ Long Term Care ☐ ☐ Sterile Compounding ** ☐ Non Sterile Compounding	

BB

### **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 <b>Ownership Chang</b> e (Provide Check box below for type of ownership and complete a Publicly Traded Corporation – Pages 1,2,3,7  Non Publicly Traded Corporation – Pages 1,2,4,7	all required forms
GENERAL INFORMATION to be completed by a	
Pharmacy Name: MEDPHARMA LLC	
Physical Address: 1701 WELSH ROAD #5	
Mailing Address: 1701 WELSH ROAD #5	
	PA Zip Code: 19115-3172
Telephone: 267-262-5160 OR TOLL FR Fax: 26	7-262-5180 OR TOLL FREE 84
Toll Free Number: 844-413-2005 (R	Required per NAC 639 708)
Toll Free Number: 844-413-2005 (RE-mail: info@medpharma.com We	ebsite: www.medpharma.com
Managing Pharmacist: MICHAEL EVANS	
TYPE OF PHARMACY AND	SERVICES PROVIDED
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 **  Outpatient (outpatient)  Outpatient/Discharge  Mail Service  Long Term Care  Sterile Compounding **  Non Sterile Compounding  Mail Service Sterile Compounding **  Other Services:



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

☑New Pharmacy or ☑Ownership Change (Provide cu Check box below for type of ownership and complete all i ☑ Publicly Traded Corporation — Pages 1,2,3,7 ☑ Non Publicly Traded Corporation — Pages 1,2,4,7	required forms.
GENERAL INFORMATION to be completed by all	types of ownership
Pharmacy Name: Pharmaneek Inc.	
Physical Address: 7345 Woodland Drive Suite A Inc.	ianapolis, IN 46278
Mailing Address: 7345 Woodland Drive Suite A	
City: Indianapolis State: Ind	iana Zip Code: 46278
Telephone: 317-293-1700 Fax: 317-5	
	quired per NAC 639.708)
	site: pharmaneek.com
Managing Pharmacist: Annadurai Kuppusam	
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
凶 □ Retail	□ I Off-site Cognitive Services
☐ ■ Hospital (# beds)	□ ■ Parenteral **
□ <b>□</b> Internet	□ ■ Parenteral (outpatient)
□ ■ Nuclear	□
☐ ■ Ambulatory Surgery Center	⊠ □ Mail Service
□	☑ Long Term Care
Ď □ Other: Pharmacy medication delivery, DME	☐ ■ Sterile Compounding **
All boxes must be checked	☐ ■ Mail Service Sterile Compounding **
For the application to be complete	□

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

DD

## **NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane - Reno, NV 89509

# APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

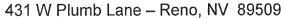
\$500.00 Fee made payable to: Nevada State Board of Pharmacy

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

Application must be printed legibly or typed

/	
New Pharmacy or <b>☐Ownership Chang</b> e (Provide Check box below for type of ownership and complete a ☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐Non Publicly Traded Corporation – Pages 1,2,4,7	Il required forms
GENERAL INFORMATION to be completed by a	
Pharmacy Name: Marmacy of Ta	mpa
Physical Address: 4433 Gunn Hwy.	Tampa, fr 33618
Mailing Address: 4433 Gunn Hw	
City: Tampa State:	
Telephone: 813.559.9741 Fax: 8	13.559.9763
Toll Free Number: <u>888.482.1914</u> (Re	equired per NAC 639,708)
E-mail: MONIKA@ hopeprx conve	,
Managing Pharmacist: Monika Must	License Number: PS52522
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
☑ Retail	□ ☑ Off-site Cognitive Services
□ ☑ Hospital (# beds)	□ ☐ Parenteral **
□ M Internet	□ ☑ Parenteral (outpatient)
□ Muclear	□ 🗹 Outpatient/Discharge
☐ ௴ Ambulatory Surgery Center	□ ☑ Mail Service
☐ Community	☐ ☑ Long Term Care
Other:	☐ 🗹 Sterile Compounding **
AND	☑ Non Sterile Compounding
All boxes must be checked	☐ ☑ Mail Service Sterile Compounding **
For the application to be complete	′ □ <b>☑</b> Other Services:

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





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

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

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Application must be printed legibly or typed

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New Pharmacy or <b>☐Ownership Chang</b> Check box below for type of ownership and	complet	e all require	ed forms.
☐ Publicly Traded Corporation – Pages 1,2,  Non Publicly Traded Corporation – Pages	,3,7 s 1 2 4 7	 	Partnership - Pages 1,2,5,7 Sole Owner - Pages 1,2,6,7
A recent districtly reduced compensation , age.	<u> </u>		one of the control of
<b>GENERAL INFORMATION to be comp</b>	leted b	y all types	of ownership
Pharmacy Name: <u>Sterling Specialty Pharmace</u>	cy	-	
Physical Address: <u>1312 Northland Dr. Suite</u>	500		
Mailing Address: Same as physical address			
City: Mendota Heights	State	MN	Zip Code: <u>55120</u>
Telephone: <u>507-519-2352</u>	_Fax: _	507-697-0	082
Toll Free Number: _888-618-4126		(Required	per NAC 639.708)
E-mail: tim.gallagher@sterlingspecialtyrx.com	_	Website:	www.sterlingspecialtyrx.com
Managing Pharmacist: Lyle Prussman		****	License Number: 121233
TYPE OF PHARMACY	AND	<u>SE</u>	RVICES PROVIDED
Yes/No		Yes	s/No
☑ □ Retail			☑ Off-site Cognitive Services
□ ဩ Hospital (# beds	_)		☑ Parenteral **
☐ ☑ Internet			☑ Parenteral (outpatient)
□ ⊠ Nuclear			☑ Outpatient/Discharge
☐ ဩ Ambulatory Surgery	Center	×	☐ Mail Service
☐ 図 Community			☑ Long Term Care
□ 図 Other:			☑ Sterile Compounding **
		×	☐ Non Sterile Compounding
All boxes must be checked			■ Mail Service Sterile Compounding **
For the application to be con	nplete		☑ Other Services:

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



431 W Plumb Lane - Reno, NV 89509

# APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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New Pharmacy or <b>Ownership Change</b> (Provide of Check hox below for type of ownership and a series of the control of the contro	urrent license number if making changes. Bu
I SHOON BON BOION IOI LYIIG ULUWUMISHIII AHU CAMMIATA AH	rodiurod to was a
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Non Publicly Traded Corporation – Pages 1,2,4,7	Partnership - Pages 1,2,5,7
Non Fublicity 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: United Px	LLC
	Lane
	-ane
City: Hillside State:	IL Zip Code: 60/62
Telephone: 708-449-7600 Fax: 70	18-240-4882
Toll Free Number: <u>877-230-7998</u> (Red	quired per NAC 639.708)
E-mail: <u>Cagonis@unitedrx</u> , net Web	site: www.unitedry.net
Managing Pharmacist: Zarha Amlani	License Number: 19791
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
□ 🗷 Retail	☐ ☎ Off-site Cognitive Services
☐ 🛛 Hospital (# beds)	☐ ☑ Parenteral **
□ 🛭 Internet	☐ ☒ Parenteral (outpatient)
□ 🛛 Nuclear	☐ ☑ Outpatient/Discharge
☐	☐ ☒ Mail Service
□ 🕱 Community	☑ □ Long Term Care
Other: Long Term Care	ang renn eare
701170	- The sanding
All boxes must be checked	of the compounding
For the application to be complete	☐ Mail Service Sterile Compounding **
and application to be complete	□ 🗷 Other Services:
* f var. abank (f	

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



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

New Wholesaler or □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
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,7 □ Sole Owner – Pages 1,2,3,8
GENERAL INFORMATION to be completed be all types of ownership
Facility Name: Ablynx, Inc.
Physical Address: Six Tower Bridge, Suite 400, 181 Washington Street
City: Conshohocken State: PA Zip Code: 19428
Telephone Number: (610) 557-0808 Fax Number: N/A
Toll Free Number:
E-mail: dan.schneider@ablynx.com Website: www.ablynx.com
Facility Manager: Daniel Schneider
Professional qualifications and experience of facility manager:
Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies ☐ Practitioners ☒ Hospitals ☐ Wholesalers ☐ Other: Specialty pharmacies and Specialty distributors
Type of Products to be handled or wholesaled by firm:
<ul> <li>✓ Legend Pharmaceuticals, Supplies or Devices</li> <li>☐ Poisons or Chemicals</li> <li>☐ Controlled Substances (include copy of DEA)</li> <li>☐ Other:</li> </ul>





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

<ul> <li>□ Publicly Traded Corporation – Pages 1,2,3,4</li> <li>□ Partnership - Pages 1,2,3,6</li> <li>☑ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b</li> <li>□ Sole Owner – Pages 1,2,3,7</li> <li>Please check box for type of ownership and complete correct part of the application.</li> </ul>
GENERAL INFORMATION
Facility Name: Ascent Pharmaceuticals, Inc.
Physical Address: 400 S Technology Dr.
Mailing Address: 400 S Technology Dr.
City: Central Islip State: NY Zip Code: 11722
Telephone: 631-851-0550 Fax: 631-881-4615
Toll Free Number: 855-221-1622
E-mail: vasu@ascentpharm.com Website: www.ascentpharm.com
Facility Manager: Douglas Felton
Professional qualifications and experience of facility manager: Refer to the attached resume
Types of licensed outlets or authorized persons firm will serve:
<ul> <li>☑ Pharmacies</li> <li>☑ Practitioners</li> <li>☑ Hospitals</li> <li>☑ Wholesalers</li> <li>☑ Other: Manufacturers</li> </ul>
Type of Products to be handled or wholesaled be firm:
<ul> <li>□ Legend Pharmaceuticals, Supplies or Devices</li> <li>□ Poisons or Chemicals</li> <li>□ Veterinary Legend Drugs</li> <li>□ Controlled Substances (include copy of DEA)</li> <li>□ Other: List 1 &amp; 2 Chemicals, Solid Dose, Ophthalmic, Topical</li> </ul>



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

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

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<ul> <li>New Wholesaler or □Ownership Change (Provide current license number if making changes: WH</li> <li>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</li> <li>□ Publicly Traded Corporation – Pages 1,2,3,4</li> <li>□ Partnership - Pages 1,2,3,7</li> <li>☑ Non Publicly Traded Corporation – Pages 1,2,3,5,6</li> <li>□ Sole Owner – Pages 1,2,3,8</li> </ul>
GENERAL INFORMATION to be completed be all types of ownership
Facility Name: Bausch and Lomb, Inc.
Physical Address: 4011 Highway 417
City: Woodruff State: SC Zip Code: 29388
Telephone Number: 864-756-7613 Fax Number: 864-678-6600
Toll Free Number: N/A
E-mail: statelicensing@bausch.com Website: www.bausch.com
Facility Manager: Nathan E. Foster
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:
Type of Products to be handled or wholesaled by firm:
<ul> <li>✓ Legend Pharmaceuticals, Supplies or Devices</li> <li>☐ Poisons or Chemicals</li> <li>☐ Controlled Substances (include copy of DEA)</li> <li>☐ Other:</li> </ul>

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

□ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: WH_02326 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership □ Publicly Traded Corporation − Pages 1,2,3,4 □ Partnership − Pages 1,2,3,7 □ Non Publicly Traded Corporation − Pages 1,2,3,5,6 □ Sole Owner − Pages 1,2,3,8
GENERAL INFORMATION to be completed be all types of ownership
Facility Name: Bioverativ U.S. LLC
Physical Address: 225 Second Avenue, Waltham, MA 02451
City: Waltham State: MA Zip Code: 02451
Telephone Number: 888-862-0575 Fax Number: N/A
Toll Free Number: 888-862-0575
E-mail: 888-862-0575 Website: www.bioverativ.com
Facility Manager: Suzanne Murray - Quality and Regulator CMC
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: Military, Specialty Distributors, and Specialty Pharmacies
Type of Products to be handled or wholesaled by firm:
<ul> <li>☑ Legend Pharmaceuticals, Supplies or Devices</li> <li>☐ Poisons or Chemicals</li> <li>☐ Controlled Substances (include copy of DEA)</li> <li>☐ Other:</li></ul>





## 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

<ul> <li>New Wholesaler or □Owr</li> <li>Check box below for type of o</li> <li>you have selected. If LLC use</li> <li>□ Publicly Traded Corporatio</li> <li>☑ Non Publicly Traded Corporatio</li> </ul>	wnership and core Non Public Core	mplete a poration	Il required fo or Partnersh	rms for type ( ip	of ownership that	
GENERAL INFORMATION						
Facility Name: Bosto	on Medical E	Produc	ts, Inc.			·
Physical Address: 70 Cl	nestnut St.					
City: Shrewsbury	9	State: _	MA	Zip C	ode: <u>01545</u>	
Telephone Number: 508-	398-9300	Fa	ax Number:	508-366	-5016	
Toll Free Number: 800-	33-2674	D-100-700-700-700-700				
E-mail: smontgomery@	osmed.com	W	ebsite: ww	w.bosmed	.com	
Facility Manager: Stuar	t K. Montgor	mery				and the state of t
Professional qualifications	and experience	of facili	ty manager	: <u>38 yea</u> :	rs of exper	<u>ience</u>
Types of licensed outlets o	authorized per	sons fir	m will serve	<u>:</u>		
☑ Pharmacies ☐ Other:			□ Hos	pitals	☐ Wholesaler	rs
Type of Products to be har	dled or wholesa	aled by	firm:			
<ul><li>☑ Legend Pharmaceutical</li><li>☐ Poisons or Chemicals</li><li>☐ Controlled Substances</li><li>☐ Other:</li></ul>					mic Devices ry Legend Drugs	5



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

you have selected. If LLC use Non Public (  Description Publicly Traded Corporation Pages 1.2)	ge (Provide current license number if making changes: WH Il complete all required forms for type of ownership that Corporation or Partnership 2,3,4
GENERAL INFORMATION to be comp	
Facility Name: Boston Scientific Corporation	
Physical Address: 150 Baytech Drive	
City: San Jose	State: _CA Zip Code:95134
Telephone Number: 408-935-3400	·
Toll Free Number: N/A	
E-mail: Cheryl.Capes@bsci.com	Website: www.bostonscientific.com
Facility Manager: Cheryl Capes	
Professional qualifications and experience	ce of facility manager: See Attachment C
Types of licensed outlets or authorized pe	persons firm will serve:
<ul><li>☑ Pharmacies</li><li>☑ Practitione</li><li>☑ Other: Clinics, Veterinarians</li></ul>	ers 🛛 Hospitals 🗀 Wholesalers
Type of Products to be handled or wholes	saled by firm:
<ul> <li>☑ Legend Pharmaceuticals, Supplies or</li> <li>☐ Poisons or Chemicals</li> <li>☐ Controlled Substances (include copy of</li> <li>☐ Other:</li> </ul>	Devices ' Hypodermic Devices

# MM

#### **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

☑ New Wholesaler ☐ Ownership Change (Please provide current license number if making changes: WH)
<ul> <li>☑ Publicly Traded Corporation – Pages 1,2,3,4</li> <li>☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b</li> <li>☐ Sole Owner – Pages 1,2,3,7</li> <li>Please check box for type of ownership and complete correct part of the application.</li> </ul>
GENERAL INFORMATION
Facility Name: Catalent San Diego, Inc.
Physical Address: 7330 Carroll Rd.
Mailing Address: 7330 Carroll Rd., Suite 200
City: San Diego State: CA Zip Code: 92121
Telephone: 858-805-6383 Fax: 858-578-0403
Toll Free Number:
E-mail: bryan.knox@catalent.com Website: www.catalent.com
Facility Manager: Bryan Knox
Professional qualifications and experience of facility manager: Refer to attached
Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Other: Human Clinical Trials
Type of Products to be handled or wholesaled be firm:
<ul> <li>✓ Legend Pharmaceuticals, Supplies or Devices</li> <li>☐ Poisons or Chemicals</li> <li>☐ Controlled Substances (include copy of DEA)</li> <li>✓ Other: Clinical trial drug products</li> <li>☐ Hypodermic Devices</li> <li>☐ Veterinary Legend Drugs</li> </ul>

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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)

Application must be printed legibly or typed

New Wholesaler or □Ownership Change (Provide current license number if ma Check <u>box</u> below for type of ownership and complete all required forms for type of you have selected. If LLC use Non Public Corporation or Partnership □ Publicly Traded Corporation − Pages 1,2,3,4 □ Partnership - Page Non Publicly Traded Corporation − Pages 1,2,3,5,6 □ Sole Owner − Page	of ownership that es 1,2,3,7
GENERAL INFORMATION to be completed be all types of ownership	
Facility Name: COLOSSAL HEALTH INC	
Physical Address: 23860 W INDUSTRIAL DR N	
City: PLAINFIELD State: LL Zip Co	ode: 60585
Telephone Number: 815-609-1600 Fax Number: 815-89	88-4095
Toll Free Number:	
E-mail: 15abel-Kolen(herry@colossalheath.com)	salhealth com
Facility Manager: GUKU DUA	
Professional qualifications and experience of facility manager: <u>Resume</u>	attached
Types of licensed outlets or authorized persons firm will serve:	
Pharmacies Practitioners Del Hospitals  Other:	□ Wholesalers
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:	ic Devices Legend Drugs

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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)

Application must be printed legibly or typed

See Attachment A
□New Wholesaler or ☑Ownership Change (Provide current license number if making changes: WH0151 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership □ Publicly Traded Corporation − Pages 1,2,3,4 □ Partnership − Pages 1,2,3,7 □ Non Publicly Traded Corporation − Pages 1,2,3,5,6 □ Sole Owner − Pages 1,2,3,8
GENERAL INFORMATION to be completed be all types of ownership
Facility Name: C. R. Bard, Inc.
Physical Address: 14201 Lochridge Boulevard
City: Covington State: GA Zip Code: 30014
Telephone Number: <u>770-385-2340</u> Fax Number: <u>770-385-2389</u>
Toll Free Number: N/A
E-mail: Dennis.Dracup@crbard.com Website: N/A
Facility Manager: Dennis G. Dracup, Jr.
Professional qualifications and experience of facility manager: See Attachment C
Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers ☒ Other: Clinics; Patients with a prescription
Type of Products to be handled or wholesaled by firm:
<ul> <li>☑ Legend Pharmaceuticals, Supplies or Devices</li> <li>☐ Poisons or Chemicals</li> <li>☐ Controlled Substances (include copy of DEA)</li> <li>☑ Other: OTC Devices</li> <li>☐ Hypodermic Devices</li> <li>☐ Veterinary Legend Drugs</li> </ul>



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

# APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

Application must be printed legibly or typed

New Wholesaler or □Ownership Change (Provide current license number if making changes: WHCheck 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			
GENERAL INFORMATION to be completed be all types of ownership			
Facility Name: _Golden State Medical Supply, Inc.			
Physical Address: 5247 Camino Ruiz			
City: Camarillo State: CA Zip Code: 93012			
Telephone Number: (805) 477-9866 Fax Number: (805) 477-7582			
Toll Free Number: (800) 284-8633			
E-mail: ncarranza@gsms.us Website: www.GSMS.us			
Facility Manager:Joshua Ngiratmab			
Professional qualifications and experience of facility manager: Over 5 years experience as a Distribution Manager, Production Planner, and Logistics Lead at Golden State Medical Supply, Inc.			
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:			
<ul> <li>✓ Legend Pharmaceuticals, Supplies or Devices</li> <li>☐ Poisons or Chemicals</li> <li>☐ Controlled Substances (include copy of DEA)</li> <li>☐ Other:</li> </ul>			



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

□New Wholesaler or   ☐Ownership Change (Provide current license number if making changes: WH_02164
Check box below for type of ownership and complete all required forms for type of ownership that
you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation — Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7
☑ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8
GENERAL INFORMATION to be completed be all types of ownership
Facility Name: HLS Therapeutics (USA), Inc.
Physical Address: 919 Conestoga Rd. Building Three, Suite 310
City: Rosemont State: PA Zip Code: 19010
Telephone Number: (484) 232-3400 Fax Number: (610) 525-3820
Toll Free Number:n/a
E-mail: r.gattuso@hlstherapeutics.com Website: www.hlstherapeutics.com
Facility Manager: Gilbert Godin
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, Military, Retailers, Long-term care
Type of Products to be handled or wholesaled by firm:
☐ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices ☐ Veterinary Legend Drugs ☐ Controlled Substances (include copy of DEA) ☐ Other:



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

<ul> <li>☑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</li> <li>☑ Non Publicly Traded Corporation — Pages 1,2,3,5,6 ☐ Sole Owner — Pages 1,2,3,8</li> </ul>
GENERAL INFORMATION to be completed be all types of ownership
Facility Name: Kedrion Biopharma Inc.
Physical Address: 400 Kelby Street, 11th floor
City: Fort Lee State: NJ Zip Code: 07024
Telephone Number: 201-242-8900 Fax Number: N/A
Toll Free Number: N/A
E-mail: m.berkle@kedrion.com Website: www.kedrion.us
Facility Manager: Matthew Berkle
Professional qualifications and experience of facility manager:  Two law degrees, licensed as an attorney in 2 states, worked in healthcare pharma industry since 2001, 4 years in current role and corporate officer.  Types of licensed outlets or authorized persons firm will serve:
☑ Pharmacies ☑ Practitioners ☑ Hospitals ☑ Wholesalers
Type of Products to be handled or wholesaled by firm:
<ul> <li>☑ Legend Pharmaceuticals, Supplies or Devices</li> <li>☐ Poisons or Chemicals</li> <li>☐ Controlled Substances (include copy of DEA)</li> <li>☐ Other:</li> </ul>

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

⊠ New Wholesaler
☐ 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: Noden Pharma USA, Inc.
Physical Address: 2800 Discovery Drive, Suite 100, Orlando, FL 32826
Mailing Address: 2800 Discovery Drive, Suite 100
City: Orlando State: FL Zip Code: 32826
Telephone: (407) 675-4055 Fax: (407) 675-4049
Toll Free Number: N/A
E-mail: statelicencing@nodenpharma.com Website: www.nodenpharma.com/
Facility Manager: Dominique Pierre Monnet
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 be firm:
<ul> <li>☑ Legend Pharmaceuticals, Supplies or Devices</li> <li>☑ Poisons or Chemicals</li> <li>☑ Controlled Substances (include copy of DEA)</li> <li>☑ Other:</li></ul>



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 re unda le and not trans era le money order or ashier's he only)

Application must be printed legibly or typed

	r □ Ownership Change (Please provide current license number if making changes: WH)
□ Publicly Traded ( ☑ Non Publicly Traded ( Please check be	Corporation – Pages 1,2,3,4
GENERAL INFOR	RMATION
Facility Name:	YS Marketing Inc. dba NUMED
Physical Address:	2004 McDonald Ave.
Mailing Address:	2004 McDonald Ave.
City: Brooklyn	State: <u>NY</u> Zip Code:11223
	47-512-2323 Fax: 888. 278. 8504
Toll Free Number:	
E-mail: joels1037	@gmail.com Website: www.numedotc.com
Facility Manager:	Laura Anne Kania
Professional qualif	fications and experience of facility manager: <u>NY State Licensed pharmacist</u> of numed Pharmacy; 10/14-05/14 sp med fack Pharmacy 03/14-05/14 Staff pharme outlets or authorized persons firm will serve:
Types of licensed	outlets or authorized persons firm will serve:
☑ Pharmacies ☑ Other:	☐ Practitioners ☐ Hospitals ☐ Wholesalers
Type of Products to	o be handled or wholesaled be firm:
<ul><li>☐ Poisons or Che</li><li>☐ Controlled Subs</li></ul>	aceuticals, Supplies or Devices  micals  U Veterinary Legend Drugs  stances (include copy of DEA)

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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

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Application must be printed legibly or typed

☑New Wholesaler or ☐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 ☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8
GENERAL INFORMATION to be completed be all types of ownership
Facility Name:
Physical Address: 1201 Cornerstone Drive
City: Windsor State: CO Zip Code: 80550
Telephone Number: 970-212-4500 Fax Number: 970-494-0241
Toll Free Number: 877-986-5627
E-mail: Sdewar@tolmar.com Website: www.tolmar.com
Facility Manager: Edward Adrian
Professional qualifications and experience of facility manager: 15+ years experience working in manufacturing for Tolmar, Inc. in Supervisory role plus Masters Degree in Industrial Engineering.  Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Other:
Type of Products to be handled or wholesaled by firm:
<ul> <li>☑ Legend Pharmaceuticals, Supplies or Devices</li> <li>☐ Poisons or Chemicals</li> <li>☐ Controlled Substances (include copy of DEA)</li> <li>☐ Other:</li> </ul>



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 <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 □ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,7 □ Non Publicly Traded Corporation – Pages 1,2,3,5,6 □ Sole Owner – Pages 1,2,3,8
GENERAL INFORMATION to be completed be all types of ownership
Facility Name: Premier Rx Wholesale
Physical Address: 4637 Interstate Drive
City: Cincinnati State: Ohio Zip Code: 45246
Telephone Number: 877-884-4836 Fax Number: (513) 906-6355
Toll Free Number: 877-889-4838
E-mail: Ron Ferguson @ prywholesale . com Website: * In progress
Facility Manager: Ron Ferguson, Roh
Professional qualifications and experience of facility manager: 30 years experienced as a RPL suned several pharmacies in the post-many years ordering/Storing/purchasingdrug
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:

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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

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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 be all types of ownership
Facility Name: Purdue Pharma Manufacturing L.P.
Physical Address: 5235 International Drive
City: Durham State: NC Zip Code: 27712
Telephone Number: 252-265-1900 Fax Number: 252-265-1656
Toll Free Number:
E-mail: donogh.mcguire@pharma.com Website:
Facility Manager: Donogh McGuire, Head of Operations
Professional qualifications and experience of facility manager: B. Sc. Pharmacy Degree, Trinity College, Dublin 1983 - 1987. Qualified person within EU. 30 years experience in the pharmaceutical manufacturing industry.
Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Other: Government agencies
Type of Products to be handled or wholesaled by firm:
<ul> <li>□ Legend Pharmaceuticals, Supplies or Devices</li> <li>□ Poisons or Chemicals</li> <li>□ Controlled Substances (include copy of DEA)</li> <li>□ Other:</li></ul>



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

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New Wholesaler or ☐Ownership Change (Provide current license number if making changes: WHCheck box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership ☐ Publicly Traded Corporation — Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7 ☐ Non Publicly Traded Corporation — Pages 1,2,3,5,6 ☐ Sole Owner — Pages 1,2,3,8		
GENERAL INFORMATION to be completed be all types of ownership		
Facility Name: Purdue Pharmaceuticals L.P.		
Physical Address: 4701 Purdue Drive		
City: Wilson State: NC Zip Code: 27893		
Telephone Number: 252-265-1900 Fax Number: 252-265-1656		
Toll Free Number:		
E-mail: donogh.mcguire@pharma.com Website:		
Facility Manager:		
Professional qualifications and experience of facility manager:  B. Sc. Pharmacy Degree, Trinity College Dublin 1983-1987. Qualified person within EU. 30 years experience in the pharmaceutical manufacturing industry.  Types of licensed outlets or authorized persons firm will serve:		
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☑ Wholesalers ☐ Other: Government agencies		
Type of Products to be handled or wholesaled by firm:		
<ul> <li>☑ Legend Pharmaceuticals, Supplies or Devices</li> <li>☐ Poisons or Chemicals</li> <li>☐ Controlled Substances (include copy of DEA)</li> <li>☐ Other:</li></ul>		

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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)

Application must be printed legibly or typed

New Wholesaler or ☐Ownership Change (Provide current license number if making changes: WHCheck box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership ☐ Publicly Traded Corporation — Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7 ☐ Non Publicly Traded Corporation — Pages 1,2,3,5,6 ☐ Sole Owner — Pages 1,2,3,8
GENERAL INFORMATION to be completed be all types of ownership
Facility Name: Retrophin, Inc.
Physical Address: 3721 Valley Centre Drive, Suite 200
City: San Diego State: CA Zip Code: 92130
Telephone Number: Fax Number: 858-792-0431
Toll Free Number:
E-mail: legal@retrophin.com Website: www.retrophin.com
Facility Manager: Karl Odquist
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:
<ul> <li>☑ Legend Pharmaceuticals, Supplies or Devices</li> <li>☐ Poisons or Chemicals</li> <li>☐ Controlled Substances (include copy of DEA)</li> <li>☐ Other:</li></ul>

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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)

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 Check box below for type of ownership and cyou have selected. If LLC use Non Public Collins Publicly Traded Corporation – Pages 1,2,□ Non Publicly Traded Corporation – Pages	complete all r orporation or 3,4	equired forms for type Partnership □ Partnership - Pa	e of ownership that
GENERAL INFORMATION to be compl			
Facility Name: McKesson Corporation dba RxPak			
Physical Address: 4971 Southridge Blvd.	· · · · · · · · · · · · · · · · · · ·		
City: Memphis	State: TN	Zip	Code: 38141
Telephone Number: 901-255-8001	Fax l	Number: 901-255-8010	
Toll Free Number: N/A			
E-mail: eddie.littleton@mckesson.com	Webs	ite: www.mckesson.com	
Facility Manager: Eddie Littleton			
Professional qualifications and experience 40 yrs. pharmaceutical Quality/Regulatory experience.	e of facility r	nanager:	
Types of licensed outlets or authorized pe	ersons firm v	vill serve:	
☐ Pharmacies ☐ Practitione☐ Other:		☐ Hospitals	■ Wholesalers
Type of Products to be handled or wholes		<u>:</u>	
<ul> <li>■ Legend Pharmaceuticals, Supplies or</li> <li>□ Poisons or Chemicals</li> <li>■ Controlled Substances (include copy of Other:</li> </ul>		• •	mic Devices ry Legend Drugs
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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)

Application must be printed legibly or typed

□ New Wholesaler or □ Ownership Change (Provide current license number if making changes: WH 02272
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
Publicly Traded Corporation – Pages 1,2,3,4 Partnership - Pages 1,2,3,7
□ Non Publicly Traded Corporation – Pages 1,2,3,5,6 □ Sole Owner – Pages 1,2,3,8
GENERAL INFORMATION to be completed be all types of ownership
Facility Name: UpWell Health Products, LLC
Physical Address: 4303 South 590 West
City: Murray State: UT Zip Code: 84123-8017
Telephone Number: 801-716-7430 Fax Number: 801-880-3426
Toll Free Number: NA
E-mail: management@upwellhealthproducts.com Website: www.upwellhealthproducts.com (in progress)
Facility Manager: Andrew Jenkins
Professional qualifications and experience of facility manager: <u>PLASE SEE AHACHEO</u>
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:



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

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

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

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

Application must be printed legibly or typed

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

New Wholesaler or ☐Ownership Change (Provide current license number if making changes: WH Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership Publicly Traded Corporation — Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7 ☐ Non Publicly Traded Corporation — Pages 1,2,3,5,6 ☐ Sole Owner — Pages 1,2,3,8
GENERAL INFORMATION to be completed be all types of ownership
Facility Name: Verastem, Inc., d.b.a. Verastem Oncology
Physical Address: 117 Kendrick Street, Suite 500
City: Needham State: MA Zip Code: 02494
Telephone Number:(781) 292-4200 Fax Number:N/A
Toll Free Number: N/A
E-mail: Statelicensing@verastem.com Website: http://www.verastem.com/
Facility Manager:Daniel Paterson
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 Pharmacies/Specialty Distributors
Type of Products to be handled or wholesaled by firm:
<ul> <li>✓ Legend Pharmaceuticals, Supplies or Devices</li> <li>☐ Poisons or Chemicals</li> <li>☐ Controlled Substances (include copy of DEA)</li> <li>☐ Other:</li> </ul>

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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

✓ New Wholesaler □ Ownership Change	
(Please provide current license number if making cha	nges: WH)
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnersh Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owr Please check box for type of ownership and complete correct part of	ner – Pages 1,2,3,7
GENERAL INFORMATION	
Facility Name: WES Pharma Inc	
Physical Address: 1221 Tech Court, Westminster, MD 21157	
Mailing Address: same as above	
City: State:	Zip Code:
Telephone: (410) 861-6444 Fax: (410) 861-6794	<u> </u>
Toll Free Number: (410) 861-6444	
E-mail: info@wespharma.com Website: www.wesp	oharma.com
Facility Manager: Ranjeesh Gopinathan	
Professional qualifications and experience of facility manager:	See attached Resume
Types of licensed outlets or authorized persons firm will serve:	
☐ Pharmacies ☐ Practitioners ☐ Hospita ☐ Other:	ls  Wholesalers
Type of Products to be handled or wholesaled be firm:	
· 11	Hypodermic Devices /eterinary Legend Drugs



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

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

\$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

⊠New MDEG	☐ Ownership Change (Please provide current license number if making changes: MP or MW)
∥⊠ Non Publicly Tra	Corporation – Pages 1,2,3,4
FACILITY INFOR	MATION
Facility Name: Al	pova Health, LLC
Physical Address:	500 Washington Avenue South, Suite 2060 Minneapolis MN 55415
	(This must be a business address, we can not issue a license to a home address)
Mailing Address:	500 Washington Avenue South, Suite 2060
City: Minneapolis	State: MNZip Code: 55415
Telephone: 1-844	-791-5991 Fax: 612-351-5162
E-mail: N/A	Website: https://www.abovahealth.com/
	RS THAT THE FACILITY WILL BE REGULARLY OPERATING *Times listed in
	Central Standard Time Tue: 8am to 4:30pm Wed: 8am to 4:30pm Thu: 8am to 4:30pm
	Sat: N/A to N/A Sun: N/A to N/A Holidays: Closed
	RATOR INFORMATION: Person in charge on a daily basis
Name: Sean Su	
TYPE OF MDEG F	PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases	- 70013014C Edulphiletil
☐ Respiratory Equ	The street and a street and a street and a street and a street a s
<ul><li>☐ Life-sustaining</li><li>☐ Diabetic Suppli</li></ul>	
care in the event of	ypes of services you are required to have in place a mechanism to ensure continued an emergency. Provide name and telephone number of Nevada contact.
Name:	Telephone:
	Page 1



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

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

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

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Application must be printed legibly or typed

☑New MDEG ☐ Ownership Change (Please provide current license number if making changes: MP or MW
Non Publicly Traded Corporation − Pages 1,2,3,5 Please check box for type of ownership and complete correct part of the application.    FACILITY INFORMATION
Facility Name: Abova Health, LLC  Physical Address: 500 Washington Avenue South, Suite 2060 Minneapolis MN 55415  (This must be a business address, we can not issue a license to a home address)  Mailing Address: 500 Washington Avenue South, Suite 2060  City: Minneapolis State: MN Zip Code: 55415
Physical Address: 500 Washington Avenue South, Suite 2060 Minneapolis MN 55415  (This must be a business address, we can not issue a license to a home address)  Mailing Address: 500 Washington Avenue South, Suite 2060  City: Minneapolis State: MN Zip Code: 55415
(This must be a business address, we can not issue a license to a home address)  Mailing Address:  City: Minneapolis  State: MN Zip Code: 55415
City: Minneapolis State: MN Zip Code: 55415
Telephone: 1-844-791-5991 Fax: 612-351-5162
E-mail: N/A Website: https://www.abovahealth.com/
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING *Times listed in Central Standard Time
Mon: 8am to 4:30pm Tue: 8am to 4:30pm Wed: 8am to 4:30pm Thu: 8am to 4:30pm
Fri: 8am to 4:30pm Sat: N/A to N/A Sun: N/A to N/A Holidays: Closed
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Sean Sutter
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
<ul> <li>☐ Medical Gases**</li> <li>☐ Respiratory Equipment**</li> <li>☐ Life-sustaining equipment**</li> <li>☐ Diabetic Supplies</li> <li>**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.</li> </ul>
Name: Telephone: Page 1



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

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☑New MDEG (	☐ Ownership Change Please provide current license number if making changes: MP or MW)
Non Publicly Trad	orporation Pages 1,2,3,4 Partnership - Pages 1,2,3,6 Sole Owner Pages 1,2,3,7 Sole Owner of the application.
FACILITY INFORM	IATION
Facility Name: Adv	anced Medical Supply LLC
Physical Address:	1301 Seminole Blvd. #142 Largo, FL 33770  (This must be a business address, we can not issue a license to a home address)
Mailing Address: _	1301 Seminole Blvd. #142
City: Largo	State: FL Zip Code: 33770
Telephone: 727-470	-9847 Fax: 727-475-9295
E-mail: kwexler@adv	ancedmedsupply.com Website:
	S THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 9 to 3	Tue: 9 to 3 Wed: 9 to 3 Thu: 9 to 3
Fri: 9 to 3	Sat: to Sun: to Holidays: to
MDEG ADMINISTR	ATOR INFORMATION: Person in charge on a daily basis
Name: Kristina We	xler
TYPE OF MDEG P	RODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases*☐ Respiratory Equ☐ Life-sustaining e	ipment** ☐ Parenteral and Enteral Equipment**
☐ Diabetic Supplie **If providing these ty	S Other:
care in the event of a	n emergency. Provide name and telephone number of Nevada contact.  Telephone:
	Page 1

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

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☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ 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: Allegro Enterprise, Inc.
Physical Address: 360 Veterans Parkway Suite 115, Bolingbrook, IL 60440
(This must be a business address, we can not issue a license to a home address)  clo State License Semicing  Mailing Address: 1751 State Route 17A, Suite 3
City: Florida State: NY Zip Code: 10921
Telephone: 630-771-7402 Fax: 866-590-5721
E-mail:ago@slsny.com Website:www.allegromedical.com
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 7:00amto 7:00pm Tue: 7:00amto 7:00pm Wed: 7:00amto 7:00pm Thu: 7:00amto 7:00pm
Fri:7:00amto7:00pm Sat: N/A to Sun: N/A to Holidays: N/A to
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Kray Allan Kibler
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
THE OF MIDEOT ROBOUTS THAT WILL BE SOLD TOHESK ALL ALT LISABLE
☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment** ☐ Life-sustaining equipment** ☐ Orthotics and Prosethics
☐ Life-sustaining equipment** ☐ Orthotics and Prosethics ☐ 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: Kray Allan Kihler Telephone: 630-771-7402 Page 1
Pade 1



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

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New MDEG
□ Publicly Traded Corporation □ Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6  Non Publicly Traded Corporation □ Pages 1,2,3,5 □ 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: APEX MEDICAL USA Corp.
Physical Address: 927 MARINER STREET, BREA CA 92821 (This must be a business address, we can not issue a license to a home address)
Mailing Address: 927 MARINER STREET
City: BREA State: CA Zip Code: 92821
Telephone: 714-671-3818 Fax: 714-494-8173
E-mail: SALES, USA QAPEXMEDICALCORP. Website: APEXMEDICAL USA, COM
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: Santo 5Pm Tue: Samto 5Pm Wed: Santo 5Pm Thu: Santo 5pm
Mon: 8anto 5Pm Tue: 8anto 5Pm Wed: 8 Anto 5Pm Thu: 8anto 5Pm CLOSED CLOSED Sun: -to- Holidays: -to-
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: PJ HSUEH (PO Jen Hsueh)
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
<ul> <li>☐ Medical Gases**</li> <li>☐ Assistive Equipment</li> <li>☐ Respiratory Equipment**</li> <li>☐ Parenteral and Enteral Equipment**</li> </ul>
☐ Life-sustaining equipment** ☐ Orthotics and Prosethics
☐ Diabetic Supplies Other: 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.
Totophone. Totophone
HTHE HOMECARE COMPANY THAT WE SELL PRODUCTS TO PROVIDES

ALL PATIENT SUPPORT.



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

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

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

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□ New MDEG □ Ownership Change See Attachment A (Please provide current license number if making changes: MP or MW MP01239 )
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ 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: Bard Medical Division of C. R. Bard, Inc.
Physical Address: 8195 Industrial Blvd. Covington GA 30014
(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: 770-784-6100 Fax: (770) 385-4706
E-mail: mike.simpson@crbard.com Website: www.bardmedical.com
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING  Facility operates 24 hours a day, 7 days a week.  Mon:to Tue:to Wed:to Thu:to
Fri: to Sat: to Sun: to Holidays: to
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Michael S. Simpson
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
<ul> <li>☐ Medical Gases**</li> <li>☐ Respiratory Equipment**</li> <li>☐ Life-sustaining equipment**</li> <li>☐ Diabetic Supplies</li> <li>☐ Assistive Equipment</li> <li>☐ Parenteral and Enteral Equipment**</li> <li>☐ Orthotics and Prosethics</li> <li>Other: catheters</li> </ul>
**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
Page 1

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## **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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☑ New MDEG ☐ Ownership 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 1,2,3,5 □ 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: Brasseler U.S.A Dental LLC
Physical Address: One Brasseler Blvd, Savannah GA 31419  (This must be a business address, we can not issue a license to a home address)
Mailing Address: 135 Duryea Road, E-355
City: Melville State: NY Zip Code: 11747
Telephone: 912-925-8525 N/A
E-mail: giovannyespinosa@brasselerusa.com Website: https://brasselerusa.com/
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 7am to 5:30pmTue: 7am to 5:30pmWed: 7am to 5:30pmThu: 7am to 5:30pm
Fri: 7am to 5:30pm Sat: to Sun: to Holidays: to
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Giovanny Espinosa
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic Supplies ☐ Othorics and Prosethics ☐ Other: Class I and II Medical Devices  **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  Page 1

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☑New MDEG ☐ Ownership 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 1,2,3,5 ☐ 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: Brasseler U.S.A Medical LLC			
Physical Address: 4837 McGrath Street Ventura CA 93003 (This must be a business address, we can not issue a license to a home address)			
Mailing Address: 135 Duryea Road, E-355			
City: Melville State: NY Zip Code:11747			
Telephone: 805-650-5209 Fax: 805-650-5260			
E-mail: lisalarue@brasselerusa.com Website: https://brasselerusa.com/			
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING			
Mon: 7 am to 5:30 pmTue: 7 am to 5:30 pm Wed: 7 am to 5:30 pmThu: 7 am to 5:30 pm			
Fri: 7 am to 5:30 pm Sat: N/A to Sun: N/A to Holidays: N/A to			
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis			
Name: Lisa Larue			
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)			
<ul> <li>☐ Medical Gases**</li> <li>☐ Respiratory Equipment**</li> <li>☐ Life-sustaining equipment**</li> <li>☐ Diabetic Supplies</li> <li>☐ Assistive Equipment</li> <li>☐ Parenteral and Enteral Equipment**</li> <li>☐ Orthotics and Prosethics</li> <li>Other: Medical Devices</li> </ul>			
**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: $N/A$			
Page 1 /6077			



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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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Application must be printed legibly or typed

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	☐ Ownership Change (Please provide current license number if making changes: MP or MW	 )	
∦ເ⊿ Non Publicly Trad	Corporation Pages 1,2,3,4 Partnership - Pages 1,2,3,6 ded Corporation Pages 1,2,3,5 Sole Owner Pages 1,2,3,7 check box for type of ownership and complete correct part of the application.		
FACILITY INFORM			
Facility Name: C	Canoga Medical Supply, Inc.		
Physical Address:	20944 Sherman Way, Suite #111 Canoga Park, CA 91303  (This must be a business address, we can not issue a license to a home address)		
Mailing Address:	20944 Sherman Way, Suite #111		
	State: CA Zip Code: 91303		
Telephone: 818-3	330-1402 Fax:		
	nogamed.com Website: N/A		
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING9-12 and 1-49-12 and 1-49-12 and 1-49-12 and 1-49-12 and 1-49-12 and 1-4Mon:toTue:to			
	Sat: <u>to</u> Sun: <u>to</u> Holidays: <u>to</u>		
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis  Name: Shane Yamamoto			
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)			
☐ Medical Gases*☐ Respiratory Equ ☐ Life-sustaining ☐ Diabetic Supplie **If providing these to care in the event of a	**  uipment**  equipment**  equipment**  Orthotics and Prosethics  ies  Other:  types of services you are required to have in place a mechanism to ensure continue an emergency. Provide name and telephone number of Nevada contact.  Telephone:	∍d	
	Page 1		



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	☐ Ownership Chang Please provide current li	-	if making	changes: MP or	MW	)
	orporation – Pages 1, ed Corporation – Pag neck box for type of ov					
FACILITY INFORM	**************************************					
	ertified Medical Supply, Ir					
	603 E 8th Street, Suit	fress, we can not is	nington, W sue a license	'A 98362 to a home address)		
Mailing Address: _	3651 Lindell Road, Suite	e D651				
City: Las Vegas		State: _ <sup>_</sup>			89103	
Telephone: (360)	406-5063	Fa	k: (360)	477-4283		
E-mail:matt@certif	iedmedicalsupply.com	We	ebsite: _	vww.certifiedmed	dicalsupply.com	
9-12 and 1-4 Mon: <u>to</u>	9-12 and 1-4 Tue: to Sat: to	9-12 Wed:	and 1-4 to	9-12 and Thu: <u>to</u>	i 1-4 )	
	RATOR INFORMATI					
Name: Matthew Jos						
TYPE OF MDEG P	RODUCTS THAT W	VILL BE SOI	D (CHE	CK ALL APP	LICABLE)	
care in the event of a	uipment** equipment** es ypes of services you a an emergency. Provic	Othe are required to le name and	er: have in elephone phone:	Equipment al and Enteral and Prosethic place a mechal number of Ne	nism to ensure contevada contact.	 tinued
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431 W Plumb Lane □ Reno, NV 89509 □ (775) 850-1440

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☑New MDEG ☐ Ownership Change			
(Please provide current license number if making changes: MP or MW)			
☐ Publicly Traded Corporation ☐ Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation ☐ Pages 1,2,3,5 ☐ Sole Owner ☐ Pages 1,2,3,7			
☑ Non Publicly Traded Corporation ☐ Pages 1,2,3,5 ☐ 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: Community Medical Rental and Supply			
Physical Address: 1025 State HWY 16 S Fredericksburg, TX 78624			
(This must be a business address, we can not issue a license to a home address)			
Mailing Address: 24112 S 201st Place			
City: Queen Creek State: AZ Zip Code: 85142			
Telephone: <u>253-377-1358</u> Fax: <u>888-688-6149</u>			
E-mail: casey@communitymedsup.com Website: communitymedsup.com			
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING			
Mon: 10 to 5 Tue: 10 to 5 Wed: 10 to 5 Thu: 10 to 5			
Fri: 10 to 5 Sat: to Sun: to Holidays: to			
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis			
Name: Casey Tebbs			
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)			
☐ Medical Gases** ☐ Assistive Equipment			
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**			
☐ Life-sustaining equipment** ☐ Orthotics and Prosethics			
☐ Diabetic Supplies Other: Wound/Ostomy/Urology/Incontenence			
**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: Casey Tebbs Telephone: 253-377-1358			
Page 1			

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New MDEG	☐ Ownership Change			
(F	Please provide current license number if making changes: MP or MW	Ł		
□ Publicly Traded C	orporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Sole Owner – Pages 1,2,3,7			
□ Non Publicly Trade	ed Corporation – Pages 1,2,3,5 ☐ Sole Owner – Pages 1,2,3,7			
Please ch	neck box for type of ownership and complete correct part of the application.			
FACILITY INFORM	<u>IATION</u>			
Facility Name:	CP Medical, Inc.			
Physical Address:	1775 Corporate Drive, Ste 150  (This must be a business address, we can not issue a license to a home address)			
,	(This must be a business address, we can not issue a license to a home address)			
Mailing Address: _	same as physical address			
City: Norcross	State: GA Zip Code: 30093			
Telephone:(63	78) 710 - 2016 Fax:			
E-mail:	juveriaf@cpmedical.com Website: www.cpmedical.com			
DAYS AND HOURS	S THAT THE FACILITY WILL BE REGULARLY OPERATING			
Mon: 8amto 5pm	Tue: 8amto 5pm Wed: 8amto 5pm Thu: 8am to 5pm			
Fri: 8amto 5pm	Sat: N/Ato Sun: N/Ato Holidays: N/Ato			
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis				
Name:	HARTIGAN			
TYPE OF MDEG P	RODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)			
☐ Medical Gases*	· · · · · · · · · · · · · · · · · · ·			
□ Respiratory Equ	ipment**   ☐ Parenteral and Enteral Equipment**			
☐ Life-sustaining e	equipment**   Orthotics and Prosethics			
☐ Diabetic Supplie	Other: SURGIAL SURVE			
**It providing these ty	ypes of services you are required to have in place a mechanism to ensure continue	3 <b>0</b>		
care in the event of an emergency. Provide name and telephone number of Nevada contact.  Name: N/A Telephone: N/A				
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FACILITY INFORMATION
Facility Name: DJO, LLC
Physical Address: _3300 Eagle Parkway, Fort Worth, TX 76177
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 7000 Cardinal Place
City: Dublin State: OH Zip Code: 43017
Telephone: 614-553-3076 Fax: 614-652-0282
E-mail gmb-facility-licensing@cardinalhealth.comWebsite: www.djoglobal.com
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 6am to 12 am Tue: 6am to 12am Wed: 6am to 12am Thu: 6am to 12am
Fri: 6am to 12am Sat: 6am to 12am Sun: to Holidays:
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Brian Heldebrandt
. MAY 03 2018
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment**  ☐ Orthotics and Prosethics
☑ 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: N/A  Telephone: N/A
Page 1

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## **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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Application must be printed legibly or typed

☑New MDEG ☐ Ownership Change  (Please provide current license number if making changes: MP or MW)			
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 □ Non Publicly Traded Corporation – Pages 1,2,3,5 □ 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: Exel Inc. dba DHL Supply Chain (USA)			
Physical Address: 4900 Creekside Pkwy, Lockbourne, OH 43137  (This must be a business address, we can not issue a license to a home address)			
Mailing Address: 570 Polaris Pkwy, Dept 555			
City: Westerville State: OH Zip Code: 43082			
Telephone: 614-662-9237 Fax: 614-497-9554			
E-mail: Charles.Shipley@dhl.com Website: www.exel.com			
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING 24/7			
Mon: to Tue: to Wed: to Thu: to			
Fri:to Sat:to Holidays:to			
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis			
Name: Charles Shipley			
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)			
<ul> <li>☐ Medical Gases**</li> <li>☐ Respiratory Equipment**</li> <li>☐ Parenteral and Enteral Equipment**</li> </ul>			
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment** ☐ Life-sustaining equipment** ☐ Orthotics and Prosethics			
☐ Diabetic Supplies Other: Surgical Instruments			
**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: Page 1			



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

™ MDEG □ Ownership Change
(Please provide current license number if making changes: MP or MW)
□ Publicly Traded Corporation Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 □ Non Publicly Traded Corporation Pages 1,2,3,5 □ 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: Greenleaf Medical Supply LLC
Facility Name: Greenleaf Medical Supply LLC  Physical Address: 1409 Plaza West Rd, Suite G Winston Salem, NC  (This must be a business address, we can not issue a license to a home address)  27103
Mailing Address: 1409 Plaza West Rd., Suite G
City: Winston Salem State: NC Zip Code: 27103
Telephone: <u>600-820-5994</u> Fax: <u>800-820-5994</u>
E-mail: glasc protonal. 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: Closed Sat: closed Sun: closed Holidays: closed
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Randal Wood
TYPE OF MDEC PRODUCTS THAT WILL BE COLD (OUTOK ALL ADDITION TO
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☑ Orthotics and Prosethics
☐ 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:



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

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☑New MDEG ☐ Ownership Change  (Please provide current license number if making changes: MP or MW )				
□ Publicly Traded ( ■ Non Publicly Trade	Corporation – Pages 1,2,3,4			
FACILITY INFORM	MATION			
Facility Name:	Hygeia II Medical Group, Inc.			
Physical Address:	6241 Yarrow Dr., Suite A Carlsbad, CA 92011 (This must be a business address, we cannot issue a license to a home address)			
Mailing Address:	6241 Yarrow Dr., Ste A			
City: Carlsbad	State: CA Zip Code: 92011			
Telephone: (714)	515-7571 Fax: (760) 683-6459			
E-mail: bnakfoor@	hygeiababy.com Website: www.hygeiahealth.com			
DAYS AND HOUR	S THAT THE FACILITY WILL BE REGULARLY OPERATING			
7:30to Mon: 4:30 7:30to 7:30to 4:30 4:30	7:30to 7:30to Tue: 4:30 Wed: 4:30 Thu: 7:30 To4:30 Closed Closed Closed Sat: to Sun: to Holidays: to			
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis				
Name: Brett				
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)				
=	quipment**  □ Parenteral and Enteral Equipment** □ Orthotics and Prosthetics			



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	Ownership Change se provide current license number if making changes: MP or MW		
☐ Publicly Traded Corpo ☐ Non Publicly Traded ( Please check	oration – Pages 1,2,3,4 Partnership - Pages 1,2,3,6 Corporation – Pages 1,2,3,5 Sole Owner – Pages 1,2,3,7 k box for type of ownership and complete correct part of the application.		
FACILITY INFORMAT	<u>ION</u>		
Facility Name: Limi	b Lab	<u>.</u>	
	00 South Broadway, Suite 106 is must be a business address, we can not issue a license to a home address)	-	
Mailing Address: 400	South Broadway, Suite 106	_	
City: Rochester	State: MN Zip Code: 55904	_	
Telephone: _507-322-3	457 Fax: 507-322-3459	_	
E-mail:marty@limblat	o.com Website: limblab.com	_	
DAYS AND HOURS T	HAT THE FACILITY WILL BE REGULARLY OPERATING		
Mon: 8 to 5 Tu	ie: <u>8 to 5</u> Wed: <u>8 to 5</u> Thu: <u>8 to 5</u>		
Fri: <u>8 to 5</u> Sa	at: By Apptointment Sun: By Apptointment Holidays: By Appointment		
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis			
Name: Marty Frana			
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)			
☐ Medical Gases** ☐ Respiratory Equipm ☐ Life-sustaining equi ☐ Diabetic Supplies	ipment**		
**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  Page 1			



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

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

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□ New MDEG □ Ownership Change (Please provide current license number if making changes: MP or MW)
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 □ 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: RMS HEALTHCARE CONSULTING INC.
Physical Address: 6504 A NW PRATRIE VIEW Rd.  (This must be a business address, we can not issue a license to a home address)
Mailing Address:
City: KANSAS CITY State: MO Zip Code: 6451
Telephone: 844-291-8456 Fax:
E-mail: Kaann @rmshealthcare consulting com RMS HEALTHCARE CONSULTING
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 9am to 4pm Tue: 9am to 4pm Wed: 9anto 4pm Thu: 9anto 4pm
Fri: 9anto 4pm Sat: to Sun: to Holidays. to
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: KEUY GANN
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment** ☐ Orthotics and Properties
☐ Life-sustaining equipment** ☐ Orthotics and Prosethics ☐ 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:
Page 1

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# **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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☑ New MDEG ☐ Ownership Change
(Please provide current license number if making changes: MP or MW)
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.
The second of the application.
FACILITY INFORMATION
Facility Name: Silony Medical Corp.
Physical Address: 8200 NW 27th Street, Suite 104, Doral, FL 33122
(This must be a business address, we can not issue a license to a home address)
Mailing Address: (Same)
City: State: Zip Code:
Telephone: 305-916-0016 Fax: 305-456-1556
E-mail: info.usa@silony-medical.com Website: www.us.silony-medical.com
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 9:00 to 5:00 Tue: 9:00 to 5:00 Wed: 9:00 to 5:00 Thu: 9:00 to 5:00
Fri: 9:00 to 5:00 Sat: N/A to Sun: N/A to Holidays: N/A to
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Nikolay Nedyalkov
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosethics
☐ Diabetic Supplies ☐ Other: surgical orthopedic implants and instruments
**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:
Name: Telephone: Page 1



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

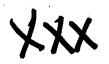
#### APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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laws of the State of Nevada.
☑New MDEG ☐ Ownership Change  (Please provide current license number if making changes: MP or MW)
☐ Publicly Traded Corporation ☐ Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation ☐ Pages 1,2,3,5 ☐ 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: UNIVERSAL MEDSUP PORTS
Physical Address: 8348 CENTER DRIVE, STEC, LA MESA 91942  (This must be a business address, we can not issue a license to a home address)
Mailing Address: 8348 CENTER DRIVE STEC
City: LA MESA State: CA Zip Code: 91942
Telephone: (877) 350 - 8876 Fax: (800) 878 - 9674
E-mail: Universal mdspprts egmail.com Website: >/a
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: gam to 4pm Tue: gam to 4pm Wed: gam to 4pm Thu: gam to 4pm
Fri: 9am to 4pm Sat: Nato Sun: Na to Holidays: Na to
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: RONALO L. MORRIS IL
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
<ul> <li>☐ Medical Gases**</li> <li>☐ Respiratory Equipment**</li> <li>☐ Life-sustaining equipment**</li> <li>☐ Orthotics and Prosethics</li> </ul>
☐ Diabetic Supplies Other: <u>ORTHOTICS OFF THE SHELF</u> ONLY **If providing these types of services you are required to have in place a mechanism to ensure continued
Name: Telephone: Telephone:
Page 1



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

# APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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⊠New MDEG	☐ Ownership Change	inco number i	moking shows . M.		
☐ Publicly Traded Non Publicly Tra Please o	(Please provide current licel Corporation – Pages 1,2,3 ded Corporation – Pages check box for type of owne	3,4 1.2.3.5	☐ Partners	ship - Pages 1,2,3,6	6
FACILITY INFORI				er the application.	
	nited Medical Benefits llc				
	200 Continental Dr. suite	e 401	Newark	DE 1971;	3
Mailing Address:	200 Continental Dr. Suite	401	e a license to a nome addres	s)	
City: Newark	:	State: DE	Zip Code	. 19713	
Telephone: 302 3	18 1399	Fax:	302 318 1301		
E-mail: carlos@sm	imcorp.com	Web	site: unitedbenefits	sdme.com	
	S THAT THE FACILITY				
	Tue: 9 to 5 W				
Fri: 9 to 5	Sat: to St	un: <u>to</u>	Holidays: .	to	
	RATOR INFORMATION	l: Person i			
TYPE OF MDEG P	RODUCTS THAT WILL	BE SOLD	(CHECK ALL AP	PLICABLE)	
☐ Medical Gases** ☐ Respiratory Equ ☐ Life-sustaining e ☐ Diabetic Supplie *If providing these ty are in the event of a	ipment** quipment** s pes of services you are re n emergency. Provide na	☐ Ass ☐ Par ☐ Ort Other: equired to hame and tele	sistive Equipment renteral and Entera hotics and Proseth TENS units, back brace in place a mechephone number of N	al Equipment** nics aces, and knee brace anism to ensure collevada contact.	s. ntinued
iame:		Teleph Page 1	one:		100777
					100111

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## **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

✓New Pharmacy or □Ownership Change (Provide currer Check box below for type of ownership and complete all re Corporation or Partnership.	
☐ Publicly Traded Corporation — Pages 1,2,3,10,11a&b☐ Non Publicly Traded Corporation — Pages 1,2,4,10,11a&b☐ Non Publicly Traded Corporation — Pages 1,2,3,10,11a&b☐ Non Publicly Traded Corporation — Pages 1,2,3,10,11a&b☐ Non Publicly Traded Corporation — Pages 1,2,3,10,11a&b☐ Non Publicly Traded Corporation — Pages 1,2,4,10,11a&b☐ Non Publicly Traded Corporation — Pages 1,2,4,4,10,11a&b☐ Non Publicly Traded Corporation — Pages 1,2,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,	Martnership - Pages 1,2,6,10,11a&b □ Sole Owner – Pages 1,2,8,10,11a&b
GENERAL INFORMATION to be completed by all to	
Pharmacy Name: Ambulatory Surgical (	Center of Southern Nevada
Physical Address: <u>6950 S. Cimarro</u>	on Ra. #100
City: Las Vegas State:	NV Zip Code: 89113
Telephone: 702. 952.1660 Fax: 7	02.952-1665
Toll Free Number:E-mail	:Shanna. blakely @
Website:	las vegas gastro: com
Managing Pharmacist: Mary Greav	License Number:
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
□ 🔯 Retail	☐ ☒ Off-site Cognitive Services
□ 🐧 Hospital (# beds)	□ X Parenteral
□ Ďa∵Internet	☐ 风 Parenteral (outpatient)
□ ⊠ Nuclear	□ 🕅 Outpatient/Discharge
□ Ambulatory Surgery Center	□ 风 Mail Service
□ 💆 Community	□ 🗷 Long Term Care
□ 🔯 Other:	☐ 其 Sterile Compounding
	□
All boxes must be checked	☐ IX Mail Service Sterile Compounding
For the application to be complete	Ø □ Other Services: ASC □ □ □ Other Services: ASC □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

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#### **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

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Application must be printed legibly or typed

	l complete 2,3,10,11a es 1,2,4,10	all require &b ,11a&b	ed forms. **If LLC use Non Public  ☐ Partnership - Pages 1,2,6,10,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b
GENERAL INFORMATION to be comp	oleted by	all types	s of ownership
Pharmacy Name: Community Health	Alliance Spa	arks Pharr	macy
Physical Address: 2244 Oddie Blvd	Fr	·-· · ·	
City: Sparks	_ State:	NV	Zip Code: 89431
Telephone: 775-997-7300	_ Fax:	775-997	7-7351
Toll Free Number:	E	-mail:	jwheeler@chanevada.org
Website: www.chanevada.org			
Managing Pharmacist: Jennifer V	Vheeler		License Number:18866
TYPE OF PHARMACY	AND	SE	RVICES PROVIDED
Yes/No		Yes	s/No
☑ □ Retail			☐ Off-site Cognitive Services
□  ☑ Hospital (# beds	_)		☑′ Parenteral
□ □ □ Internet			☑ Parenteral (outpatient)
□ 🗘 Nuclear			☑ Outpatient/Discharge
☐	Center		☑ Mail Service
☑ □ Community			☑ Long Term Care
□			☑ Sterile Compounding
			☑ Non Sterile Compounding '
All boxes must be checked			☑ Mail Service Sterile Compounding
For the application to be cor	nplete		Other Services:

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### **NEVADA STATE BOARD OF PHARMACY**

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

#### APPLICATION FOR NEVADA PHARMACY LICENSE

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		or ⊠Ownership Change (Provide curre			
		r type of ownership and complete all re	equire	ed f	orms. **If LLC use Non Public
Corporation o					
		Corporation – Pages 1,2,3,10,11a&b			□ Partnership - Pages 1,2,6,10,11a&b
	<u> </u>	ded Corporation – Pages 1,2,4,10,11a			☐ Sole Owner – Pages 1,2,8,10,11a&b
THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COL	Color or when party and an art and	RMATION to be completed by all t	A Control of the Cont	s of	ownership
		Flying Diamond Pharmacy, LL	C		
Physical Add	lress:	6140 Mae Anne Ave, Ste. 1B			
City: Reno		State: Nev	ada	t	Zip Code: <u>89523</u>
Telephone:	(775	) 787-1144 Fax: <u>(775)</u>	787	7-11	43
Toll Free Nu	mber	(866) 787-1144 E-mai	i: <u>fly</u>	ing	diamondrx@sbcglobal.net
Website: $N$	/A				
Managing Ph	narma	acist: Richard Preston Jensen			License Number: <u>05963</u>
	TYP	E OF PHARMACY AND	SE	RVI	CES PROVIDED
	Yes/	No	Yes	s/No	
	$\boxtimes$	□ Retail		$\boxtimes$	Off-site Cognitive Services
		☑ Hospital (# beds)		$\boxtimes$	Parenteral
		☑ Internet		$\boxtimes$	Parenteral (outpatient)
: .					
		⊠ Nuclear			Outpatient/Discharge
		<ul><li>☒ Nuclear</li><li>☒ Ambulatory Surgery Center</li></ul>		$\boxtimes$	Outpatient/Discharge Mail Service
				⊠ ⊠	i i i i i i i i i i i i i i i i i i i
					Mail Service
		<ul><li>☑ Ambulatory Surgery Center</li><li>☑ Community</li></ul>			Mail Service Long Term Care
		<ul><li>☑ Ambulatory Surgery Center</li><li>☑ Community</li></ul>			Mail Service Long Term Care Sterile Compounding Non Sterile Compounding Mail Service Sterile Compounding
	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	<ul><li>☑ Ambulatory Surgery Center</li><li>☑ Community</li><li>☐ Other: <u>Closed Door Pharmacy</u></li></ul>			Mail Service Long Term Care Sterile Compounding Non Sterile Compounding



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

# APPLICATION FOR NEVADA PHARMACY LICENSE

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□New Pharmacy or □Ownership Change (Provide cur Check <u>box</u> below for type of ownership and complete all Corporation or Partnership.	required forms. **If LLC use Non Public
<ul> <li>□ Publicly Traded Corporation – Pages 1,2,3,10,11a&amp;b</li> <li>□ Non Publicly Traded Corporation – Pages 1,2,4,10,11</li> </ul>	■ Partnership - Pages 1,2,6,10,11a&b □ Sole Owner – Pages 1,2,8,10,11a&b
GENERAL INFORMATION to be completed by all	I types of ownership
Pharmacy Name: Lovelock Phar	<del></del>
Physical Address: 325 11th Str	
City: Lovelock State:	NV Zip Code: <u>89419</u>
Telephone: <u>775-273-1700</u> Fax: <u>7</u>	75-273-9013
Toll Free Number:E-m	ail: bountiful pharmacy@gmail.com
Website: lovelockpharmacy. Com	, , , , , , , , , , , , , , , , , , ,
Managing Pharmacist: Inna Edwards	License Number: 19158
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
⊠ □ Retail	□ 🗷 Off-site Cognitive Services
□	□
□ 💢 Internet	□
☐	□
<ul><li>口</li></ul>	□ 🛛 Mail Service
☑ □ Community	□
□ 🛱 Other:	□ ☑ Sterile Compounding
•	□ ဩ Non Sterile Compounding
All boxes must be checked	☐ ☑ Mail Service Sterile Compounding
For the application to be complete	□ X Other Services:

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





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

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Check box below for type of ownership and complete all r Corporation or Partnership.  Publicly Traded Corporation – Pages 1,2,3,10,11a&b Non Publicly Traded Corporation – Pages 1,2,4,10,11a  GENERAL INFORMATION to be completed by all	Partnership - Pages 1,2,6,10,11a&b a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b
C. 1// c. c	types of ownership
Pharmacy Name: Silver stage  Physical Address: 1250 Nevada	pharmacy
Physical Address: 1250 Nevada	St #2
City: Silver Springs State:	NV Zip Code: 89447
Telephone: 775-909-4855 Fax: 7	75-909-4851
Toll Free Number:E-ma	ill: bountiful pharmacy @ gmail.com
Website:	·
Managing Pharmacist: Mathew Christer	Sen License Number: 17632
TYPE OF PHARMACY AND	SERVICES PROVIDED
TYPE OF PHARMACY AND Yes/No	SERVICES PROVIDED Yes/No
	Yes/No
Yes/No 図 口 Retail	Yes/No
Yes/No ⊠ □ Retail	Yes/No □ Ø Off-site Cognitive Services
Yes/No 頌 □ Retail □ 및 Hospital (# beds)	Yes/No □ ☑ Off-site Cognitive Services □ ☑ Parenteral
Yes/No 與 □ Retail □ 및 Hospital (# beds) □	Yes/No □ ☑ Off-site Cognitive Services □ ☑ Parenteral □ ☑ Parenteral (outpatient)
Yes/No 风 口 Retail 口 风 Hospital (# beds) 口 风 Internet 口 风 Nuclear	Yes/No  ☐ ☑ Off-site Cognitive Services  ☐ ☑ Parenteral  ☐ ☑ Parenteral (outpatient)  ☐ ☑ Outpatient/Discharge
Yes/No 以 □ Retail □ 및 Hospital (# beds) □ 및 Internet □ 및 Nuclear □ 및 Ambulatory Surgery Center	Yes/No  ☐ ☑ Off-site Cognitive Services ☐ ☑ Parenteral ☐ ☑ Parenteral (outpatient) ☐ ☑ Outpatient/Discharge ☐ ☑ Mail Service
Yes/No 以 口 Retail 口 风 Hospital (# beds) 口 风 Internet 口 风 Nuclear 口 风 Ambulatory Surgery Center	Yes/No  ☐ ☒ Off-site Cognitive Services  ☐ ☒ Parenteral  ☐ ☒ Parenteral (outpatient)  ☐ ☒ Outpatient/Discharge  ☐ ☒ Mail Service  ☐ ☒ Long Term Care
Yes/No 以 口 Retail 口 风 Hospital (# beds) 口 风 Internet 口 风 Nuclear 口 风 Ambulatory Surgery Center	Yes/No  ☐ ☒ Off-site Cognitive Services  ☐ ☒ Parenteral  ☐ ☒ Parenteral (outpatient)  ☐ ☒ Outpatient/Discharge  ☐ ☒ Mail Service  ☐ ☒ Long Term Care  ☐ ☒ Sterile Compounding