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A

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

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

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

Application must be printed legibly or typed

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

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7
☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: PRxP of New York LLC DBA Broadway Family Pharmacy

Physical Address: 510 Amsterdam Ave STR1 (South Store) New York, NY 10024-3935

Mailing Address: 510 Amsterdam Ave STR1 (South Store)

City: New York, State: NY Zip Code: 10024-3935

Telephone: 212-724-1950 Fax: 212-724-1946

Toll Free Number: 888-609-2064 (Required per NAC 639.708)

E-mail: prxpny@340bpharm.com Website: www.340bpharm.com (informational purposes only)

Managing Pharmacist: Shmuel Stuart Winzelberg License Number: 032821

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: CarePartners Pharmacy LLC

Physical Address: 326 Peterson Road, Libertyville, IL 60048

Mailing Address: 326 Peterson Road

City: Libertyville State: IL Zip Code: 60048

Telephone: (224) 294-1199 Fax: (224) 433-6862

Toll Free Number: (866) 832-7171 (Required per NAC 639.708)

E-mail: kamg@CarePartnersRx.com Website: _____

Managing Pharmacist: Kamyar Ghazvini License Number: 051-040315 ILLINOIS

TYPE OF PHARMACY **AND**

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

C

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☐ Partnership - Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Corner Pharmacy, Inc.

Physical Address: 112 N. 5th Ave Ste 101

Mailing Address: Same as above

City: Phoenix State: AZ Zip Code: 85003

Telephone: (602) 258-0128 Fax: (602)258-0248

Toll Free Number: (833) 770-3077 (Required per NAC 639.708)

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

Managing Pharmacist: Augustine F Aworuwa License Number: S019064

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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☐ **Partnership** - Pages 1,2,5,7

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

☐ **Sole Owner** – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Cornerstone Health Solutions

Physical Address: 41 Teed Drive

Mailing Address: 41 Teed Drive

City: Randolph State: Massachusetts Zip Code: 02368

Telephone: (781) 805 - 8220 Fax: (781) 805 - 8221

Toll Free Number: (844) 319-7588 (Required per NAC 639.708)

E-mail: _____ Website: https://www.cornerstonehealthsolutions.org

Managing Pharmacist: To-Anh Phung License Number: PH26540

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds _____)

☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☒ Community

☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

☒ Off-site Cognitive Services

☐ ☒ Parenteral **

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding **

☐ ☒ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding **

☐ ☒ Other Services: _____

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E

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LLC

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Grand Rx

Physical Address: 7830 W. Grand PKWY S. STE 160

Mailing Address: 7830 W. Grand PKWY S. STE 160

City: Richmond State: TX Zip Code: 77406

Telephone: 832-449-3828 Fax: 832-449-3832

Toll Free Number: 888-741-4019 (Required per NAC 639.708)

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

Managing Pharmacist: Desire Eyong License Number: 44538

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

6/20

NEVADA STATE BOARD OF PHARMACY

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☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: InnovaScript

Physical Address: 641 Kolter Drive

Mailing Address: 641 Kolter Drive

City: Indiana State: PA Zip Code: 15701

Telephone: 724-599-2510 Fax: 724-599-3999

Toll Free Number: 877-261-5101 (Required per NAC 639.708)

E-mail: mstipanovich@innovascript.com Website: www.innovascript.com

Managing Pharmacist: Michael Stipanovich License Number: RP039225L

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds _____)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☒ Community

☒ ☐ Other: closed door

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral **

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding **

☐ ☒ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding **

☐ ☒ Other Services: _____

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G

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☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Kaiser Permanente Pharmacy #985

Physical Address: 9521 Dalen street. Downey, CA 90242

Mailing Address: 9521 Dalen street

City: Downey State: CA Zip Code: 90242

Telephone: 562-401-4200 Fax: 562-401-2378

Toll Free Number: 866-206-2983 (Required per NAC 639.708)

E-mail: Sheetal.V.Vakil@kp.org Website: www.kp.org

Managing Pharmacist: Sheetal Vakil License Number: RPH 54839

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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See attached Corporate List (Tax-exempt, non-profit, non-stock corporation)

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☐ Sole Owner – Pages 1,2,6,7

✓ Non-stock, tax-exempt corporation – see Corporate List of Officers

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Kaiser Permanente Sterling Automated Refill Center

Physical Address: 22370 Davis Drive, Sterling, VA 20164

Mailing Address: Same as above

City: _____ State: _____ Zip Code: _____

Telephone: (703) 466-4900 Fax: (703) 466-4901

Toll Free Number: 1-800-733-6345 (Required per NAC 639.708)

E-mail: christine.balow@kp.org Website: www.kp.org

Managing Pharmacist: Christina Balow License Number: 0202009758 (VA)

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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I

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: LifeScript Pharmacy, PLLC

Physical Address: 5670 38th Ave S Suite A, Fargo, ND, 58104

Mailing Address: 5670 38th Ave S Suite A

City: Fargo State: ND Zip Code: 58104

Telephone: 701-205-4545 Fax: 701-205-0305

Toll Free Number: 844-423-8899 (Required per NAC 639.708)

E-mail: simonne@rxmso.com Website: https://www.lifescrptpharmacy.com/

Managing Pharmacist: Lance LeClair License Number: Rph5751

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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☐ Partnership - Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Mathew Management IV, Inc.

Physical Address: 600 N Congress Ave Suite 130

Mailing Address: 600 N Congress Ave Suite 130

City: Delray Beach State: Florida Zip Code: 33445

Telephone: 727-754-2088 Fax: 727-400-4861

Toll Free Number: 800-674-9101 (Required per NAC 639.708)

E-mail: eagleridgepharmacy@gmail.com Website: www.eagleridgerx.com

Managing Pharmacist: David Paul Mackarey License Number: PS24599

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

ALLC

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Patient Choice Pharmacy

Physical Address: 6514 HWY 90A, STE 102, Sugar Land, TX 77498

Mailing Address: 6514 HWY 90A, STE 102, Sugar Land, TX 77498

City: Sugar Land State: TX Zip Code: 77498

Telephone: 832-532-7086 Fax: 832-532-7362

Toll Free Number: 888-741-4034 (Required per NAC 639.708)

E-mail: Patient Choice Pharmacy @ gmail.com Website: N/A

Managing Pharmacist: Arwa Aboud License Number: 64662

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: RareMed Solution

Physical Address: 305 Merchant Lane

Mailing Address: 305 Merchant Lane

City: Pittsburgh State: PA Zip Code: 15205

Telephone: 833-676-7273 Fax: 866 204-9117

Toll Free Number: 833-676-7273 (Required per NAC 639.708)

E-mail: dgebhard@raremed.com Website: www.raremed.com

Managing Pharmacist: Douglas Gebhard License Number: RP443595

TYPE OF PHARMACY **AND**

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

M

NEVADA STATE BOARD OF PHARMACY

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

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Application must be printed legibly or typed

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

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☒ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Relief Med Pharmacy

Physical Address: 310 East Davis Ste. 100

Mailing Address: 310 East Davis Ste. 100

City: Conroe State: TX Zip Code: 77301

Telephone: 936-703-5389 Fax: 936-703-5397

Toll Free Number: 1-833-743-4213 (Required per NAC 639.708)

E-mail: Executives@reliefmedpharmacy.com Website: reliefmedpharmacy.com

Managing Pharmacist: Eric Ellison License Number: 53369

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

N

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☐ **Publicly Traded Corporation** – Pages 1,2,3,7☐ **Partnership** – Pages 1,2,5,7☒ **Non Publicly Traded Corporation** – Pages 1,2,4,7☐ **Sole Owner** – Pages 1,2,6,7**GENERAL INFORMATION to be completed by all types of ownership**Pharmacy Name: Roman Health Pharmacy, LLCPhysical Address: 2331 West Royal Palm Rd, Suite A, Phoenix, AZ 85021Mailing Address: 2331 West Royal Palm Rd, Suite A,City: Phoenix, State: AZ Zip Code: 85021Telephone: (888) 798-8686 Fax: NONEToll Free Number: (888) 798-8686 (Required per NAC 639.708)E-mail: Casey@Ro.Co Website: www.getroman.comManaging Pharmacist: Taylor Allen License Number: S023495**TYPE OF PHARMACY****AND****SERVICES PROVIDED**

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
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 current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☒ Partnership – Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: UrgentMedRx, LLC
 Physical Address: 6971 N Federal Hwy Suite 203 Boca Raton, FL 33487
 Mailing Address: 6917 N Federal Hwy, Suite 203
 City: Boca Raton State: FL Zip Code: 33487
 Telephone: 888-536-9963 Fax: 844-267-9645
 Toll Free Number: 888-536-9963 (Required per NAC 639.708)
 E-mail: rph@urgentmedrx.com Website: N/A
 Managing Pharmacist: Van Thanh Le License Number: PS58793 (FL)

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7 ☒ LLC
☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: VectraRx Mail Pharmacy Services, LLC
Physical Address: 10860 N. Marine Dr., Suite 100
Mailing Address: same
City: Oro Valley State: Arizona Zip Code: 85737
Telephone: 520-352-1096 Fax: 520-352-1097
Toll Free Number: 855-245-0092 (Required per NAC 639.708)
E-mail: customer.support@vectrarmail.com Website: www.vectrarmail.com
Managing Pharmacist: Teresa R. Cacciola, R.Ph. License Number: 5006870

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

NEVADA STATE BOARD OF PHARMACY

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 current license number if making changes: PH _____)

Check box below for type of ownership and complete all required forms.

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

☐ Partnership – Pages 1,2,5,7

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

☒ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: CAREFIRST SPECIALTY PHARMACY

Physical Address: 2200 GARRY ROAD, SUITE 1

Mailing Address: (Same)

City: CINNAMINSON State: NJ Zip Code: 08077

Telephone: 844-822-7379 Fax: 844-922-7379

Toll Free Number: 844-822-7379 (Required per NAC 639.708)

E-mail: info@cbpharmacy.com Website: www.cbpharmacy.pharmce

Managing Pharmacist: SUNDEEP THAKRAR License Number: 28R102571800

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds _____)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☒ ☐ Community

☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral **

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding **

☒ ☐ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding **

☐ ☒ Other Services: _____

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

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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Check box below for type of ownership and complete all required forms.

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: MILLENNIUM SPECIALTY PHARMACY

Physical Address: 110 S ORLANDO AVE , SUITE 5 , WINTER PARK , FL 32789

Mailing Address: 110 S ORLANDO AVE , SUITE 5 ,

City: WINTER PARK , State: FL Zip Code: 32789

Telephone: 407-636-5222 Fax: 407-636-5232

Toll Free Number: 1833-910-0114 (Required per NAC 639.708)

E-mail: MILLENNIUMSPECIALTYRX@GMAIL.COM Website: WWW.MILLENNIUMSPECIALTYRX.COM

Managing Pharmacist: DR TAM TU License Number: PS37024

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

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

☐ Partnership – Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: ProLab Pharmacy

Physical Address: 3020 Lamar Ave, Paris, TX 75460

Mailing Address: P.O. Box 6794

City: Paris State: TX Zip Code: 75461

Telephone: 877-785-8750 Fax: 903-785-1357

Toll Free Number: 877-785-8750 (Required per NAC 639.708)

E-mail: ja.teague-99@yahoo.com Website: _____

Managing Pharmacist: Katherine Shuffer License Number: 51778

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

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

FACILITY INFORMATION

Facility Name: Ashli Healthcare Inc.

Physical Address: 2201 Zeus Ct Bakersfield, CA 93308
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2201 Zeus Ct Bakersfield, CA 93308

City: Bakersfield, CA State: CA Zip Code: 93308 Telephone: _____
888-831-7977 Fax: 888-831-0909

E-mail: Joanne.yoon@ashlihealthcare.com Website: NA

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 to 5:00 Tue: 8:30 to 5:00 Wed: 8:30 to 5:00 Thu: 8:30 to 5:00 Fri: 8:30 to 5:00
Sat: NA to on call Sun: NA to on call Holidays: on call to on call

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Joanne Yoon / Heriberto Diaz

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

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

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

Name: Marc Baruch Telephone: 702-321-8481

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

FACILITY INFORMATION

Facility Name: Cardinal Health 200, LLC

Physical Address: 8640 Nail Road, Suite 115, Olive Branch, MS 38654
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 7200 Cardinal Place, QRA - Facility Licensing

City: Dublin State: OH Zip Code: 43017

Telephone: 909-605-0900 Fax: 614-652-0282

E-mail: licensure@cardinalhealth.com Website: www.cardinalhealth.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 4AM to 1AM Tue: 4AM to 1AM Wed: 4AM to 1AM Thu: 4AM to 1AM
 Fri: 4AM to 1AM Sat: to Closed Sun: to Closed Holidays: Closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jeffrey Barr

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

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

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

Name: Jeffrey Barr Telephone: 662-892-3902

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

FACILITY INFORMATION

Facility Name: Coosa Valley Respiratory & Home Medical, Inc.

Physical Address: 201 W. Ft. Williams St., Ste. 28, Sylacauga, AL 35150
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 406 Medical Center Dr.

City: Jasper State: AL Zip Code: 35501

Telephone: 256-245-1411 Fax: 256-245-1471

E-mail: lwells@medsouthinc.net Website: www.medsouthinc.net

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00 AM to 4:00 PM Tue: 8:00 AM to 4:00 PM Wed: 8 AM to 4 PM Thu: 8 AM to 4 PM

Fri: 8:00 AM to 4:00 PM Sat: N to A Sun: N to A Holidays: N to A - Closed on:

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Melvin Palmer

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

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input checked="" type="checkbox"/> Respiratory Equipment** <u>O₂ Concentrators</u> | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input checked="" type="checkbox"/> Life-sustaining equipment** <u>Ventilators</u> | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>Negative Pressure Wound Therapy Pumps / Supplies;</u> |
- **If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.
- Name: Lisa Wells Telephone: 205-221-8258
- Page 1 High Frequency Chest Wall Oscillation Devices / Supplies

New Year's Day
Memorial Day
Independence Day
Labor Day
Thanksgiving Day
Christmas Eve
Christmas Day

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

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

FACILITY INFORMATION

Facility Name: Handpiece Headquarters

Physical Address: 620 S. Placentia Ave., Placentia, CA 92870
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 620 S. Placentia Ave.

City: Placentia State: CA Zip Code: 92870

Telephone: 714-579-0175 Fax: 714-579-0186

E-mail: frederick.wang@henryschein.com Website: www.handpieceheadquarters.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7:30 to 4:30 Tue: 7:30 to 4:30 Wed: 7:30 to 4:30 Thu: 7:30 to 4:30

Fri: 7:30 to 4:30 Sat: N/A to N/A Sun: N/A to N/A Holidays: N/A to N/A

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Timothy Ropchan

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

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

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

Name: N/A Telephone: N/A

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

Facility Name: Heart Sail, Inc d/b/a Heart Sail Medical

Physical Address: 1016 Somerville Road SE, Decatur, AL 35601
 (This must be a business address, we can not issue a license to a home address)

Mailing Address: PO Box 1672

City: Hartselle State: AL Zip Code: 35640

Telephone: (256) 309-5454 Fax: (256) 309-5455

E-mail: nick.letson@heartsail.com Website: www.heartsail.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00a to 5:00p Tue: 8:00a to 5:00p Wed: 8:00a to 5:00p Thu: 8:00a to 5:00p
 Fri: 8:00a to 5:00p Sat: Closed Sun: Closed Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Nick Letson

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

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

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

Name: n/a Telephone: n/a

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: Lincare Inc.

Physical Address: 4765 Emerald Way, Middletown, Ohio 45044
 (This must be a business address, we can not issue a license to a home address)

Mailing Address: Attn: Licensing, P.O. Box 9004

City: Clearwater State: Florida Zip Code: 33758

Telephone: 513-705-4250 Fax: 513-705-4221

E-mail: dklemenc@lincare.com Website: www.lincare.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 0800to1700 Tue: 0800to1700 Wed: 0800to1700 Thu: 0800to1700
 Fri: 0800to1700 Sat: On Call Sun: On Call Holidays: On Call

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Kelli Paxitzis

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

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

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

Name: Kelli Paxitzis Telephone: 513-705-4250

NEVADA STATE BOARD OF PHARMACY

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

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

FACILITY INFORMATION

Facility Name: London Medical Supply LLC

Physical Address: 12335 Wake Union Church Rd, Suite 207 Wake Forest, NC 27587
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 12335 Wake Union Church Rd, Suite 207

City: Wake Forest State: NC Zip Code: 27587

Telephone: 888-206-0377 Fax: 888-206-0377

E-mail: londonmedicalsupply@protonmail.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9-12 to 1230-5 Tue: 9-12 to 1230-5 Wed: 9-12 to 1230-5 Thu: 9-12 to 1230-5

Fri: NA to Sat: NA to Sun: NA to Holidays: to closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: James Foley

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

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

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

Name: NA Telephone: _____

AA

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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<input type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW <u>MP01280</u>)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Teleflex LLC

Physical Address: 11245 North Distribution Cove Olive Branch MS 38654
 (This must be a business address, we can not issue a license to a home address)

Mailing Address: Teleflex LLC attention Bettina Knight 3015 Carrington Mill Blvd

City: Morrisville State: NC Zip Code: 27560

Telephone: 662-892-9100 Fax: 662-892-9900

E-mail: statelicensing@teleflex.com Website: https://www.teleflex.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 6am to 6am Tue: 6am to 6am Wed: 6am to 6am Thu: 6am to 6am
 Fri: 6am to 6am Sat: depends on business requirements Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Michael Adam Nester

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

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

**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: William Schaal Telephone: 303-717-8841

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: <u>MP or MW 00898</u>)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATIONFacility Name: Wound Care Resources, Inc.Physical Address: 4 Newbern Hwy
(This must be a business address, we can not issue a license to a home address)Mailing Address: P.O. Box 155City: Yorkville State: TN Zip Code: 38389Telephone: 888-287-9191 Fax: 877-287-2007E-mail: _____ Website: WWW.WOUNDCARERESOURCES.NET**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5Fri: 8 to 5 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**Name: Susan G. Davis**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

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

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

Name: _____ Telephone: _____

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CC

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: CIMARRON SURGERY CENTER

Physical Address: 6920 S. CIMARRON RD., SUITE #150

City: LAS VEGAS, NV. State: Zip Code: 89113 Telephone:

(702) 982 3233 Fax: (866) 787 4376 Toll Free Number: N/A

E-mail: pending

Website: www.CimarronSurgeryCenter.com

Managing Pharmacist: MARY GREAR License Number: 10687

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

- | |
|--|
| <input type="checkbox"/> <input checked="" type="checkbox"/> Retail |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____) |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Internet |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Ambulatory Surgery Center |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Community |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____ |

All boxes must be checked

For the application to be complete

Yes/No

- | |
|---|
| <input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Parenteral |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Parenteral (outpatient) |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Outpatient/Discharge |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Sterile Compounding |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____ |

DD

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: SURGEDN'S SURGERY CENTER

Physical Address: 6920 S. CIMARRON RD. SUITE #100

City: LAS VEGAS, NV. State: Zip Code: 89113 Telephone: _____

(702) 9823555 Fax: (866) 7874376 Toll Free Number: N/A

E-mail: pending

Website: WWW.SurgeonsSurgeryCenter.com

Managing Pharmacist: MARY GREAR License Number: 10687

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: PH N02028)Check box below for type of ownership and complete all required forms. **If LLC use Non Public

Corporation or Partnership.

☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b☐ Partnership - Pages 1,2,6,10,11a&b☒ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b☐ Sole Owner – Pages 1,2,8,10,11a&b**GENERAL INFORMATION to be completed by all types of ownership**Pharmacy Name: Partell Specialty PharmacyPhysical Address: 5835 S Eastern Ave, #101City: Las VegasState: NV Zip Code: 89119Telephone: 702-791-3800Fax: 702-791-3630Toll Free Number: 888-490-5534E-mail: info@partellmedrx.comWebsite: www.partellpharmacy.comManaging Pharmacist: Jeffrey S. LangLicense Number: 17503**TYPE OF PHARMACY****AND****SERVICES PROVIDED**

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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