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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

(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: One Choice Pharmacy

Physical Address: 2503 S. Main, Ste. D Stafford TX 77477

Mailing Address: 2503 S. Main Ste. D

City: Stafford State: TX Zip Code: 77477

Telephone: 281-969-7899 Fax: 346-341-7968

Toll Free Number: 800-505-1327 (Required per NAC 639.708)

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

Managing Pharmacist: Gerald E. Zimmerman License Number: 30404

### 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,**

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

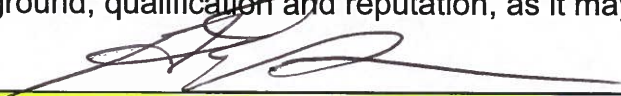
Within the last five (5) years:

- 1) Has the corporation, any owner(s), 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, board citation, site fine 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 question 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 pharmacy 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

Gerald E. Zimmerman / PIC  
Print Name of Authorized Person

2/2/2019  
Date

Page 2

Board Use Only

Date Processed: \_\_\_\_\_

Amount: 500.00

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A SOLE OWNER.** All information relates to the person listed as the owner.

Owner's Name: Universal Healthcare Network, LLC  
 Business Name: One Choice Pharmacy  
 Current Business Address: 2503 S. Main, Ste. 0  
 City: Stafford State: TX Zip Code: 77477  
 Telephone: 281-969-7899 Fax: 346-341-7968

List any physician shareholders and percentage of ownership.

Name: \_\_\_\_\_ %: \_\_\_\_\_  
 Name: \_\_\_\_\_ %: \_\_\_\_\_  
 Name: \_\_\_\_\_ %: \_\_\_\_\_  
 Name: \_\_\_\_\_ %: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

Monday thru Friday 8 am 5 pm      Saturday 9 am 3 pm  
 Sunday closed am \_\_\_\_\_ pm      24 Hours \_\_\_\_\_

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: \_\_\_\_\_

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Gerald E. Zimmerman

Responsible Person of ONE CHOICE PHARMACY

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



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

Gerald E. Zimmerman / PIC

Print Name of Authorized Person

2/7/2019

Date



# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF TEXAS )  
HARRIS ) ss.  
COUNTY )

I, Gerald E. Zimmerman, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in charge for one choice Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Gerald E. Zimmerman, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

  
Name

SUBSCRIBED AND SWORN TO  
before me, a notary public this  
7th day of February, 2019.

Sonia K. Trevino  
NOTARY PUBLIC EXP: 5/19/19

SONIA KATERI TRE  
Notary Public, State  
My Commission E  
May 19, 20

SONIA KATERI TREVINO  
Notary Public, State of Texas  
My Commission Expires  
May 19, 2019



RE: Pharmacy Staff List

**Owned by Entity:**

Universal Healthcare Network LLC  
2503 S. Main Street, Ste O  
Stafford, TX 77477  
FEIN: 82-190548

**Corporate Officer:**

Fathy ElSafty  
Windsor Lakes Dr.  
Houston, TX 77094  
DOB: . . . ,9  
SSN: . . .

**Pharmacist In Charge**

Gerald Zimmerman  
----- Gondola Dr  
Stafford, TX 77477  
DOB: : . . .



Re: Non-Resident Pharmacy License Application

Universal Healthcare Network LLC (dba) One Choice Pharmacy is a retail/non-resident pharmacy that dispenses diabetic testing supplies and a handful of topical ointments, creams & gels. One Choice Pharmacy does not participate in Compounding Medications and does not dispense any Controlled Substances. If the pharmacy dispensing should change in any manner, all state board of pharmacies will be immediately notified.

For additional questions or concerns please email:

[Onechoicepharmacy@gmail.com](mailto:Onechoicepharmacy@gmail.com)





This certifies that the pharmacy named below is hereby licensed to operate as a Class **A** pharmacy.

License No. **31986**

Expiration Date: **4/30/2020**

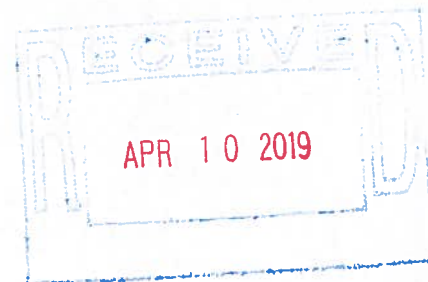
Balances: **0**

**ONE CHOICE PHARMACY  
2503 S MAIN STE O  
STAFFORD TX 77477**



  
Allison Vordenbaumen Benz, R.Ph., M.S.  
Executive Director/Secretary

**MUST BE DISPLAYED IN FULL PUBLIC VIEW**



## TEXAS STATE BOARD OF PHARMACY

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**Re:** One Choice Pharmacy

**Address:** 2503 South Main, Suite O  
Stafford, Texas 77477

**License No.:** 31986

**Date Issued:** April 19, 2018

**Licensure Status:** Active

**Expiration Date:** April 30, 2020

**Type of Pharmacy:** Community – Class A

**Prior Disciplinary Orders:** No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. One Choice Pharmacy (Texas Pharmacy License #31986) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

*Megan G. Holloway*

Megan G. Holloway  
Assistant General Counsel  
Texas State Board of Pharmacy

April 8, 2019  
Date



The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49<sup>th</sup> Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.