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rec 5/29

NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Sleep Management dba Viemed

Physical Address: 200 S. Virginia Street Suite 829
(This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME

City: Reno State: Nevada Zip Code: 89501

Telephone: 337-500-1977 Fax: 337-500-1972

E-mail: bstoute@viemed.com Website: www.viemed.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9a to 4p Tue: 9a to 4p Wed: 9a to 4p Thu: 9a to 4p

Fri: 9a to 4p Sat: — to — Sun: — to — Holidays: — to —

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Brett Stoute

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

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

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Nicole Grant Telephone: 805-712-3410

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

<u>5756660001</u>	<u>5756660007</u>	<u>5756660010</u>
<u>5756660002</u>	<u>5756660008</u>	<u>5756660011</u>
<u>5756660006</u>	<u>5756660009</u>	<u>5756660012</u>

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes No

- 2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes No

- 3) Are any of the owners health professionals? If yes, please check the box and list name.

- | | |
|---|-------------|
| <input type="checkbox"/> Practitioner | Name: _____ |
| <input type="checkbox"/> Advanced Practitioner of Nursing | Name: _____ |
| <input type="checkbox"/> Physician's Assistant | Name: _____ |
| <input type="checkbox"/> Physical Therapist | Name: _____ |
| <input type="checkbox"/> Occupational Therapist | Name: _____ |
| <input type="checkbox"/> Registered Nurse | Name: _____ |
| <input type="checkbox"/> Respiratory Therapist | Name: _____ |

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

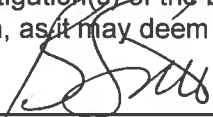
This page must be submitted for all types of ownership.

- 1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Brett Stoute

Print Name of Authorized Person

05/20/2020
Date

Board Use Only	Received: _____	Amount: <u>\$500.00</u>
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APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
 Parent Company if any: Viemed, Inc.
 Corporation Name: _____
 Mailing Address: 625 E. Kaliste Saloom Road
 City: Lafayette State: LA Zip: 70508
 Telephone: 337-500-1977 Fax: 337-500-1972
 License Contact Person: Brett Stoute

Ownership Information – Complete Section 1 or 2

Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

- | | |
|----------|----------|
| 1. _____ | %: _____ |
| 2. _____ | %: _____ |
| 3. _____ | %: _____ |
| 4. _____ | %: _____ |

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 12/12/2016
 Registration number issued: File No. 001-38973 CIK 0001729149
 Stock Exchange: VMD - Nasdaq

Include with the application for a publicly traded corporation

List of officers and directors.

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

Department of State: Division of Corporations

Alyseya Changson

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New Search Results

Entity Details

Entity Number:	6247199	Incorporation Date / Expiration Date:	12/12/2016 (mm/dd/yyyy)
Entity Name:	VIEWMED, INC.	Entity Type:	General
Entity Kind:	Corporation	State:	State:
Residency:	Domestic	Status Date:	11/14/2016
Status:	Good Standing		

TAX INFORMATION

Last Annual Report Filed: 2018 Tax Due: \$ 0
 Annual Tax Assessment: \$ 175 Total Authorized Shares: 2100

REGISTERED AGENT INFORMATION

Name: INCORP SERVICES, INC.
 Address: 919 NORTH MARKET STREET, SUITE 950
 City: WILMINGTON County: New Castle
 State: DE Postal Code: 19801
 Phone: 800-246-2677

FILING HISTORY (Last 5 Filings)

Seq	Description	No. of Pages	Filing Date (mm/dd/yyyy)	Filing Time	Effective Date (mm/dd/yyyy)
1	Change of Agent	1	12/18/2017	12:08 PM	12/18/2017
2	Amendment Stock	1	1/25/2017	11:38 AM	1/25/2017
3	Stock Corporation	2	12/12/2016	10:40 AM	12/12/2016

Back to Entity Search

Email Status

For help on a particular field click on the Field Tag to take you to the help area.

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Ownership

VieMed, Inc.

625 E. Kaliste Saloom Road

Lafayette, Louisiana 70508

337-769-9611

FEIN# 38-4052008

100% ownership

Managing Officers

Casey Hoyt, CEO 625 E. Kaliste Saloom Road - Lafayette, LA 70508

Michael Moore, President 625 E. Kaliste Saloom Road - Lafayette, LA 70508

Todd Zehnder, COO 625 E. Kaliste Saloom Road - Lafayette, LA 70508

Max Hoyt, Government Relations 625 E. Kaliste Saloom Road - Lafayette, LA 70508

Brett Stoute, CCO 625 E. Kaliste Saloom Road - Lafayette, LA 70508

Client#: 1948454

518VIEMEINC

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/31/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McGriff Insurance Services 5750 Johnson Street 5th Floor Suite 505 Lafayette, LA 70503	CONTACT NAME: Kristine LeBlanc CIC, CMIP, CISR	
	PHONE (A/C, No, Ext): 337 314-8949	FAX (A/C, No): 337-234-0776
E-MAIL ADDRESS: kristine.leblanc@mcgriffinsurance.com		
INSURED VieMed, Inc., Sleep Management, LLC dba VieMed, Home Sleep Delivered, LLC 202-A N. Luke Street Lafayette, LA 70506	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Benchmark Insurance Company	NAIC # 41394
	INSURER B: Travelers Indemnity Co of CT	25682
	INSURER C: Travelers Indemnity Company	25658
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INRR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		D1018G314013	08/01/2019	08/01/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		8105N822729	08/01/2019	08/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		UM101850236	08/01/2019	08/01/2020	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	UB1L76006A	08/01/2019	08/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.I. EACH ACCIDENT \$1,000,000 E.I. DISEASE - EA EMPLOYEE \$1,000,000 E.I. DISEASE - POLICY LIMIT \$1,000,000
A	Professional Liab		D1018G314013	08/01/2019	08/01/2020	Included in GL Limits

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

(See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

Nevada Board of Pharmacy
 431 West Plumb Lane
 Reno, NV 89509-0000

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

William Quinlan

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DESCRIPTIONS (Continued from Page 1)

Schedule of Locations:

202-A N. Luke Street, Lafayette LA 70506
202-B N. Luke Street, Lafayette LA 70506
2426 Jake Drive, Suites 1, 2 & 3, Opelousas LA 70570
1192 Long Hollow Pike, Gallatin TN 37066
447 Call Road, Suites 211 & 212, Charleston WV 25312
1902 Corona Road, Suite 101, Columbia MO 65203
6605 Abercorn Street, Suites 107 D&E, Savannah GA 31405
8201 Ranch Boulevard, Suite B-1, Offices 1 & 8, Little Rock AR 72223
16903 Red Oak Drive, Suite 172C, Houston TX 77090
9726 E. 42nd Street, Suites 133 & 135, Tulsa OK 74146
1169 Eastern Parkway, Suite 1259, Louisville KY 40217
11801 N. Tatum Blvd, Suite 140, Phoenix AZ 85028
232 Market Street, Suites 247 & 249, Flowood MS 39232
720 S. Colorado Blvd., Penthouse North, Suite# 1375/1376, Denver CO 80246
11 North Water Street, Suite 10290, Unit #1066/1067, Mobile AL 36602
1414 Eraste Landry Road, Lafayette LA 70506
625 E. Kaliste Saloom Road, Lafayette LA 70508
200 S. Virginia, Suite 829, Reno NV 89501
1050 SW 6th Avenue, Suite 1100, Portland OR 97204