

February 21, 2012

AGENDA

◆ PUBLIC NOTICE ◆

NEVADA STATE BOARD OF PHARMACY

AMENDED BOARD MEETING

at the

Airport Plaza Hotel
1981 Terminal Way
Reno

Wednesday, March 7, 2012 – 9:00 am

Thursday, March 8, 2012 – 9:00 am

Please Note

The Nevada State Board of Pharmacy may address agenda items out of sequence to accommodate persons appearing before the Board or to aid in the efficiency or effectiveness of the meeting;

The Nevada State Board of Pharmacy may combine two or more agenda items for consideration; and

The Nevada State Board of Pharmacy may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

Public comment is welcomed by the Board, but will be heard during the public comment item and may be limited to five minutes per person. The president may allow additional time to a given speaker as time allows and in his or her sole discretion.

Prior to the commencement and conclusion of a contested case or a quasi judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. See NRS 233B.126.

Please be aware that after the quasi-judicial board or commission had rendered a decision in the contested case and assuming this happens before adjournment, then you may advise the board or commission that it may **entertain public comment on the proceeding at that time.**

PUBLIC COMMENT

◆ CONSENT AGENDA ◆

The Consent Agenda contains matters of routine acceptance. The Board Members may approve the consent agenda items as written or, at their discretion, may address individual items for discussion or change.

1. Public Comments and Discussion of and Deliberation Upon Those Comments:
No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. (NRS 241.020)
2. Approval of January 18-19, 2012, Minutes for Possible Action
3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
 - A. CarePlus CVS/pharmacy #2708 – San Francisco, CA
 - B. CarePlus CVS/pharmacy #2793 – Los Angeles, CA
 - C. CarePlus CVS/pharmacy #2822 – Berkeley, CA
 - D. Complete Pharmacy & Medical Solutions LLC – Miami Lakes, FL
 - E. Compounding Corner Pharmacy – Sugar Land, TX
 - F. DailyMed Pharmacy – Indianapolis, IN
 - G. Direct Pharmacy Service, Inc. – Sunrise, FL
 - H. Express Scripts – Albuquerque, NM
 - I. Express Scripts – Fort Worth, TX
 - J. Express Scripts – Harrisburg, PA
 - K. Express Scripts – Mason, OH
 - L. Express Scripts – Maryland Heights, MO
 - M. Express Scripts – St Louis, MO
 - N. Express Scripts – Tempe, AZ
 - O. Express Scripts – Trevose, PA
 - P. Express Scripts – Troy, NY
 - Q. IVESCO Holdings, LLC – Jerome, ID
 - R. Legacy Rx, LLC – Orlando, FL
 - S. Miami Executive Pharmacy, Inc. – Miami, FL
 - T. NW Pharmacy – Miami, FL
 - U. Prescription Corporation of America – Denville, NJ

- V. PRN Pharmaceutical – Indianapolis, IN
- W. Regional 3406 Pharmacy – Irvine, CA
- X. Stroheckers Pharmacy – Portland, OR
- Y. The Drugstop.com – Bridgeport, WV
- Z. Towne Pharmacy – Dunellen, NJ

Applications for Out-of-State Wholesaler – Non Appearance for Possible Action:

- AA. Americares Foundation, Inc. – Stamford, CT
- BB. Apothecary Shop Wholesale, Inc. – Phoenix, AZ
- CC. BioCARE – Phoenix, AZ
- DD. Genco I, Inc. – Plainfield, IN
- EE. Inogen Inc. – Goleta, CA
- FF. McKesson Drug Company – Olive Branch, MS
- GG. Santa Cruz Biotechnology, Inc. – Paso Robles, CA
- HH. Slate Pharmaceuticals, Inc. – Durham, NC
- II. TheraCom, L.L.C. – Rockville, MD

Applications for Out-of-State MDEG – Non Appearance for Possible Action:

- JJ. A-1 Medical Supplies LLC – Cincinnati, OH
- KK. Activecare – Salt Lake City, UT
- LL. Advantage Diabetic & Medical Supply, LLC – Mobile, AL
- MM. AHC Medical Supply – Murray, UT
- NN. AllMed Discount Supply – Boca Raton, FL
- OO. All American Medical Supplies, Inc. – Venice, FL
- PP. Baytown Medical Equipment – Baytown, TX
- QQ. Bioness Inc. – Valencia, CA
- RR. Borbas Pharmacy Inc. – Brooklyn, NY
- SS. Care Concepts Louisiana, Inc. – Metairie, LA
- TT. Carolina Medical Sales, Inc. – Apex, NC
- UU. Cascade Medical Supply, Inc. – Redmond, WA
- VV. CCS Medical – Clearwater, FL
- WW. Dependable Diabetic Supply, LLC – Venice, FL
- XX. Diabetes Management & Supplies – New Orleans, LA
- YY. Diabetes Supply Programs, Inc. - Jacksonville, FL
- ZZ. Easy Access Medical Supply, Inc. – Marshalls Creek, PA
- AAA. EI Medical, Inc. – Manassas Park, VA
- BBB. Entech Medical Corporation – La Verne, CA
- CCC. Evergreen Pharmaceutical, LLC – Kirkland, WA
- DDD. EZ Diabetic Supplies Inc. – West Bath, ME
- EEE. Fifty50 Pharmacy – Carrollton, TX
- FFF. G & H Diabetic Supply – Round Rock, TX
- GGG. Grubbs Pharmacy of D.C. Inc. – Washington, DC
- HHH. High Point Medical, LLC – Clearwater, FL
- III. Infinite DME Services – Washington, DC
- JJJ. iON My Health – Jupiter, FL
- KKK. J & B Medical Supply Co – Wixom, MI
- LLL. Jade Diabetic Group LLC – Melbourne, FL

MMM. Jolis Orthopedic Shoes & Medical Supplies – Weslaco, TX
 NNN. Kohll's Pharmacy & Homecare – Omaha, NE
 OOO. Lake Diabetes & Medical Supply, Inc. – Melbourne, FL
 PPP. Legend Health, Inc. – Lakeland, FL
 QQQ. LifeCare Medical Supply, Inc. – Texarkana, TX
 RRR. Life Source Medical, Inc. – Greensboro, NC
 SSS. Lincoln Medical LLC – Nashville, TN
 TTT. Longhorn Health Solutions, Inc. – Austin, TX
 UUU. Mash, Inc. – Alabaster, AL
 VVV. Medical Solutions of AR – Jonesboro, AR
 WWW. Metron Health Care Products – Belmont, MI
 XXX. Mi-Med Supply Co. Inc. – Vista, CA
 YYY. National Diabetic Supply – Franklin, NC
 ZZZ. Nationwide DME LLC – Miami, FL
 AAAA. Monitor Medical, Inc. – Katy, TX
 BBBB. Omni Measurement Systems, Inc. – Milton, VT
 CCCC. Oxygen Plus, Corp. – Manchester, TN
 DDDD. Patriot Medical Supplies, LLC – New Port Richey, FL
 EEEE. Pinnacle Medical Solutions – Southaven, MS
 FFFF. Relief Health Supply LLC – Fort Lauderdale, FL
 GGGG. RightSource – Phoenix, AZ
 HHHH. RightSource – West Chester, OH
 IIII. Schraders Medical Supply, Inc. – Montclair, CA
 JJJJ. SpringsMed LLC – Bonita Springs, FL
 KKKK. St Louis Medical Supply, Inc. – Fenton, MO
 LLLL. TC Medical Supply LLC – Ocala, FL
 MMMM. Total Respiratory and Rehab – Omaha, NE
 NNNN. The Diabetes Store, Inc. – Memphis, TN
 OOOO. The Diabetic Shoppe – Charleston, MS
 PPPP. Valley Medical Supplies, Inc. – Fayetteville, NC
 QQQQ. Walnut Medical – Wilson, NC
 RRRR. Welch Allyn, Inc. – Skaneateles Falls, NY
 SSSS. W.H. Pickett Drug Co. – Waterbury, CT

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

TTTT. Nellis Care Pharmacy – Las Vegas
 UUUU. Nevada Cancer Institute Pharmacy – Las Vegas
 VVVV. Wellcare Pharmacy I, LLC “Series B” – Las Vegas

Applications for Nevada Wholesaler – Non Appearance for Possible Action:

WWWW. Lincare Inc. – Carson City
 XXXX. Lincare Inc. – Elko

4. Discipline for Possible Actions: Note – The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties.

- | | | |
|----|--------------------------|----------------|
| A. | Sami S. Zamzam, MD | (11-061-CS-N) |
| B. | Mark R. Nebeker, R.Ph | (11-115-RPH-N) |
| C. | Smith's Pharmacy #388 | (11-115-PH-N) |
| D. | William L. Locke, R.Ph | (11-098-RPH-N) |
| E. | Hales 50 Kirman Pharmacy | (11-098-PH-N) |
| F. | William L. Locke, R.Ph | (11-100-RPH-N) |
| G. | Hales 50 Kirman Pharmacy | (11-100-PH-N) |

5. Request for Reinstatement of Pharmaceutical Technician License – Appearance for Possible Action:

Lisa A. Heathcock

6. Application for Out-of-State Wholesaler – Appearance for Possible Action:

Harvard Third Party Logistics – Indianapolis, IN

7. Applications for Out-of-State Pharmacy – Appearance for Possible Action:

- | | |
|----|---|
| A. | Allermed Pharmacy – San Diego, CA |
| B. | Cystic Fibrosis Pharmacy Inc. – Orlando, FL |
| C. | HomeChoice Partners, Inc. – Norfolk, VA |
| D. | Royal Palm Specialty Pharmacy LLC – Webster, MA |

8. Application for Nevada MDEG – Appearance for Possible Action:

Eric M. Lindsey Ocular Artists, Inc. – Las Vegas

9. Request for Intern License – Appearance for Possible Action:

Hong T. Tran

10. General Counsel Report for Possible Action:

- | | |
|----|------------------------|
| A. | DEA Suspensions |
| B. | Lam's Civil Settlement |

11. Executive Secretary Report for Possible Action:

- | | |
|----|------------------------------|
| A. | Financial Report |
| | 1. Treasurer's Report (Kirk) |
| B. | Temporary Licenses |

- C. Staff Activities
 - 1. Legislative Committee on Regulations (2/15)
 - 2. JTNN (2/7)
 - 3. Task Force on Unlicensed Health Care (2/28)
- D. Reports to Board
 - 1. Pharmaceutical Technician Advisory Committee (2/9)
 - 2. MDEG Advisory Committee (2/16)
 - 3. Email: bath salts
 - 4. Expiration of Regulatory Freeze
 - 5. Regulation Repeal Secondary to Comprehensive Review of Regulations
 - 6. Certificate of Recognition for Marguerite Snyder-Kitts
 - 7. Hospital Regulation Work Group
- E. Board Related News
 - 1. Pharmacy Today Article on Klasch v Walgreen's Case
 - 2. NABP Registration for Annual Meeting
- F. Activities Report

W O R K S H O P for Possible Action
Thursday, March 8, 2012 – 9:00 am

- 12. **Proposed Regulation Amendment Workshop** – The purpose of the workshop is to solicit comments from interested persons on the following general topics that may be addressed in the proposed regulations.
 - A. **Amendment of Nevada Administrative Code 639.753** Declination of pharmacist to fill prescription.
 - B. **Amendment of Nevada Administrative Code 639.7105** Electronic transmission of prescriptions listed in schedule II.
 - C. **Amendment of Nevada Administrative Code 453.510** Schedule I. Because of abuse of un-regulated products containing synthetic cannabinoids being sold in head shops, law enforcement has requested that the Board of Pharmacy to schedule AM-2201, JWH-081, JWH-122, JWH-250, JWH-210 and AM-694 to Schedule 1.
- 13. Next Board Meeting:

April 18-19, 2012 – Las Vegas
- 14. Public Comments and Discussion of and Deliberation Upon Those Comments: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. (NRS 241.020)

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Nevada State Board of Pharmacy, 431 W Plumb Lane, Reno, Nevada, 89509, or call Jeri Walter at (775) 850-1440, as soon as possible.

Anyone desiring additional information regarding the meeting is invited to call the board office at (775) 850-1440.

Continuing Education credit of 4 hours, including 1 hour of law, will be given per day of Board meeting attendance. You are required to attend the board meeting for a full day to receive CE credit including the law credit.

This notice has been posted at the following locations and is available for viewing at **bop.nv.gov**:

Elko County Courthouse – Elko
Mineral County Courthouse – Hawthorne
Washoe County Courthouse – Reno
Nevada State Board of Pharmacy – Reno and Las Vegas



Nevada State Board of Pharmacy

431 W. PLUMB LANE • RENO, NEVADA 89509
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

BOARD MEETING

at the

Las Vegas Chamber of Commerce
6671 Las Vegas Blvd South
Las Vegas

January 18 and 19, 2012

The meeting was called to order at 9:00 a.m. by Beth Foster, Board President.

Board Members Present:

Keith Macdonald
Russell Smith
Cheryl Blomstrom

Beth Foster
Jody Lewis

Kirk Wentworth
Kam Gandhi

Board Members Absent:

Board Staff Present:

Larry Pinson

Jeri Walter

Carolyn Cramer

Rose Marie Reynolds

PUBLIC COMMENT

January 18, 2012

Liz Macmenamin, RAN, appeared and requested Board staff to amend the Activities Report, Item 13 F, to reflect that the intent she and Josh Hicks presented in their petition was not to require a pharmacist to fill every prescription that comes before him but to address unintended third party liability. President Foster advised Ms. Macmenamin that no action can be taken on Public Comment and it would be addressed when Mr. Pinson gives the Executive Secretary report.

January 19, 2012

There was no public comment.

CONSENT AGENDA

1. Approval of December 7-8, 2011, Minutes for Possible Action
2. Applications for Out-of-State Wholesaler – Non Appearance for Possible Action:

- A. AmerisourceBergen Drug Corporation – Bethlehem, PA
- B. BioMimetic Therapeutics USA, Inc. – Franklin, TN
- C. Boehringer Ingelheim Vetmedica, Inc. – St. Joseph, MO
- D. Covis Pharmaceuticals, Inc. – Cary, NC
- E. ESI Distribution Service – St. Louis, MO
- F. Exel Inc. – Elizabeth, NJ
- G. Exel Inc. – Westerville, OH
- H. IVESCO Holdings, LLC – Iowa Falls, IA
- I. IVESCO Holdings, LLC – Jerome, ID
- J. Leafa Printing Plus LLC – Newport Beach, CA
- K. Modern Medical Products, Inc. – North Hollywood, CA
- L. Noramco, Inc. – Wilmington, DE
- M. Owens & Minor Distribution, Inc. – Tolleson, AZ

Application for Nevada MDEG – Non Appearance for Possible Action:

- N. RecoverCare LLC – Reno

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

- O. Surgery Center of Southern Nevada West – Las Vegas
- P. Well Care Pharmacy I, LLC – Las Vegas

Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:

- Q. Cardinal Health 414, LLC – West Valley City, UT
- R. Great Earth Compounds – West Hollywood, CA
- S. InfuScience – Eagan, MN
- T. Mission Road Pharmacy, Inc. – Los Angeles, CA
- U. New York Blood Center, Inc. – Westbury, NY
- V. Palmer Pharmacy & Much More – Easton, PA
- W. Pencil Compounding Pharmacy – Denver, CO
- X. PetMeds2Go.com – Dike, IA
- Y. TheraCom – Rockville, MD
- Z. Valley View Drugs, Inc. – La Mirada, CA

Applications for Out-of-State MDEG – Non Appearance for Possible Action:

- AA. All-States Medical Supply, Inc. – Fletcher, NC
- BB. Americare Respiratory Services, Inc. – Santa Ana, CA
- CC. Anla Healthcare Corporation – Addison, TX
- DD. ATG Rehab – Sacramento, CA
- EE. Bellegrove Pharmacy – Bellevue, WA
- FF. Boardman Medical Supply Co. – Girard, OH
- GG. Canyon Healthcare – Hemando, MS

HH. CareSource Incorporated – The Colony, TX
 II. CPAP Supply, USA – Midlothian, VA
 JJ. Diabetic Care Services & Pharmacy – Eastlake, OH
 KK. Diabetic Solutions, Inc. – Coral Springs, FL
 LL. Diabetic Supply of Suncoast, Inc. – Dorado, PR
 MM. Diabetic Supply & Support, Inc. – Jacksonville, FL
 NN. Gathright-Reed Medical Supply LLC – Oxford, MS
 OO. Healthcare Durable Medical Equipment – Ann Arbor, MI
 PP. Hometown Medical Supply – Mena, AR
 QQ. Home Care Delivered, Inc. – Glen Allen, VA
 RR. Ion My Health – Jupiter, FL
 SS. KCI USA, Inc. – Addison, IL
 TT. KingdomCare LLC – Thomasville, GA
 UU. Madison Medical Supply, LLC – Lubbock, TX
 VV. M.E.D. Supplies – Amelia, OH
 WW. Medtronic USA, Inc. – Brooklyn Park, MN
 XX. Mini Pharmacy Enterprises, Inc. – Los Angeles, CA
 YY. Mobility Rehab Products LLC – Westminster, MD
 ZZ. My Ideal Care, LLC – Thomasville, GA
 AAA. National Wellness Supply – West Palm Beach, FL
 BBB. Neighborhood Diabetes, Inc. – Woburn, MA
 CCC. NH Med Services – Denton, NC
 DDD. Regenesys Biomedical Inc. – Scottsdale, AZ
 EEE. SaraCare Corporation – Plantation, FL
 FFF. United Care Group – West Palm Beach, FL
 GGG. US Med, Inc. – Miami, FL
 HHH. Wound Care Resources, Inc. – Yorkville, TN

Discussion:

The consent agenda applications and supporting documents were reviewed.

Board Action:

Motion: Kam Gandhi found the consent agenda application information to be accurate and complete and moved for approval.

Second: Jody Lewis

Action: Passed Unanimously.

Discussion:

Cheryl Blomstrom noted three items in the minutes that she wanted corrected. The first being that she wanted it noted that the Board had requested additional information regarding Affiliated Monitors in Item 7, secondly she would like to see a grammatical correction in Item 8 from statute “were” to statute “was” discussed, and thirdly in Item

11, Ms. Blomstrom noted that she represents the Nursing Association – not the Nursing Board.

Motion: Cheryl Blomstrom found the minutes accurate and complete and moved for approval with the referenced changes.

Second: Russ Smith

Action: Passed Unanimously.

REGULAR AGENDA

3. Discipline for Possible Actions:

- | | | |
|----|-----------------------------|-----------------|
| A. | Michelle Badten, R.Ph | (11-092A-RPH-S) |
| B. | Kenton Crowley, R.Ph | (11-092B-RPH-S) |
| C. | Timothy Brown, R.Ph | (11-092C-RPH-S) |
| D. | Pathway Specialty Compounds | (11-092-PH-S) |

Timothy Brown, Michelle Badten and Kenton Crowley appeared and were sworn by President Foster prior to answering questions or offering testimony.

Adam Levine was present to represent Ms. Badten and Mr. Brown. Mr. Crowley was representing himself.

Mr. Crowley indicated that he did not have representation because he contacted two attorneys – one that was unavailable to be present at today's hearing and the second attorney indicated that Board staff had never returned his call. Mr. Crowley appeared to be overwhelmed when he was given 21 Exhibits that the Board's general counsel presented him and Mr. Crowley eventually asked President Foster for a continuance.

Carolyn Cramer stated for the record that she did try to reach the attorney Mr. Crowley indicated that Board staff had not contacted, however his answering machine was not accepting messages.

Ms. Cramer noted that a continuance was requested on behalf of Ms. Badten and Mr. Brown, and Board staff offered to continue this matter providing Pathway did not compound injectables until after this case was heard, however the circumstances of Mr. Getty's estate prevented them from making such a decision and the request for continuance was denied by Board staff. Ms. Cramer indicated that since there were nine cases of sepsis reported resulting from injections from compounded medications provided by Pathway it was in the public's best interest to move forward with this case.

Mr. Levine indicated that they would not accept the limitation of those terms and would rather move forward to prove that there is not a public safety issue. Mr. Levine also noted that the sole owner of Pathway Specialty Compounds, Mr. Gettys, died on December 24th, 2011 and that Pathway was not represented today. Mr. Levine

indicated that Mr. Gettys wife has now been appointed the executrix of Mr. Getty's estate.

President Foster asked for a moment to consider Mr. Crowley's request for continuance before her.

Due to the nature of the purported patient harm with this case and possible future risk to public safety, President Foster denied the request for continuance and indicated that the Board would hear the case before them today.

Mr. Levine presented one exhibit that was marked as Exhibit A. Exhibit A was a statement by Mr. Brown. Mr. Crowley objected to Exhibit A being admitted into the record because of misfacts in the document. After review, President Foster admitted Exhibit A into the record.

Carolyn Cramer made opening statements and indicated that she would be calling Danny Garcia, Board investigator, Ray Seidlinger, Board inspector, Alex Hendricks, a pharmaceutical technician at Pathway, and Dave Wuest as an expert witness. This complaint came to the Board from the Health Division advising that there had been nine cases of sepsis reported to them and all had been injected in Dr. Fuller Royal's office with product compounded at Pathway Pharmacy. Ms. Cramer also reviewed the Causes of Action against the respondents.

Adam Levine made opening statements and noted that he and his clients are not disputing that Pathway dispensed the medication to Dr. Royal's office that harmed the nine people involved. Mr. Levine noted that Mr. Brown realized that Pathway had some issues and had begun to improve the operation, however Mr. Crowley was the responsible party undermining his efforts.

Mr. Crowley indicated that he does not dispute that there was a contamination problem, but he accused Mr. Levine of presenting lies to the Board. Mr. Crowley indicated that he brought Mr. Brown on board as a friend to help get Pathway off the ground when they were first licensed. After a lengthy dissertation, he went on to say that now nothing Mr. Brown says is viable.

After a prolonged period of time, Carolyn Cramer objected to Mr. Crowley's statements and indicated that he would have an opportunity to defend himself.

Danny Garcia appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. Cramer asked Mr. Garcia to identify various Exhibits. Mr. Garcia identified Exhibit 19 as the original complaint. He identified Exhibit 3 as documents from the Health Department on the nine patients involved in this matter.

Mr. Garcia testified that he went to Nevada Clinic and met with Dr. Fuller Royal to determine how his patients became infected. Dr. Royal indicated that each patient was

treated and recovered from being infected by the calcium gluconate that he purchased from Mr. Crowley and Pathway. Dr. Royal noted that Mr. Crowley took two vials from his office to have them tested. One vial was unopened and the other was the open vial Dr. Royal's office had used to inject his patients. The results came back that both vials tested positive for contaminants. Mr. Garcia then testified that he went to Pathway and spoke with Mr. Brown. Mr. Brown advised him that he was aware of the contamination at Nevada Clinic. Mr. Garcia learned that the compounding technician was Alex Hendricks and that the compounded medication was verified by Ms. Badten. Mr. Hendricks gave Ms. Badten the worksheet and the product to be verified. When Mr. Hendricks came to work the next day, three of the vials were missing and were apparently delivered to Nevada Clinic.

Mr. Garcia identified Exhibit 8 as a copy of the Letco calcium gluconate label, Exhibit 9 is a copy of the original certificate of analysis for the calcium gluconate, Exhibit 10 is the Pathway invoice to Nevada Clinic for 300 ml. of preservative free vials of calcium gluconate and other products, and Exhibit 12 is the formula log or worksheet steps for compounding the product that was compounded for Nevada Clinic.

Mr. Garcia indicated that he and Board Investigator Ken Scheuber both went to Nevada Clinic to figure out the procedures at the clinic and why preservative free vials were provided by Kenton Crowley given they were for single use. Mr. Crowley should not have sent 100 ml. vials to be drawn up in 10 ml. doses. Mr. Garcia spoke with RN Swain at Nevada Clinic who ordered the product from Pathway, however she did not know that the designation of PF meant "preservative free".

Mr. Garcia identified Exhibit 5 as an e-mail dated October 18, 2011 from Tim Brown.

After visiting Nevada Clinic Mr. Garcia and Mr. Scheuber went to Pathway to find the remaining calcium gluconate from the product that was used to fill the Nevada Clinic order, however none was found in the pharmacy. Mr. Garcia contacted Letco and it was found that the product Letco had sold to Pathway was to be used for weight loss and not a product for injectable use.

Mr. Garcia met with Kenton Crowley at the Board office and Mr. Garcia indicated that Mr. Crowley was cooperative for the most part while being interviewed. Mr. Crowley indicated that he could not remember getting an order from RN Swain, he could not recall if he took vials of calcium gluconate to Nevada Clinic but he did recall taking other compounded drugs and having taken other orders for other things from RN Swain. Mr. Crowley indicated that he was familiar with Nevada Clinic and what they do at that clinic. Mr. Garcia testified that he asked Mr. Crowley if he had ever provided single use products to Nevada Clinic and he said he was just filling the orders they requested and that he did not see any problem with using preservative free calcium gluconate. Exhibit 11 is a written statement by Kenton Crowley that at first he claimed that he did not remember delivering the calcium gluconate to Nevada Clinic, but in the end he indicated that he must have done so.

Mr. Garcia stated that he interviewed Alex Hendricks with Mr. Brown and Mr. Scheuber both present. Mr. Hendricks told Mr. Garcia that he worked with Kenton Crowley in various pharmacies. Mr. Hendricks stated that when he was compounding the calcium gluconate it was difficult to dissolve. He worked with Mr. Crowley to see what the problem was. Mr. Hendricks surmised that they were trying to fulfill an emergency supply to Nevada Clinic as determined from a telephone call he overheard Mr. Crowley having with RN Swain. After that conversation, Mr. Crowley directed Mr. Hendricks to make the product. Mr. Hendricks provided Mr. Garcia with the formula sheet that showed what went into the product and the process for compounding. He indicated that it took several hours for the product to come to solution. Mr. Hendricks indicated that they should let the solution sit for several days to see if it would stay in solution. He then completed the processing and gave it to Ms. Badten for verification.

Mr. Garcia testified that Ms. Badten was very concerned and cooperative during the interview process. She indicated that she was the verifying pharmacist and described her procedures. Initially she was unsure if the initials on the verification were hers, but ultimately determined that they were her initials on the three vials and the worksheet. Mr. Garcia asked if she had seen the raw products during the verification process and she indicated that she had not. Ms. Badten advised Mr. Garcia that she did overhear Mr. Hendricks tell Mr. Crowley that the solution needed to wait for a few days to ensure it remained stable. Mr. Garcia identified Exhibit 16 as Ms. Badten's written statement.

Both Adam Levine and Kenton Crowley cross examined Mr. Garcia.

Because of time constraints, this matter will be continued to a Special Board Meeting.

E. Kirstin Y. Lester, PT

(11-105-PT-S)

NOTE: Jody Lewis recused from participation as she works for CVS and participated in the investigation of this matter.

Kirstin Lester appeared and was sworn by President Foster prior to answering questions or offering testimony.

Kathleen Jensen was present to represent Ms. Lester.

Carolyn Cramer gave an overview of the Stipulated Agreement they have agreed to. Ms. Lester's pharmaceutical technician registration will be revoked, the revocation stayed and Ms. Lester will be suspended for 120 days, during which time she will do 10 live CE's on ethics approved by Board staff prior to her taking them, and pay a fine of \$250.00 within 90 days of the effective date of this Order.

Board Action:

Motion: Kam Gandhi moved to accept the Stipulated Agreement as presented.

Second: Kirk Wentworth

Action: Passed Unanimously

F. Miranda McKerlie, PT

(11-104-PT-S)

NOTE: Jody Lewis recused from participation as she works for CVS and participated in the investigation of this matter.

Ms. McKerlie was not present for hearing. Carolyn Cramer admitted Exhibit 1, the file copy of Candy Nally's notice to appear.

Candice Garvey, CVS Loss Prevention, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. McKerlie had been diverting controlled substances from her employing pharmacy beginning in the Spring of 2010. In her written statement she admitted to taking approximately 5,400 dosage units of hydrocodone/APAP 10/325 mg. tablets, 4,500 dosage units of hydrocodone/APAP 10/500 mg. tablets, 30 to 40 provigil 100 and 200 mg. tablets, 10 tablets of Adderall or amphetamine salts, one Suboxone patch and 10 to 15 Singular 5 mg. tablets.

Ms Garvey indicated that an audit of their controlled substances from 2009 to present was conducted and CVS #8795 had lost approximately \$26,000.00 to \$27,000.00 worth of controlled substances which was reported on a DEA Loss or Theft Report. Ms. Garvey went on to explain that they have changed their security practices to include new equipment and procedures in their pharmacies to ensure security of their controlled substances.

Board Action:

Motion: Kirk Wentworth moved to find Ms. McKerlie guilty of the alleged violations.

Second: Kam Gandhi

Action: Passed Unanimously

Motion: Kirk Wentworth moved to revoke Ms. McKerlie's pharmaceutical technician registration.

Second: Kam Gandhi

Action: Passed Unanimously

G. Elizabeth Sundling, PT

(11-106-PT-S)

Elizabeth Sundling appeared and was sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer advised that Ms. Sundling was terminated from employment for testing positive for marijuana at a pre-employment drug screening.

Ms. Sundling stated that she moved to Las Vegas from Nebraska and has been a pharmaceutical technician for six years. She described several medical issues she is suffering from and advised the Board that she is applying for a medical marijuana card. Ms. Sundling indicated that marijuana is the only thing that helps her with her pain. She indicated that she does not smoke marijuana, but ingests it in foods.

Board Action:

Motion: Russ Smith moved to find Ms. Sundling guilty of the alleged violations.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Motion: Kirk Wentworth moved to revoke Ms. Sundling's pharmaceutical technician registration.

Second: Kam Gandhi

Action: Passed Unanimously

H. Decker Stirek, PT

(11-114-PT-S)

NOTE: Jody Lewis recused from participation as she works for CVS and participated in the investigation of this matter.

Carolyn Cramer noted that Mr. Stirek would not be present for hearing. She presented Exhibit 1, the Notice of Intended Action and Exhibit 2 the notice to appear which were admitted into the record.

Don Dugger appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Stirek admitted in a written statement that he was addicted to hydrocodone and had been removing drugs from the pharmacy for approximately one year. Mr. Stirek estimated that he had taken approximately 11,000 hydrocodone 10/325 tablets, 500 hydrocodone 10/500 tablets, 150 Clonazepam 2 mg. tablets 50 to 75 Alprazolam 2 mg. tablets, 100 Alprazolam 1 mg. tablets and 30 to 40 Phenmetrazine capsules.

Carolyn Cramer presented Mr. Stirek's written statement and it was marked as Exhibit 3 and accepted into the record.

Mr. Dugger was asked what CVS was doing to prevent these losses from their pharmacies and he explained that when they learned of the losses they installed a camera and the tape revealed that Mr. Stirek was taking the drugs and consuming them. Mr. Dugger advised that they have reviewed their procedures and they are trying to implement more stringent policies and procedures to curb these large losses.

Board Action:

Motion: Cheryl Blomstrom moved to find Mr. Stirek guilty of the alleged violations.

Second: Kam Gandhi

Action: Passed Unanimously

Motion: Russ Smith moved to revoke Mr. Stirek's pharmaceutical technician in training registration.

Second: Kirk Wentworth

Action: Passed Unanimously

I.	Vanessa Ebosiem, R.Ph	(11-026-RPH-S)
J.	CVS/pharmacy #8804	(11-026-PH-S)

NOTE: Jody Lewis recused from participation as she works for CVS and participated in the investigation of this matter.

Carolyn Cramer advised the Board that the charges against CVS were dismissed from this matter.

Vanessa Ebosiem appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. Cramer advised the Board that Ms. Ebosiem had filled two prescriptions within a four month period for a baby with incorrect dosing instructions. Ethan Mersereau was 4 months old when he was prescribed Prednisolone in September, 2010, with directions to take 1 ml. by mouth twice a day for three days. The prescription was labeled with directions to take 1 teaspoonful by mouth twice a day for three days. Fortunately, Ethan did not ingest the Prednisolone as incorrectly directed on the label. In January, 2011, now 8 month old Ethan Mersereau was prescribed Nystatin 100,000 units/ml. suspension with directions to take 2 ml. by mouth twice a day for 3 days. This prescription was filled with directions on the label to take 2 teaspoonfuls by mouth twice a day for 3 days. Ethan's mother administered the medication as directed on the label causing him to ingest five times the amount of Nystatin than was prescribed for him. Fortunately, Ethan showed no sign of adverse effects from having been overdosed with Nystatin.

Ms. Ebosiem admitted that she was the verifying pharmacist on the first mislabeled prescription for Prednisolone and the sole person responsible for the second mislabeled prescription.

Carolyn Cramer indicated that Ms. Ebosiem is a young pharmacist that was practicing in a busy pharmacy and not paying close enough attention to detail. Ms. Cramer recommended the Your Success Rx program at Ms. Ebosiem's expense with Ms. Ebosiem responsible for contacting Katie Johnson within 10 days of the Order in this matter.

Board Action:

Motion: Kam Gandhi moved to find Ms. Ebosiem guilty of the alleged violations.

Second: Russ Smith

Action: Passed Unanimously

Motion: Cheryl Blomstrom moved to have Ms. Ebosiem participate in the Your Success Rx program as recommended by Ms. Cramer.

Second: Kam Gandhi

Action: Passed Unanimously

K.	Kenneth E. Heaton, R.Ph	(10-078A-RPH-S)
L.	Jeffrey C. Petersen, R.Ph	(10-078B-RPH-S)
M.	Wal-Mart #10-2592	(10-078-PH-S)

NOTE: Jack Dalton recused from participation in this matter as he is employed by Wal-Mart.

Ken Heaton and Jeffrey Petersen appeared and were sworn by President Foster prior to answering questions or offering testimony.

Hal Taylor was present to represent Wal-Mart. George Chapman, Director of Pharmacy Services for Wal-Mart, was also present.

Rob Graham was present to represent Ken Heaton.

Jeffrey Petersen was representing himself.

Carolyn Cramer presented Exhibits 1 through 21. There were no objections to the Exhibits by any of the parties.

Mr. Taylor and Mr. Graham are not contesting the charges brought forth in the Accusation. Mr. Petersen is contesting the charges.

Carolyn Cramer gave a synopsis of this matter in an opening statement. Mrs. Mashburn went to Wal-Mart #10-2592 to pick up several prescriptions. When she got home she looked at the medications she was given and noticed that four of the prescription labels had a doctor's name that she was unfamiliar with. Mrs. Mashburn called the pharmacy and asked if she had the correct medications and she was assured that she did. After taking the medications that she was given for approximately 20 days, Mrs. Mashburn experienced adverse reactions.

Hal Taylor gave opening statements and indicated that for some reason incident reports were not made to Wal-Mart upper management as required in the Policies and Procedures.

Rob Graham noted that he was not contesting that incident reports were not made, but because they did not think there was any harm that would come from this, Mr. Heaton felt it was appropriate to handle the situation at the store level.

Danny Garcia, Board investigator, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. Cramer asked Mr. Garcia to identify the Exhibits. Exhibit 1 is Mrs. Mashburn's written complaint. Mr. Garcia testified that he contacted Shaniqua Moody, a Wal-Mart Market Manager, to see if incident reports were made regarding this complaint. Ms. Moody indicated to Mr. Garcia that she learned of the error by way of Mrs. Mashburn's attorney. Ms. Moody asked for written statements from Mr. Petersen and Mr. Heaton. Exhibit 2 is a Wal-Mart patient profile for Mrs. Mashburn. Exhibit 3 is a handwritten statement by Shaniqua Moody. Exhibit 4 is a typewritten statement by Shaniqua Moody regarding her investigation. Exhibit 18 is a written statement by Ken Heaton. Exhibit 5 is an October 22, 2010 written statement by Jeff Petersen to Wal-Mart. Exhibit 6 is a written statement by Ken Heaton to Wal-Mart. Exhibit 7 was copies of four prescriptions written for Patient F that were given to Mrs. Mashburn. Exhibit 8 was a duplicate of Exhibit 9 and withdrawn. Exhibit 9 is an in depth patient profile for Mrs. Mashburn. Exhibits 10, 11, 12 and 13 are Wal-Mart's records showing Mrs. Mashburn had refused counseling. Exhibits 14 and 15 were two different statements from Mrs. Mashburn's physician obtained from her attorney.

Mr. Garcia indicated that he interviewed Mr. Petersen and he denied that he had a conversation with Mrs. Mashburn questioning her medications that had an unknown physicians name on the label. Mr. Garcia acknowledged that Mrs. Mashburn was adamant about speaking with Mr. Petersen regarding her concerns because she was experiencing an adverse reaction to the medications she was taking. Exhibit 16 is a typewritten statement from Mr. Petersen. Exhibit 17 is a document provided by Mr. Petersen regarding his termination of employment from Wal-Mart.

Mr. Garcia testified that he interviewed Ken Heaton and he was cordial and forthcoming during the interview. Mr. Heaton acknowledged that he missed the problem when he was performing the 4 Point Review. Mr. Heaton indicated that he was frustrated by

having to counsel every patient on every prescription – new or refill – as is Wal-Mart's policy. When Mrs. Mashburn picked up all of her prescriptions she indicated that she did not want counseling because they were all refills – not knowing that she was receiving Patient F's prescriptions, as well. Exhibit 18 is Mr. Heaton's written statement. Exhibit 23 is the pharmaceutical technician's statement who made the error by filling Patient F's prescriptions with Mrs. Mashburn's name on the label. Exhibit 19 is the Investigation Worksheet. Exhibits 20, 21 and 22 are Wal-Mart's Policies and Procedures.

Rob Graham cross examined Mr. Garcia.

Hal Taylor cross examined Mr. Garcia and presented five pictures of the pharmacy from various locations which were marked as Exhibit A. These pictures gave an overview of the pharmacy layout. Mr. Taylor indicated that one of the pharmacy's computers was not working and the pharmacist had to go approximately 15 feet to document whether counseling was accepted or declined.

Mr. Petersen cross examined Mr. Garcia and the Board questioned him to their satisfaction.

Sharon Mashburn appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mrs. Mashburn testified that she experienced severe anger, raging behavior, memory problems and blackouts after she began taking her medications. She contacted the pharmacy and questioned the medications she received, specifically the ones with an unfamiliar doctor's name on the labels. She was assured she had the correct medications. Mrs. Mashburn saw her physician and questioned her medications. It was then that it was determined Mrs. Mashburn had been taking medication that was not prescribed for her.

Mr. Taylor, Mr. Graham and Mr. Petersen cross examined Mrs. Mashburn and the Board questioned her.

Rob Graham questioned Mr. Heaton regarding counseling Mrs. Mashburn and Mr. Heaton indicated that he did not see the difference in the doctors on the prescriptions that were before him.

Mr. Petersen gave a heartfelt statement to Mrs. Mashburn and the Board and described his pharmacy practice if a patient questions their medications. Mr. Petersen indicated again that he did not speak to Mrs. Mashburn when she called with her questions regarding the unfamiliar doctor on four of the medication labels that she picked up from Wal-Mart.

Mr. Taylor asked the Board to dismiss the charges against Wal-Mart. Carolyn Cramer did not oppose dismissing Wal-Mart.

Rob Graham asked to dismiss the counseling charge against Mr. Heaton since Mrs. Mashburn refused counseling and Mr. Heaton plead to the remaining charges. Ms. Cramer opposes dismissing the counseling charge. Mr. Graham indicated that it was a misfill, not a counseling issue since Mrs. Mashburn refused counseling.

Carolyn Cramer gave closing arguments.

Mr. Graham gave closing statements and asked the Board to dismiss the counseling charge against Mr. Heaton since Mrs. Mashburn refused counseling.

Mr. Petersen asked for a dismissal from the charges against him because he did not speak with Mrs. Mashburn when she called Wal-Mart to question the four medications that had an unknown doctor on the labels.

Board Action:

Motion: Kam Gandhi moved to find Mr. Heaton guilty of the First Cause of Action for dispensing Patient F's medications to Mrs. Mashburn.

Second: Russ Smith

Action: Passed Unanimously

Motion: Kam Gandhi moved to find Mr. Heaton not guilty of the Second Cause of Action regarding counseling.

Second: Jody Lewis

Action: Passed Unanimously

Motion: Kam Gandhi moved to find Mr. Petersen guilty of the Third Cause of Action for failing to address Mrs. Mashburn's concerns.

Second: No Second

Action: Motion Failed

Motion: Jody Lewis moved to find Mr. Petersen not guilty of the Third Cause of Action.

Second: Kirk Wentworth

Action: Passed With One Negative Vote

Motion: Kam Gandhi moved to fine Mr. Heaton \$1,000.00 plus fees and costs in this matter.

Second: Kirk Wentworth

Discussion: Cheryl Blomstrom asked to amend the motion by adding that Mr. Heaton participate in the Your Success Rx program, too.

The First and the Second agreed to the amendment.

Action: Passed Unanimously

N.	Sothy Him, R.Ph	(10-048A-RPH-S)
O.	Jason Williamson, R.Ph	(10-048B-RPH-S)
P.	Walgreens #07841	(10-048-PH-S)

This matter has been continued to the April Board meeting.

4. Applications for Nevada Pharmacy – Appearance for Possible Action:

A. Ken's Pharmacy – Las Vegas

Ken Heaton, managing pharmacist for Lam's Pharmacy who is in the process of purchasing the pharmacy, and Terry Cater, a registered pharmacist and consultant for Lam's Pharmacy, appeared and were sworn by President Foster prior to answering questions or offering testimony.

Mr. Heaton described his plans for this pharmacy that he is in the process of purchasing and stated that he realizes that the current owners were under investigation by the DEA. Mr. Heaton indicated that he does not plan to fill large quantity controlled substance prescriptions as the current owners are doing and plans to limit his client base to generally a five mile circumference around the pharmacy. Mr. Cater noted that he is helping Mr. Heaton with the purchase of the pharmacy and will consult for him as he has for Lam's current owners for the past several years.

Carolyn Cramer indicated that from what she understood from the DEA it was going to be very difficult for Mr. Heaton to obtain a DEA license. Mr. Heaton stated that he was working with the DEA and they would not give him a DEA license until the Board approved the application for the purchase.

Board Action:

Motion: Russ Smith moved to accept the application for Ken's Pharmacy conditional upon the DEA granting them a license.

Second: Cheryl Blomstrom

Action: Passed Unanimously

B. Procure Pharmacy – Las Vegas

Thai Vo appeared and was sworn by President Foster prior to answering questions or offering testimony.

NOTE: Jody Lewis recused from participation in this matter as Mr. Vo used to work for CVS in one of her stores.

Mr. Vo stated that Procure is going to be a regular retail pharmacy and it is located in a medical building. He gave an overview of his pharmacy practice and who he plans to serve. He is currently a pharmacist for CVS but plans to work as the pharmacy manager in his Procure Pharmacy if the application is approved.

Mr. Pinson advised that Mr. Vo had been in touch with him almost on a daily basis to ensure he was meeting all the requirements. In fact, Mr. Vo took his advice and remodeled this location which was way too small to operate a pharmacy. Procure is going to be in a medical building, like his own pharmacy was, and there should not be a problem with his clientele.

Board Action:

Motion: Kam Gandhi moved to approve the application for Nevada pharmacy for Mr. Vo.

Second: Cheryl Blomstrom

Action: Passed Unanimously

5. Request for Reinstatement of Pharmacist License – Appearance for Possible Action:

Scott T. James

Scott James and Larry Espadero, PRN-PRN monitor, appeared and were sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer reviewed Mr. James history for the Board members as none of them were sitting when Mr. James was last disciplined. Mr. James license was revoked because he left the pharmacy he was working in unattended to go upstairs to smoke methamphetamine with his brother.

Mr. James advised the Board that he had been sober for approximately 4 ½ years and has participated in the PRN-PRN program for that length of time. He indicated that he has kept up with the pharmacy world by doing continuing education. Mr. James noted that he understands how serious the poor choices he made in the past were. He testified that he was injured in the Navy and was treated with heavy narcotics which is

how he became addicted to drugs. Mr. James indicated that he has had serious surgeries and has gotten off all drugs since he has been in the PRN-PRN program.

Mr. Espadero indicated that he is comfortable with Mr. James being allowed to return to pharmacy with the condition that he continue in the PRN-PRN program, not work in a rural environment and not be allowed to work alone. Mr. Espadero stated that Mr. James understands the spirituality of his program and has taken his sobriety seriously.

Mr. James stated that he does not associate with any of the wrong people in his past. He testified that he went to Montana after he was revoked; went into the wilderness; and cleaned up on his own and did not return to Nevada for an extended period of time to adjust.

Mr. Espadero would like Mr. James on an additional five year PRN-PRN contract. The Board felt that since Mr. James had been away from the practice of pharmacy it would be a good plan for him to work as an intern at first. He would have to find a preceptor willing to hire him as an intern and complete 1500 hours to get up to speed again. Mr. James would be willing to work as an intern.

Board Action:

Motion: Kam Gandhi moved to reinstate Mr. James as an intern pharmacist for one year to accrue 1500 hours of training, sign a five year contract with PRN-PRN, not work in a rural area and not work alone.

Second: Russ Smith

Action: Passed Unanimously

6. Applications for Out-of-State Pharmacy – Appearance for Possible Action:

A. DCRX Infusion – Astoria, NY

Michael Knee appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Knee explained that they already have an out of state license with the Nevada Board of Pharmacy for their Florida facility. They are doing some restructuring and prescriptions for certain medications being filled for Nevada patients will be shipped from their New York facility.

Board Action:

Motion: Kam Gandhi moved to approve the application for out of state pharmacy for DCRX Infusion.

Second: Kirk Wentworth

Action: Passed Unanimously

B. Equinox Healthcare – Ellicott City, MD

This application was withdrawn.

C. University Specialty Pharmacy – Commerce, CA

Scot Silber and Noah Jussim, Mr. Silber's attorney for University Specialty Pharmacy, appeared and were sworn by President Foster prior to answering questions or offering testimony.

Mr. Silber explained that he did not intentionally lie on his application for this pharmacy, but had received a citation in California after he had submitted his application to the Nevada Board of Pharmacy. Mr. Jussim explained the procedures in California and indicated that Mr. Silber had already submitted a new first sheet of the Nevada application indicating honestly that he had had a disciplinary matter in California.

Mr. Silber explained that he owned three pharmacies and that he did not realize that he could not do intercompany transfers of medications across statelines. He is requesting an out of state license for University Specialty in California so he can legally make those transfers and that the only reason for any such transfer would be to alleviate an immediate drug shortage. He also acknowledged the requirement to respect buying contracts for closed door pharmacy practices and the necessity to not allow buying at contract prices for his retail operations.

Ron Shockey and Danny Garcia appeared and were sworn by President Foster prior to answering questions or offering testimony.

Mr. Garcia was asked how the computer at Green Valley tracks drugs and he said that he has looked extensively at Mr. Silber's system and it does track all transactions.

Mr. Shockey indicated that Green Valley, one of Mr. Silber's pharmacies, passed inspections and Mr. Silber has completed 222 forms for the transfers. They maintain two separate tracking methods to keep their contracts and other purchases separate.

Board Action:

Motion: Jody Lewis moved to approve the application for University Specialty Pharmacy.

Second: Cheryl Blomstrom

Discussion: Mr. Gandhi indicated that he would like to amend the motion to have an inspection of the Green Valley pharmacy before granting this license.

The First and the Second agreed to the amendment of the motion.

Action: Passed Unanimously

7. Application for Pharmacist License – Reciprocity – Appearance for Possible Action:

Thomas E. Strebel

Thomas Strebel appeared and was sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer explained to the Board that Mr. Strebel would like to reciprocate to Nevada from Utah, however he had a rather lengthy problem in Utah and he was invited to appear before the Board to explain the circumstances.

Mr. Strebel indicated that he had a pharmacy in Utah at the base of three ski resorts and it was a very busy pharmacy. He tried to grow his business too quickly and his pharmacy practice became somewhat careless. Mr. Strebel indicated that the Department of Professional Licensing charged him with false insurance claims and he pled guilty to one count. They also found fifteen prescriptions that were returned to stock, but not credited to the insurance company. When he was made aware that there was a problem he rectified the situation. Mr. Strebel indicated that his license is in good standing in Utah and that he is currently working at 4 Care Pharmacy where they provide services for long term care facilities and have some retail sales, but mostly bubble wrap for long term care facilities.

Board Action:

Motion: Cheryl Blomstrom moved to approve Mr. Strebel's application for reciprocity.

Second: Kirk Wentworth

Action: Passed Unanimously

8. Applications for Nevada MDEG – Appearance for Possible Action:

A. Global DME – Las Vegas

This was a request for reconsideration, however no one appeared to make the request.

Board Action:

Motion: Kam Gandhi moved to deny the request for reconsideration for Global DME.

Second: Cheryl Blomstrom

Action: Passed Unanimously

B. RespMed, Inc. – North Las Vegas

Robert Scholl appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Scholl explained that he is a respiratory therapist presently, however will be the facility administrator for RespMed if the application is approved. It was brought to Mr. Scholl's attention that in Nevada a healthcare professional cannot own more than 10% of an MDEG business. His wife, an RN, would only be allowed to be a 10% owner. Mr. Scholl indicated that he would put his Respiratory Therapist license in abeyance and become a 90% owner. He has a friend that is a respiratory therapist who could become the RT of record.

Board Action:

Motion: Kam Gandhi moved to approve the application for RespMed providing they submit an amended application.

Second: Russ Smith

Action: Passed Unanimously

C. State Medical Equipment – Las Vegas

May Cuenca, owner, and Alberto Ramos, administrator, appeared and were sworn by President Foster prior to answering questions or offering testimony.

The Board questioned Mr. Ramos regarding his experience with MDEG products. Mr. Ramos explained that he would be taking courses to become certified for administering diabetic supplies and he was not particularly knowledgeable in ostomy and urostomy supplies but it was his intention to learn. It was explained to Mr. Ramos that he needed to be knowledgeable in all the products he and Ms. Cuenca would be selling to ensure patient safety and until he became certified for those products the Board would feel comfortable granting a license only for assistive equipment and orthotics and prosthetics. They invited Mr. Ramos to return to the Board as he becomes familiar with the other products and obtains certification, and ask for inclusion of those products at a later date.

Board Action:

Motion: Cheryl Blomstrom moved to approve the application for State Medical Equipment for assistive equipment and orthotics and prosthetics only.

Second: Kam Gandhi

Action: Passed Unanimously

9. Request for Pharmaceutical Technician License – Appearance for Possible Action:

Trina D. Trinidad

Trina Trinidad appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. Trinidad explained that many years ago she applied for a pharmaceutical technician in training registration, however the Rite Aid pharmacy she was going to work in closed. She then moved to California and obtained a pharmaceutical technician registration in that state which would qualify her to become registered in Nevada. When she completed her application for Nevada, she indicated that she failed to complete the questions correctly and has now corrected the application to reflect the truth. Ms. Trinidad indicated that she is now living in Las Vegas and would like her application for a pharmaceutical technician registration approved.

Board Action:

Motion: Russ Smith moved to approve the application for pharmaceutical technician for Ms. Trinidad.

Second: Jody Lewis

Action: Passed Unanimously

10. Request for Reinstatement of Pharmaceutical Technician License – Appearance for Possible Action:

Niko Ligutom

President Foster called Niko Ligutom, however he was not present.

Board Action:

Motion: Kam Gandhi moved to deny the request for reinstatement of Mr. Ligutom's pharmaceutical technician registration.

Second: Jack Dalton

Action: Passed Unanimously

11. Appearance by Linda Fox for Possible Action:

Department of Corrections Automated System

Ms. Fox, the director of pharmacy for the Department of Corrections, appeared with Jason Spears, a representative from Talyst, Amanda Steel, a pharmacy student from Wyoming and Amanda Steep, Ms. Fox's administrative assistant.

Ms. Fox indicated that the central pharmacy for the prisons serve approximately 12,500 inmates and approximately half of those are on medication of some kind. They are trying to streamline the current process and are looking at the InSite Remote Dispensing system from Talyst. Mr. Spears explained the function and safeguards of the system and indicated that Talyst machines would be placed in the current "pill rooms" at outlying prison facilities. The medications would be sent to those facilities by courier and a nurse would fill the machines at the remote sites.

It was explained to Ms. Fox that some states allow a registered healthcare person to fill these types of machines, however Nevada law does not allow RN's to have access to medications before prescriptions are filled. A pharmacist is the only person allowed that function.

President Foster suggested we pull the Department of Corrections into the re-do of the hospital regulations. Carolyn Cramer suggested that they check with their AG to get their opinion on this process.

12. Discussion and Determination for Possible Action:

A. E-Prescribing CII's

Carolyn Cramer noted that the E-Prescribing Committee had a meeting and she drafted language as she was directed by the Committee. The language brought forward reflects the addition of security features for e-prescribing CII's in NAC 639.7105.

Cheryl Blomstrom felt that the language was what the Committee intended, but would like to see the new language taken out of number 3 and then add a number 4 with the new language and re-number the remainder of the regulation.

The Board directed Ms. Cramer to make those changes and bring it to Workshop at the next Board meeting.

B. Declination of Pharmacists to Fill Prescriptions

Josh Hicks and Liz Macmenamin appeared and asked the Board to begin the Workshop process. Ms. Macmenamin requested that Board staff clarify the Activities Report to reflect what the intent of their request was – not to adopt the language from New Jersey but to begin the Workshop process. Ms. Macmenamin provided language that she wanted Board staff to report in the Activities Report.

Katie Craven appeared and presented a letter from NVSHP opposing the language proposed by the Retail Association of Nevada. It was explained that Ms. Craven was working from what Mr. Hicks and Ms. Macmenamin provided in their petition at the last meeting and as they just explained that was not their intent to use that language. Ms. Craven was given a copy of what Board staff presented to the Board in an effort to begin the Workshop process and Ms. Craven was satisfied with those efforts.

13. Executive Secretary Report for Possible Action:

Larry Pinson advised the Board that he just received the NABP delegate forms for the Annual Meeting. The Board needs to appoint a delegate and an alternate and he asked for a motion.

Board Action:

Motion: Russ Smith moved to appoint Jack Dalton as the delegate for the NAPB Annual Meeting.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Motion: Cheryl Blomstrom moved to appoint Russ Smith as the alternate delegate for the NAPB Annual Meeting.

Second: Kirk Wentworth

Action: Passed Unanimously

A. Financial Report

Mr. Pinson gave the financial report to the Board's satisfaction. He also noted that the new Treasurer, Kirk Wentworth, came to visit with Lisa Hedaria to review the books.

B. Temporary Licenses

There were no temporary licenses granted since the last Board meeting.

C. Staff Activities

1. Legislative Committee on Health Care

Carolyn Cramer attended this meeting as Mr. Pinson was unavailable and she reported that they had concerns why it took the Board so long to schedule Bath Salts.

2. Creighton Student Rotation

Jason Liswood has been doing a five week rotation at the Board office.

3. Paralegals Presentation (12/20)

Mr. Pinson reported that he gave a drug abuse presentation to a paralegal group.

4. Child Death Review Committee (1/6)

Mr. Pinson reiterated how difficult attending these meetings is to review a child's death.

D. Reports to Board

1. Partnering with JTNN on Prescription Drug Abuse Education

Larry Pinson will be doing a program together with JTNN on prescription drug abuse. He will also be speaking to the Attorney General to set something up regarding prescription drug abuse education.

2. Letter of Support for Nursing RAC

The letter of support was provided to the Board in their Board books.

E. Board Related News

1. DEA Final Rule Placing Carisoprodol in Schedule IV

Effective January 12, 2012 the DEA scheduled carisoprodol in schedule IV.

2. Gallop Poll Favorable for Pharmacists

Pharmacists, nurses and doctors were rated highest of 21 professions tested for honesty and ethical standards.

F. Activities Report

Mr. Pinson advised the Board that he would address RAN's concerns with this report in the next Activities Report.

14. Your Success Rx Reports for Possible Action:

A. Russell Smith

Larry Pinson asked Mr. Smith if he would like to share his experience of participating in the Your Success Rx program with the Board.

Mr. Smith indicated that he found the program extremely rewarding and that Katie Johnson made a significant change in his personal life and his pharmacy practice. Mr. Smith has now separated his managerial duties from his patient care responsibilities and that in itself has proved to be an invaluable change.

B. Chona Sabistina

Mr. Pinson indicated that even though Chona Sabistina had taken the Wal-Mart training she chose to take the Your Success Rx program, as well. Ms. Sabistina participated completely and found the experience rewarding.

15. General Counsel Report for Possible Action

There was no general counsel report.

PUBLIC HEARING FOR POSSIBLE ACTION

16. Notice of Intent to Act Upon a Regulation for Possible Action:

Amendment of Nevada Administrative Code 639.510 Schedule 1 Bath Salts

Because of abuse of a variety of synthetic compounds that produce stimulant effects when ingested, snorted or injected, sold in retail outlets under the guise of "bath salts" or "plant food", law enforcement has requested placing these compounds in Schedule 1.

President Foster Opened the Public Hearing.

Bruce Gettner, Adam Goldthorp and Heidi Burnett, all from Las Vegas Metropolitan Police Department, appeared and were sworn by President Foster prior to answering questions or offering testimony.

Mr. Goldthorp indicated that they were present to support the passage of this regulation amendment. He explained that they are seeing an increase in cases where people are being harmed by using these products that are readily available over the counter. He noted that there are 36 states that have legislation outlawing the use of "bath salts" at this time. They submitted an exhibit to amend the current language to include salts and isomers. The document was marked as Exhibit 1 and accepted into the record.

Mr. Gettner stated that he has gone to the community and schools to educate people about the hazards of using these products. In one of the schools alone, all 250 students he spoke with knew the street names, such as Spice, Black Mamba, etc., and they all know where to purchase it. Mr. Gettner advised that dealers and manufacturers are moving into Las Vegas and using Las Vegas as a hub to distribute these products.

Ms. Burnett indicated that the problem is the analog that they have difficulty with and she described some of the issues they are dealing with.

Larry Mathias, representing the Nevada State Medical Association, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Mathias testified that the Medical Association supports the adoption of these regulations.

Dane Claussen, ACLU, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Claussen indicated that the war on drugs is not working. He gets complaints from prisoners daily on inadequate care because of overpopulated prisons. Mr. Claussen does not see education as being a help to control drug abuse and does not think that drug abuse should be treated as criminal act.

Paul Osterman, Roseman College, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Osterman testified that he has been working with Mr. Gettner in his quest to educate children in schools to the dangers of using drugs.

President Foster Closed the Public Hearing.

Board Action:

Motion: Cheryl Blomstrom moved to adopt the regulation including the amendment provided by law enforcement.

Second: Kam Gandhi

Action: Passed Unanimously

17. Next Board Meeting:

March 7-8, 2012 – Reno

18. Public Comments

January 18, 2012

There was no public comment.

January 19, 2012

Russ Smith came forward and highly recommended that the Board do emergency regulations when scheduling compounds is requested by law enforcement to expedite the process.

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

\$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 ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: CarePlus CVS/pharmacy #2708
Physical Address: 445 Castro St San Francisco CA 94114
Mailing Address: Attn: Mercedes Powers 9501 E. Shea Blvd
City: Scottsdale State: AZ Zip Code: 85260
Telephone Number: 480-661-2276 Fax Number: 480-661-4600
Toll Free Number: 800-436-7119 (Required per NAC 639.708)
E-mail: Powers.Mercedes@caremark.com Website: N/A
Managing Pharmacist: Sabrina Johnson License Number: 43730

Hours of Operation:

Monday thru Friday 9 am 6 pm Saturday 10 am 3 pm
Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|--|--|
| ☐ Retail | ☐ Off-site Cognitive Services |
| ☐ Hospital (# beds _____) | ☐ Parenteral |
| ☐ Internet | ☐ Parenteral (outpatient) |
| ☐ Nuclear | ☐ Outpatient/Discharge |
| ☒ Out of State | ☒ Mail Service |
| ☐ Ambulatory Surgery Center | ☐ Long Term Care |

Board Use Only

Received: FEB 03 Amount: 500- Entity: 59089 1

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

\$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 ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Care Plus CVS/pharmacy # 2793
Physical Address: 8635 West 3rd St Los Angeles, CA 90048
Mailing Address: AHn: Mercedes Powers 9501 E. Shea Blvd
City: Scottsdale State: AZ Zip Code: 85260
Telephone Number: 480-661-2276 Fax Number: 480-661-4600
Toll Free Number: 800-287-7419 (Required per NAC 639.708)
E-mail: Powers.Mercedes@caremark.com Website: N/A
Managing Pharmacist: Ali Mohempour License Number: 54880

Hours of Operation:

Monday thru Friday 8:30 am 6 pm Saturday _____ am _____ pm
Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
☐ Hospital (# beds _____)
☐ Internet
☐ Nuclear
☒ Out of State
☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☒ Mail Service
☐ Long Term Care

Board Use Only

Received: FEB 02 2012 Amount: 500 Entity: 59090 1

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

\$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 ☒	Ownership Change ☐	Name Change ☐	Location Change ☐
(Please provide current license number if making changes: PH _____)			

GENERAL INFORMATION

Pharmacy Name: Care Plus CVS/pharmacy #2822
Physical Address: 3031 Telegraph Avenue, Berkeley, CA 94705
Mailing Address: ATTN: Mercedes Powers, 9501 E. Shea Blvd MC024
City: Scottsdale State: AZ Zip Code: 85260
Telephone Number: 480-661-2276 Fax Number: 480-661-4600
Toll Free Number: 800-205-6834 (Required per NAC 639.708)
E-mail: Powers.Mercedes@caremark.com Website: N/A
Managing Pharmacist: Brandon Doan License Number: 53566

Hours of Operation:

Monday thru Friday 9 am 6 pm Saturday 9 am 2 pm
Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

☐ Retail	☐ Off-site Cognitive Services
☐ Hospital (# beds _____)	☐ Parenteral
☐ Internet	☐ Parenteral (outpatient)
☐ Nuclear	☐ Outpatient/Discharge
☒ Out of State	☒ Mail Service
☐ Ambulatory Surgery Center	☐ Long Term Care

Board Use Only

Received: FEB 02 2012 Amount: 500- Entity: 59091 1

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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 (Please provide current license number if making changes: PH _____)	☐ Ownership Change
☐ 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
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Complete Pharmacy & Medical Solutions LLC

Physical Address: 6157 NW 16757 F-16

Mailing Address: Same

City: Miami Lakes State: FL Zip Code: 33015

Telephone: 305 397-2035 Fax: 1 866-454-5866

Toll Free Number: 1-877-714-1701 (Required per NAC 639.708)

E-mail: GGG1701@Aol.com Website: None

Managing Pharmacist: GREGORY G. GAISER License Number: 18188

Hours of Operation:

Monday thru Friday <u>10</u> am <u>6</u> pm	Saturday <u>11</u> am <u>3</u> pm
Sunday _____ am _____ pm	24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

☐ Retail ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Out of State ☐ Ambulatory Surgery Center	☐ Off-site Cognitive Services ☐ Parenteral ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☒ Mail Service ☐ Long Term Care
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58968

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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 (Please provide current license number if making changes: PH _____)	☐ Ownership Change ☒ Partnership - Pages 1,2,5,7 ☐ Sole Owner – Pages 1,2,6,7
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Non Publicly Traded Corporation – Pages 1,2,4,7 Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Compounding Corner Pharmacy
Physical Address: 1730 Williams Trace Blvd. Ste. K Sugar Land, TX 77478
Mailing Address: 1730 Williams Trace Blvd. Ste. K
City: Sugar Land State: TX Zip Code: 77478
Telephone: 281-494-7777 Fax: 281-494-7770
Toll Free Number: 1-877-966-7686 (Required per NAC 639.708)
E-mail: Compoundingcornerpharmacy@yahoo.com Website: www.compoundingcornerpharmacy.com
Managing Pharmacist: Shannon Maguadog License Number: 38800-TX

Hours of Operation:

Monday thru Friday <u>9:00</u> am <u>6:00</u> pm	Saturday <u>N/A</u> am <u>N/A</u> pm
Sunday <u>N/A</u> am <u>N/A</u> pm	24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

☒ Retail ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Out of State ☐ Ambulatory Surgery Center	☐ Off-site Cognitive Services ☐ Parenteral ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☒ Mail Service ☐ Long Term Care
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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
CORPORATION

\$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 X Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Medication Adherence Solutions, LLC. DBA: DailyMed Pharmacy
Physical Address: 9320 Priority Way West Drive
Mailing Address: P.O. Box 901, Deerfield, IL 60015
City: Indianapolis State: IN Zip Code: 46240
Telephone Number: 1-317-575-0045 Fax Number: 1-317-573-0206
Toll Free Number: 1-800-973-1955 (Required per NAC 639.708)
E-mail: mrichardson@dailymedrx.com Website: dailymedrx.com
Managing Pharmacist: Marvin Ray Richardson License Number: 26016209A - (IN)

Hours of Operation:

Monday thru Friday 7:00 am 9:00 pm (Eastern) Saturday Closed am _____ pm
Sunday Closed am _____ pm (Eastern) 24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
 - ☐ Parenteral
 - ☐ Parenteral (outpatient)
 - ☐ Outpatient/Discharge
 - ☒ Mail Service
 - ☐ Long Term Care
- See attached
description

Board Use Only

Received: JAN 11 2012 Amount: 500.00 Entity: 58908 1

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

\$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 X Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Direct Pharmacy Source, Inc
Physical Address: 4574 N Hiatus Rd Sunrise FL 33351
Mailing Address: 4574 N Hiatus Rd
City: Sunrise State: FL Zip Code: 33351
Telephone Number: 954-233-0100 Fax Number: 954-233-0465
Toll Free Number: 877-997-4276 (Required per NAC 639.708)
E-mail: stevek@directpharmacysource.com Website: _____
Managing Pharmacist: Dave Mackaney License Number: PS24599

Hours of Operation:

Monday thru Friday 9 am 6 pm Saturday 9 am 1 pm
Sunday closed pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☒ Retail
☐ Hospital (# beds _____)
☐ Internet
☐ Nuclear
☒ Out of State
☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☒ Mail Service
☐ Long Term Care

Board Use Only

Received: JAN 18 2012 Amount: 500.00 Entity: 58980 1

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

\$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 ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: ESI Mail Pharmacy Service, Inc. dba Express Scripts
Physical Address: 4500 Alexander Blvd. NE, Albuquerque, NM 87107
Mailing Address: 4500 Alexander Blvd. NE
City: Albuquerque State: NM Zip Code: 87107
Telephone Number: 505-761-6124 Fax Number: 505-761-8030
Toll Free Number: 800-224-5507 (Required per NAC 639.708)
E-mail: hrgriego@express-scripts.com Website: www.express-scripts.com
Managing Pharmacist: Henna Griego License Number: RP6975

Hours of Operation:

Monday thru Friday 5:30 am 11:00 pm Saturday 5:30 am 4:00 pm
Sunday _____ am _____ pm Pharmacist on call 24/7
24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

☒ Board Use Only

Received: JAN 11 2012 Amount: 500.00 Entity: 58903 1

VIPPS

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

\$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 ☒ Ownership Change ☐ Name Change ☐ Location Change ☐
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: ESI Mail Order Processing, Inc., dba Express Scripts
Physical Address: 5400 N. Riverside Drive, Fort Worth, TX 76137
Mailing Address: 5400 N. Riverside Drive
City: Fort Worth State: TX Zip Code: 76137
Telephone Number: 817-850-5241 Fax Number: 800-905-9815
Toll Free Number: 800-293-2202 (Required per NAC 639.708)
E-mail: mgriffin@express-scripts.com Website: www.express-scripts.com
Managing Pharmacist: Melinda Griffin License Number: 31569

Hours of Operation:

Monday thru Friday 7:00 am 9:00 pm Saturday am pm
Sunday am pm Pharmacist on call 24/7
24 Hours

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

Board Use Only

Received: JAN 11 2012 Amount: 500.00 Entity: 58900 1

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

\$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 Pharmacy ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: ESI Mail Pharmacy Service, Inc., dba Express Scripts
Physical Address: 4415 Lewis Road, Harrisburg, PA 17111
Mailing Address: 4415 Lewis Road
City: Harrisburg State: PA Zip Code: 17111
Telephone Number: 717-592-6000 Fax Number: 717-558-9248
Toll Free Number: 800-955-4879 (Required per NAC 639.708)
E-mail: mdroesch@express-scripts.com Website: www.express-scripts.com
Managing Pharmacist: Matthew Roesch License Number: 439847

Hours of Operation:

Monday thru Friday 8:30 am 4:00 pm Saturday 9:00 am 3:00 pm
Sunday 9:00 am 3:00 pm Pharmacist on call 24/7
24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

☒ Board Use Only

Received: JAN 11 2012 Amount: 500.00 Entity: 58904 1

VIPPS

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

\$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 ☒ Ownership Change ☐ Name Change ☐ Location Change ☐
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: ESI Mail Order Processing, Inc., dba Express Scripts
Physical Address: 8990 Duke Blvd., Mason, OH 45040
Mailing Address: 8990 Duke Blvd.
City: Mason State: Ohio Zip Code: 45040
Telephone Number: 513-336-5167 Fax Number: 877-690-4224
Toll Free Number: 800-962-8192 (Required per NAC 639.708)
E-mail: ajwilhelm@express-scripts.com Website: www.express-scripts.com
Managing Pharmacist: Andrew J. Wilhelm License Number: 03-3-21908

Hours of Operation:

Monday thru Friday 6:30 am 10:00 pm Saturday 9:00 am 5:00 pm
Sunday _____ am _____ pm Pharmacist on Call 24/7
24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

Board Use Only

Received: JAN 11 2012 Amount: 500.00 Entity: 58897 1

VIPPS

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

\$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 ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: ESI Mail Pharmacy Service, Inc., dba Express Scripts
Physical Address: 13736 Riverport Drive, Maryland Heights, MO 63043
Mailing Address: 13736 Riverport Drive
City: Maryland Heights State: MO Zip Code: 63043
Telephone Number: 866-595-7312 Fax Number: 800-376-8936
Toll Free Number: 866-595-7312 (Required per NAC 639.708)
E-mail: ajMangiapanello@express-scripts.com Website: www.express-scripts.com
Managing Pharmacist: Anthony Mangiapanello License Number: 044732

Hours of Operation:

Monday - Thursday 7am - 8pm Friday 7am - 5pm Pharmacist on call 24/7
Monday thru Friday _____am _____pm Saturday _____am _____pm
Sunday _____am _____pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

Board Use Only

Received: JAN 11 2012 Amount: 500.00 Entity: 58896 1

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

\$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 x Ownership Change Name Change Location Change
(Please provide current license number if making changes: PH)

GENERAL INFORMATION

Pharmacy Name: ESI Mail Pharmacy Service, Inc., dba Express Scripts
Physical Address: 8640 Evans Road, Suite C, St. Louis, MO 63134
Mailing Address: 8640 Evans Road, Suite C
City: St. Louis State: MO Zip Code: 63134
Telephone Number: 800-451-6245 Fax Number: 800-521-5779
Toll Free Number: 800-451-6245 (Required per NAC 639.708)
E-mail: jlbblunt@express-scripts.com Website: www.express-scripts.com
Managing Pharmacist: Janet Blunt License Number: 042684

Hours of Operation:

Pharmacist on Call 24/7

Monday thru Friday 8:00 am 6:00 pm Saturday am pm
Sunday am pm 24 Hours

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☐ Hospital (# beds)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

Board Use Only

Received: JAN 11 2012 Amount: 500.00 Entity: 58898 1

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

\$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 ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: ESI Mail Pharmacy Service, Inc., dba Express Scripts
Physical Address: 3001 S. Priest Drive, Tempe, AZ 85282
Mailing Address: 3001 S. Priest Drive
City: Tempe State: AZ Zip Code: 85282
Telephone Number: 602-225-0005 Fax Number: 800-396-2717
Toll Free Number: 800-955-1171 (Required per NAC 639.708)
E-mail: adesai@express-scripts.com Website: www.express-scripts.com
Managing Pharmacist: Ajay Desai License Number: 12343

Hours of Operation:

Monday thru Friday 6:00AM 12:30AM Saturday 6:00 4:30 pm
Sunday _____ am _____ pm Pharmacist on Call 24/7
24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

Board Use Only

Received: JAN 11 2012 Amount: 500.00 Entity: 58899 1

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

\$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 ☒ Ownership Change ☐ Name Change ☐ Location Change ☐
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: ESI Mail Pharmacy Service, Inc. dba Express Scripts
Physical Address: 4800 East Street Road Trevose, PA 19053
Mailing Address: 4800 East Street Road
City: Trevose State: PA Zip Code: 19053
Telephone Number: 800-304-5060 Fax Number: 800-636-9494
Toll Free Number: 800-304-5060 (Required per NAC 639.708)
E-mail: dcracano@express-scripts.com Website: www.express-scripts.com
Managing Pharmacist: Denise Racano License Number: RP036776L

Hours of Operation:

Monday thru Friday 7:30 am 7:00 pm Saturday 7:30 am 6:00 pm
Sunday 6:00 am 2:00 pm 24 Hours Pharmacist on call 24/7

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

☒ Board Use Only

Received: JAN 11 2012 Amount: 500.00 Entity: 58902 1

VIPPS

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

\$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 X Ownership Change Name Change Location Change
(Please provide current license number if making changes: PH)

GENERAL INFORMATION

Pharmacy Name: ESI Mail Pharmacy Service, Inc. dba Express Scripts
Physical Address: 433 River Street, Troy New York 12180
Mailing Address: 433 River Street
City: Troy State: New York Zip Code: 12180
Telephone Number: 518-271-1234 Fax Number: 866-347-3516
Toll Free Number: 888-237-5759 (Required per NAC 639.708)
E-mail: MarksP@express-scripts.com Website: www.express-scripts.com
Managing Pharmacist: Patrick Marks License Number: 44644

Hours of Operation:

Monday thru Friday 7 am 8 pm Saturday 7:30 am 5 pm
Sunday am pm Pharmacist on call 24/7 24 Hours Pharmacist on call 24/7

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☐ Hospital (# beds)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

Board Use Only

Received: JAN 11 2012 Amount: 500.00 Entity: 58901 1

VIPPS

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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
(Please provide current license number if making changes: PH _____) | ☐ Ownership Change |
| ☒ 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 |
| Please check box for type of ownership and complete correct part of the application. | |

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: IVESCO Holdings, LLC

Physical Address: 2745 Tucker Ct, Suite A

Mailing Address: PO Box 638, Iowa Falls IA 50126

City: Jerome State: ID Zip Code: 83338

Telephone: 208-324-4964 Fax: 208-324-8580

Toll Free Number: 855-324-4964 (Required per NAC 639.708)

E-mail: Pharmacy-reg@ivescollc.com Website: ivescollc.com

Managing Pharmacist: Gregory Nelsen License Number: P6278

Hours of Operation: Tuesday 8am-10am & on-call as needed

Monday thru Friday 5pm ~~to~~ 7 pm Saturday am pm

Sunday am pm 24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ **Out of State**
- ☐ Ambulatory Surgery Center

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

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

\$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 XX Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Legacy Rx, LLC
Physical Address: 6435 Hazeltine National Drive, Suite 140
Mailing Address: 6435 Hazeltine National Drive, Suite 140
City: Orlando State: FL Zip Code: 32822
Telephone Number: (407) 404-7113 Fax Number: 855-819-6922
Toll Free Number: 855-274-1694 (Required per NAC 639.708)
E-mail: rbaez@legacyrxpharmacy.com Website: www.legacyrxpharmacy.com
Managing Pharmacist: Randolph Baez License Number: PS22346

Hours of Operation:

Monday thru Friday 8am am 5:30 pm Saturday On-Call am _____ pm
Sunday On-Call am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|--|--|
| ☐ Retail | ☐ Off-site Cognitive Services |
| ☐ Hospital (# beds _____) | ☐ Parenteral |
| ☐ Internet | ☐ Parenteral (outpatient) |
| ☐ Nuclear | ☐ Outpatient/Discharge |
| ☒ Out of State | ☒ Mail Service |
| ☐ Ambulatory Surgery Center | ☐ Long Term Care |

Board Use Only

Received: FEB 01 2012 Amount: 500.00 Entity: 59066 1

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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 (Please provide current license number if making changes: PH _____)	☐ Ownership Change
☐ 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
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: MIAMI EXECUTIVE PHARMACY, INC.

Physical Address: 7400 NORTH KENDALL DRIVE, SUITE 100 MIAMI, FLORIDA 33156

Mailing Address: 7400 NORTH KENDALL DRIVE, SUITE 100

City: MIAMI State: FLORIDA Zip Code: 33156

Telephone: 305-670-5253 Fax: 800-557-0966

Toll Free Number: 800-797-3127 (Required per NAC 639.708)

E-mail: INFO@EXECUTIVEMIAMI.COM Website: _____

Managing Pharmacist: BEATRIZ CORREDEIRA License Number: PS44467

Hours of Operation:

Monday thru Friday <u>9</u> am <u>5</u> pm	Saturday <u>CLOSE</u> am _____ pm
Sunday <u>CLOSE</u> am _____ pm	24 Hours <u>NO</u>

TYPE OF PHARMACY

SERVICES PROVIDED

☐ Retail ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Out of State ☐ Ambulatory Surgery Center	☐ Off-site Cognitive Services ☐ Parenteral ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☒ Mail Service ☐ Long Term Care
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59177

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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 (Please provide current license number if making changes: PH _____)	☐ Ownership Change
☐ 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
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: NW PHARMACY
Physical Address: 3180 NW 7th St
Mailing Address: SAME
City: MIAMI State: FL Zip Code: 33125
Telephone: 305 642 0754 Fax: 305 642 0755 *working on*
Toll Free Number: _____ (Required per NAC 639.708) *will have*
E-mail: NWPHARMACYFL@GMAIL.COM Website: N/A *before license*
Managing Pharmacist: BABATUNDE OLURINDE License Number: PS14062 *is issued*

Hours of Operation:

Monday thru Friday 9 am 5 pm Saturday CLOSE am _____ pm
Sunday CLOSE am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

☒ Retail ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Out of State ☐ Ambulatory Surgery Center	☐ Off-site Cognitive Services ☐ Parenteral Parcntral (outpatient) ☐ Outpatient/Discharge ☒ Mail Service ☐ Long Term Care
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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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 (Please provide current license number if making changes: PH _____)	☐ Ownership Change
☐ 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
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: PRESCRIPTION CORPORATION OF AMERICA

Physical Address: 66 FORD ROAD, SUITE 230, DENVER, CO 80234

Mailing Address: - SAME -

City: — State: — Zip Code: —

Telephone: 973 983 6300 Fax: 973 983 6684

Toll Free Number: 888-938-6990 (Required per NAC 639.708)

E-mail: EGOLDSTEIN@HCA-PCA.com Website: HCA-PCA.com

Managing Pharmacist: ERIC GOLDSTEIN License Number: 288101805000

Hours of Operation:

Monday thru Friday 9 am 5 pm Saturday 9 am 2 pm
Sunday — am — pm 24 Hours —

TYPE OF PHARMACY

SERVICES PROVIDED

☐ Retail ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Out of State ☐ Ambulatory Surgery Center	☐ Off-site Cognitive Services ☐ Parenteral ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☒ Mail Service ☐ Long Term Care
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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
PARTNERSHIP

\$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 ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: PRN Pharmaceutical
Physical Address: 8351 Rockville Rd
Mailing Address: same
City: Indianapolis State: IN Zip Code: 46234
Telephone Number: 317 273 1552 Fax Number: 800 293 1591
Toll Free Number: 800 772 7096 (Required per NAC 639.708)
E-mail: pete.woodward@omnicare.com Website: www.omnicare.com
Managing Pharmacist: Peter Woodward License Number: 26013932A

Hours of Operation:

Monday thru Friday 7 am 6 pm Saturday 8 am 4 pm
Sunday 7 am 1 pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☐ Mail Service
- ☒ Long Term Care

Board Use Only

Received: JAN 11 2012 Amount: 500.00 Entity: 58906 1

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

\$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 ☒ Ownership Change ☐ Name Change ☐ Location Change ☐
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Regional 340b Pharmacy

Physical Address: 18011 Sky Park Circle, Suite N

Mailing Address: _____

City: Irvine State: CA Zip Code: 92614

Telephone Number: 949-748-7321 Fax Number: 949-748-7615

Toll Free Number: 1-888-906-2390 (Required per NAC 639.708) www.cdibd.org

E-mail: info@cdibd.org Website: www.regional340bpharmacy.org

Managing Pharmacist: Mary Pham License Number: 51889

California

Hours of Operation:

Monday thru Friday 9 am 5 pm

Sunday closed am _____ pm

on-call Saturday closed am _____ pm
- 24 Hours N/A

TYPE OF PHARMACY

- ☒ Retail - specialty
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State - oral drugs + self-injectables
- ☐ Ambulatory Surgery Center

SERVICES PROVIDED

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☒ Outpatient/Discharge
- ☒ Mail Service - shipping into Nevada
- ☐ Long Term Care

Board Use Only

Received: JAN 10 2012 Amount: 500.00 Entity: 58890 1

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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 ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: STROHECKERS PHARMACY

Physical Address: 2855-A SW PATTON ROAD, PORTLAND, OREGON 97201

Mailing Address: 2855-A SW PATTON ROAD

City: PORTLAND State: OREGON Zip Code: 97201

Telephone Number: 503-222-4822 Fax Number: 503-222-4868

Toll Free Number: 1-877-252-9393

E-mail: STROHECKERS@STROHECKERSRX.COM Website: WWW.STROHECKERSRX.COM

Managing Pharmacist: TYLER MATTHEW TREHARNE License Number: RPH-0016374

Hours of Operation:

Monday thru Friday 930 am 630 pm Saturday 900 am 300 pm
Sunday Closed am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☒ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☒ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

Board Use Only

Received: FEB 08 2012 Check Number: CC Amount: 500-

59128

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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 ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Pharmcorx LLC DBA The Drugstop.com
DBA Insticanerx.com

Physical Address: 164 Thompson Drive Suite 26

Mailing Address: S/A

City: Bridgeport State: WV Zip Code: 26330

Telephone Number: 304-933-3353 Fax Number: 304-933-3354

Toll Free Number: 855-373-2133

E-mail: Pharmcorxwv@gmail.com Website: www.theDrugstop.com
www.insticanerx.com

Managing Pharmacist: Matthew Genin License Number: RP0006332

Hours of Operation:

Monday thru Friday 9 am 5 pm Saturday _____ am _____ pm
Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☒ Retail
- ☐ Hospital (# beds _____)
- ☒ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

Board Use Only

Received: JAN 18 2012 Check Number: CC Amount: 500.00

58966

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

\$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 ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Towne Pharmacy

Physical Address: 2 Washington Ave Dunellen NJ 08812

Mailing Address: 2 Washington Ave Dunellen NJ 08812

City: Dunellen State: NJ Zip Code: 08812

Telephone Number: 732-968-1481 Fax Number: 732-968-0244

Toll Free Number: 1-800-605-1481 (Required per NAC 639.708)

E-mail: townepharmacy@yahoo.com Website: _____

Managing Pharmacist: Michael Della-Ventura License Number: 28RI015306

Hours of Operation:

Monday thru Friday 8³⁰ am 8³⁰ pm Saturday 8³⁰ am 8³⁰ pm
Sunday 8³⁰ am 8³⁰ pm 24 Hours _____

TYPE OF PHARMACY

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

SERVICES PROVIDED

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

Board Use Only

Received: JAN 11 2012 Amount: 500.00 Entity: 58907 1

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

\$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 ☒ Ownership Change ☐ Name Change ☐ Location Change ☐
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Americares Foundation, Inc.
Physical Address: 88 Hamilton Ave Stamford CT 06902
Mailing Address: 88 Hamilton Ave.
City: Stamford State: CT Zip Code: 06902
Telephone Number: 203-658-9500 Fax Number: 203-327-5200
Toll Free Number: 800-486-4357
E-mail: ptokarczyk@americares.org Website: www.americares.org
Facility Manager: Peter Tokarczyk
Professional qualifications and experience of facility manager: please see attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☒ Other: we plan to donate to licensed free clinics and hospitals.

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: JAN 10 2012 Amount: 500.00 Entity: 58894 1

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

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☒ New Wholesaler	☐ Ownership Change
(Please provide current license number if making changes: WH _____)	

☐ 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: Apothecary Shop Wholesale, Inc.
Physical Address: 23620 N. 20th Drive, Suite 10, Phoenix, AZ
Mailing Address: 1606 E. Whispering Wind Drive
City: Phoenix State: AZ Zip Code: 85085
Telephone: (623) 434-3678 Fax: (623) 434-3651
Toll Free Number: (877) 546-5779
E-mail: sgarver@theapothecaryshop.com Website: www.theapothecaryshop.com
Facility Manager: Sheri Garver

Professional qualifications and experience of facility manager: Has 24 years of experience in the pharmacy industry. Wholesale Director for 6 years. Received VAWD accreditation.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

VAWD

59131

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	☐ Ownership Change
(Please provide current license number if making changes: WH_____)	

☐ 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: BioCARE

Physical Address: 4405 E. Cotton Center Blvd., Suite 100

Mailing Address: 4405 E. Cotton Center Blvd., Suite 100

City: Phoenix State: AZ Zip Code: 85040

Telephone: 602-850-6221 Fax: 602-850-6215

Toll Free Number: 800-304-3064

E-mail: gcollett@bloodsystems.org Website: www.biocare-us.org

Facility Manager: Linda Matthews

Professional qualifications and experience of facility manager: As VP, of BioCARE manages specialty distributor operation (therapeutic biologicals)

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

☐ Legend Pharmaceuticals, Supplies or Devices	☐ Hypodermic Devices
☐ Poisons or Chemicals	☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)	
☒ Other: <u>Specialty Biologics</u>	

UAWD

59132

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

FEE \$500.00 (**non-refundable and not transferable**)

Application must be printed legibly

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 ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: GENCO I, INC.

Physical Address: 1551 SOUTH PERRY ROAD, PLAINFIELD, IN 46168

Mailing Address: 1551 SOUTH PERRY ROAD

City: PLAINFIELD State: IN Zip Code: 46168

Telephone Number: 317.525.9350

Fax Number: _____

Toll Free Number: _____

E-mail: FLETCHED@GENCO.COM

Website: WWW.GENCOATC.COM

Facility Manager: DOUG FLETCHER

Professional qualifications and experience of facility manager: HAS WORKED WITH GENCO SINCE JUNE 1998

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☐ Wholesalers

Type of Products to be handled or wholesaled:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Hypodermic Devices

☐ Poisons or Chemicals

☐ Veterinary Legend Drugs

☐ Controlled Substances (include copy of DEA)

☐ Parenterals

☐ Other: _____

Licensed as a Manufacturer by the FDA? ☐ Yes ☒ No, If yes include a copy of the FDA registration.

Board Use Only

Received: **FEB 02 2012** Check Number: _____ Amount: 500-

59088

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	☐ Ownership Change
(Please provide current license number if making changes: WH _____)	

☐ 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: Inogen Inc.

Physical Address: 326 Bollay Drive

Mailing Address: 326 Bollay Drive

City: Goleta State: CA Zip Code: 93117

Telephone: 805 562 0500 Fax: 805 562 0516

Toll Free Number: 877-446-6436

E-mail: mscribner@inogen.net Website: www.inogen.net

Facility Manager: Matthew Scribner

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

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

\$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 Wholesaler X Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: McKesson Corporation DBA McKesson Drug Company

Physical Address: 8313 Polk Lane

Mailing Address: (same)

City: OLIVE BRANCH State: MS Zip Code: 38654

Telephone Number: 662-892-9000 Fax Number: 662-892-9001

Toll Free Number: N/A

E-mail: EDDIE.HERNANDEZ@MCKESSON.COM Website: WWW.MCKESSON.COM

Facility Manager: EDUARDO (EDDIE) HERNANDEZ

Professional qualifications and experience of facility manager: SEE ATTACHED

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: FEB 03 2012 Amount: 500.00 Entity: 59070 1

10-K

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

\$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 ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Santa Cruz Biotechnology, Inc.
Physical Address: 3600 Dry Creek Rd, Paso Robles, CA 93446
Mailing Address: 2145 Delaware Ave
City: Santa Cruz State: CA Zip Code: 95060
Telephone Number: 800-457-3801 Fax Number: 831-457-3801
Toll Free Number: 831-457-3800
E-mail: scbte@scbt.com Website: www.scbt.com
Facility Manager: Robin Parker
Professional qualifications and experience of facility manager: DVM and Designated Representative

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: veterinarians or animal owners

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: FEB 14 2012 Amount: 500.00 Entity: 59179 1

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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 _____ Ownership Change ☒ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH 01600)

GENERAL INFORMATION

Facility Name: Slate Pharmaceuticals, Inc.

Physical Address: 318 Blackwell Street, Suite 240

Mailing Address: Same as above

City: Durham State: NC Zip Code: 27701

Telephone Number: 919-682-8800 Fax Number: 919-682-8809

Toll Free Number: 866-SLATE-50

E-mail: bryan.reiners@actientpharma.com Website: www.slatepharma.com

Facility Manager: Tom Duhling

Professional qualifications and experience of facility manager: Tom Duhling is responsible for the day to day operations of the facility and creation of the policies and procedures reviewed and approved by both the DEA and the state of North Carolina during their inspection process. Has worked for Slate Pharmaceuticals, Inc. since March 2010.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers

Type of Products to be handled or wholesaled:

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

Licensed as a Manufacturer by the FDA? ☐ Yes ☒ No, If yes include a copy of the FDA registration.

Board Use Only

Received: JAN 2 2011 Check Number: _____ Amount: 500.00

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

\$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 _____ Ownership Change ☒ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH 00729)

GENERAL INFORMATION

Facility Name: TheraCom, L.L.C.

Physical Address: 9171 Key West Avenue, Rockville, MD 20850

Mailing Address: 9171 Key West Avenue

City: Rockville State: MD Zip Code: 20850

Telephone Number: 888-843-7226 Fax Number: 301-337-4135

Toll Free Number: 888-843-7226

E-mail: jdisler@thera.com Website: www.thera.com

Facility Manager: John Disler, Operations Manager

Professional qualifications and experience of facility manager: _____

See Exhibit A attached hereto and made a part hereof

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: JAN 11 2012 Amount: 500.00 Entity: _____ 1

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.

☒ 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: A-1 medical Supplies LLC

Physical Address: A-1 Medical Supplies
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 10754 Montgomery Rd.

City: Concinnati State: OH Zip Code: 45242

Telephone: (513) 245-8184 Fax: (513) 245-8186

E-mail: A1medicalsupplies@yahoo.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Mary Kristina Fiore CEO

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 Prosthesis |
| ☒ Diabetic Supplies | Other: <u>_____</u> |

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

Name: _____ Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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 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: ACTIVECARE

Physical Address: 4897 LAKE PARK BLVD. STE. 140
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4897 LAKE PARK BLVD STE. 140

City: SALT LAKE CITY State: UT Zip Code: 84120

Telephone: 801-895-2640 Fax: _____

E-mail: jgregory@ACTIVECARE.COM Website: WWW.ACTIVECARE.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 12 to 12 Tue: 12 to 12 Wed: 12 to 12 Thu: 12 to 12

Fri: 12 to 12 Sat: 12 to 12 Sun: 12 to 12 Holidays: 12 to 12

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: PETE DERRICK

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 Prosthesis |
| ☐ 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: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$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 MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: Advantage Diabetic + Medical Supply, LLC

Physical Address: 107 N. Florida St
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 107 N. Florida St

City: Mobile State: AL Zip Code: 36607

Telephone Number: 251-661-2238 Fax Number: 251-661

E-mail: anne@advantagediabetic.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5
Fri: 9 to 5 Sat: 10 to 2 Sun: - to - Holidays: to on call

FACILITY ADMINISTRATOR INFORMATION

Name: Anne Weaver

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis
- Other: _____

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

Board Use Only

Received JAN 18 2012 Amount 500.00 Entity 58970

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.

☒ 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: ATC Medical Supply

Physical Address: 5323 Murray Blvd, Las Vegas, NV
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5323 Murray Blvd

City: Murray State: UT Zip Code: 84123

Telephone: 801-713-3200 Fax: 888-542-6662

E-mail: DANMURDOCK@LIVE.COM Website: N/A

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: — to — Sun: — to — Holidays: — to —

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: DAN MURDOCK

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☐ Diabetic Supplies

- ☒ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis
- Other: _____

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

Name: N/A

Telephone: N/A

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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☒ 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: Allmed Discount Supply

Physical Address: 6800 E Rogers Circle Boca Raton FL 33487
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 6800 E Rogers Circle

City: Boca Raton State: FL Zip Code: 33487

Telephone: 561 999 3838 Fax: 561 999 3839

E-mail: stacy@allmedds.com Website: allmeddiscountsupply.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Stacy Smith

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 Prosthesis |
| ☒ 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

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.

☒ 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: All American Medical Supplies, Inc.

Physical Address: 641 East Venice Ave
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same

City: Venice State: FL Zip Code: 34285

Telephone: 941-882-5148 Fax: 941-882-5149

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9a to 3p Tue: 9a to 3p Wed: 9a to 3p Thu: 9a to 3p
Fri: 9a to 3p Sat: closed to Sun: closed to Holidays: closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: James J. Letko

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: _____

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

Name: _____

Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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 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: Baytown Medical Equipment

Physical Address: 1715 N. Alexander Dr.
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1715 N. Alexander Drive

City: Baytown State: TX Zip Code: 77520

Telephone: 281 4277882 Fax: 281 427-4936

E-mail: loganty3@aol.com Website: BaytownMedicalEquipment.ca

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 to 5:30 Tue: 8:30 to 5:30 Wed: 8:30 to 5:30 Thu: 8:30 to 5:30

Fri: 8:30 to 5:30 Sat: 9 to 12 Sun: Closed Holidays: to Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Ann Langley

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 Prosthesis |
| ☒ 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: Ann Langley

Telephone: 281 4277882

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

\$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 MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

Facility Name: Bioness Inc.

Physical Address: 25103 Rye Canyon Loop, Valencia, CA 91355
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 25103 Rye Canyon Loop

City: Valencia State: CA Zip Code: 91355

Telephone Number: 1-800-211-9136 Fax Number: 661-362-6661

E-mail: gabriele.fleming@bioness.com Website: www.bioness.com

Mon: 8^{AM} to 5^{PM} Tue: 8^{AM} to 5^{PM} Wed: 8^{AM} to 5^{PM} Thu: 8^{AM} to 5^{PM}

Fri: 8^{AM} to 5^{PM} Sat: to Sun: to Holidays: to

Name: Deshan Atapattu

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☐ Diabetic Supplies

☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosthesis
 Other: TENS Device

**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: _____

✈ Board Use Only

Received FEB 05 2012.

Amount 500.00

Entity 59117

NEVADA STATE BOARD OF PHARMACY

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

**APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG)
LICENSE - CORPORATION**

\$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 MDEG X Ownership Change _____ Name Change _____ Location Change _____**FACILITY INFORMATION**Facility Name: Borbas Pharmacy IncPhysical Address: 2046 BATH AVE Brooklyn NY 11214
(This must be a business address, we can not issue a license to a home address)Mailing Address: 2046 BATH AVE Brooklyn NY 11214City: Brooklyn State: NY Zip Code: 11214Telephone Number: 718-677-9066 Fax Number: 718-677-9065E-mail: elba.borbas@gmail.com Website: _____**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 5Fri: 9 to 5 Sat: to Sun: to Holidays: to**FACILITY ADMINISTRATOR INFORMATION**Name: Elba Santiago**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**☐ Medical Gases**☐ Respiratory Equipment**☐ Life-sustaining equipment**☒ Diabetic Supplies☐ Assistive Equipment☐ Parenteral and Enteral Equipment**☐ Orthotics and Prosthesis

Other: _____

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

Board Use Only

Received

2-14-12

Amount

500.00

Entity

1

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.

☒ 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: Care Concepts Louisiana, Inc.

Physical Address: 3901 Houma Blvd, Suite 308 Metairie, LA 70006

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

Mailing Address: 3901 Houma Blvd, Suite 308

City: Metairie State: LA Zip Code: 70006

Telephone: (504) 889-7900 Fax: (504) 889-7090

E-mail: gricketts@careconceptsla.com Website: www.careconceptshme.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 5pm Tue: 9am to 5pm Wed: 9am to 5pm Thu: 9am to 5pm

Fri: 9am to 5pm Sat: closed to Sun: closed to Holidays: closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Geoffrey D. Ricketts

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 Prosthesis |
| ☒ 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: NOT APPLICABLE

Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$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 MDEG ☒ Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: Carolina Medical Sales, Inc.

Physical Address: 510 East Williams Street Apex NC 27502
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 510 East Williams Street

City: Apex State: NC Zip Code: 27502

Telephone Number: 800-493-7277 Fax Number: 800-824-9282

E-mail: Alvange@nc.rr.com Website: _____

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 3:30 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

FACILITY ADMINISTRATOR INFORMATION

Name: LAURENCE J. LACROIX

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis
- Other: _____

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

Board Use Only

Received JAN 26 2012 Amount 500.00 Entity 59018

1

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.

☒ 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: CASCADE MEDICAL SUPPLY, INC.

Physical Address: 14727 NE 87TH STREET, REDMOND, WA, 98052-6500

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

Mailing Address: P.O. BOX 681646

City: FRANKLIN State: TN Zip Code: 37068-1646

Telephone: (866) 433-0504 Fax: (615) 771-7599

E-mail: adowell@proclaimams.com Website: NOT APPLICABLE

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: THEODORE M. HIRSCH, VP OF OPERATIONS

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 Prosthesis |
| ☒ Diabetic Supplies | Other: <u>DURABLE MEDICAL EQUIPMENT 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: _____

Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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☒ 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: DEGC Enterprises (U.S.), Inc. dba CCS Medical

Physical Address: 14255 49th Street N, Suite 301, Clearwater, FL 33762-2813

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

Mailing Address: 1505 LBJ Freeway, Suite 600

City: Farmers Branch State: TX Zip Code: 75234-6074

Telephone: 888-308-8882 Fax: 877-355-9855

E-mail: licensing@ccsmed.com Website: ccsmed.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 am to 7:30 pm Tue: 8 am to 7:30 pm Wed: 8 am to 7:30 pm Thu: 8 am to 7:30 pm

Fri: 8 am to 7:30 pm Sat: 8 am to 4 pm Sun: closed to Holidays: closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jorge Forte, RPh

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

☐ Medical Gases**

☐ Respiratory Equipment**

☐ Life-sustaining equipment**

☒ Diabetic Supplies

☐ Assistive Equipment

☐ Parenteral and Enteral Equipment**

☐ Orthotics and Prosthesis

Other: _____

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

Name: N/A

Telephone: N/A

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 _____)

☐ 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: Dependable Diabetic Supply, LLC

Physical Address: 240 Blue Juniper Blvd. Ste. B
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 240 Blue Juniper Blvd. Ste. B

City: Venice State: HI Zip Code: 34292

Telephone: (941) 485-2002 Fax: (941) 485-3355

E-mail: dawnaddsdiabetic.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00 to 4:00 Tue: 9:00 to 4:00 Wed: 9:00 to 4:00 Thu: 9:00 to 4:00

Fri: 9:00 to 4:00 Sat: Closed Sun: Closed Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Dawn Passamonte

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

☐ Medical Gases**

☐ Respiratory Equipment**

☒ Life-sustaining equipment**

☒ Diabetic Supplies

☒ Assistive Equipment

☐ Parenteral and Enteral Equipment**

☒ Orthotics and Prosthesis

Other: _____

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

Name: N/A

Telephone: _____

1112

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

FACILITY INFORMATION

Facility Name: Diabetes Management + Supplies

Physical Address: 10 Commerce CT STE B
(This must be a business address, we can not issue a license to a home address)

Mailing Address: _____

City: New Orleans State: LA Zip Code: 70123

Telephone: 504 734 7165 Fax: 504 734 7164

E-mail: CPAZOS@diabetesms.com Website: www.diabetesms.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8A to 5pm Tue: 8A to 5pm Wed: 8A to 5pm Thu: 8A to 5p

Fri: 8A to 5p Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: CYNTHIA PAZOS

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: Insulin Pumps

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

Name: _____

Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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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: Diabetes Supply Program, Inc.

Physical Address: 5121 Bowden Rd. Suite 309
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5121 Bowden Rd Suite 309

City: Jacksonville State: FL Zip Code: 32216

Telephone: 904-367-1694 Fax: 904-367-8299

E-mail: judydsp@comcast.net Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 4 Tue: 8 to 4 Wed: 8 to 4 Thu: 8 to 4

Fri: 8 to 4 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Willis C White or Seth R. White
in charge daily

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

☐ Medical Gases**

☐ Respiratory Equipment**

☐ Life-sustaining equipment**

☒ Diabetic Supplies

☐ Assistive Equipment

☐ Parenteral and Enteral Equipment**

☐ Orthotics and Prosthesis

Other: _____

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

Name: Willis C White

Telephone: 904-504-8900

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$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 ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: Easy Access Medical Supply, Inc

Physical Address: 123 Columbia Drive, Jay Park
(This must be a business address, we can not issue a license to a home address)

Mailing Address: PO Box 23

City: Marshall's Creek State: PA Zip Code: 18335

Telephone Number: (570) 223-6044 Fax Number: (570) 223-2745

E-mail: ezaccessmedical@yahoo.com Website: www.fyhmed.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

FACILITY ADMINISTRATOR INFORMATION

Name: Jennifer Stillmayer

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis
- Other: _____

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

Board Use Only

Received

JAN 18 2012

Amount

500.00

Entity

58972

1

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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☒ 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: EI Medical, Inc

Physical Address: 9105 C Owens Dr #102
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 9105 C Owens Dr #102

City: Manassas Park State: VA Zip Code: 20111

Telephone: 888.584.3095 Fax: 866-343-8019

E-mail: Stefanie@wsrsolutions.com Website: none n/a

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Ian Lovejoy

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 Prosthesis |
| ☒ 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: _____

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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☐ 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: ENTECH MEDICAL CORPORATION

Physical Address: 1910 D ST
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1910 D Street

City: LA VERNE State: CA Zip Code: 91750

Telephone: 909-596-6785 Fax: 909-596-0052

E-mail: lh@entechmedical.com Website: www.entechmedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 4:30 Tue: 8 to 4:30 Wed: 8 to 4:30 Thu: 8 to 4:30
Fri: 8 to 4:30 Sat: 8 to 4:30 Sun: 8 to 4:30 Holidays: 8 to 4:30

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: LEONARD HOFFSTETTER

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☐ Diabetic Supplies

- ☐ Assistive Equipment
- ☒ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: _____

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

Name: HAL ROACH

Telephone: 800-434-0210

59099

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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☒ 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: EVERGREEN PHARMACEUTICAL, LLC

Physical Address: 12220 113TH AVE NE KIRKLAND, WA 98034
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 12220 113TH AVE NE

City: KIRKLAND State: WA Zip Code: 98034

Telephone: 425 820 7600 Fax: 1-800-765-5671

E-mail: Denise.Cummings@OMNIA.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING 24/7-365

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: DENISE CUMMINGS

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: _____

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

Name: KENNETH BENDER

Telephone: 775-852-1940

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$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 ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: EZ DIABETIC SUPPLIES INC.

Physical Address: 61 STATE ROAD
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 61 STATE ROAD

City: WEST BATH State: MAINE Zip Code: 04530

Telephone Number: 207-386-1080 Fax Number: 207-442-0043

E-mail: DARC@EZDSI.COM Website: EZDSI.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5
Fri: 9 to 5 Sat: N/A to CLOSED Sun: N/A to CLOSED Holidays: N/A to MAJOR HOLIDAYS CLOSED

FACILITY ADMINISTRATOR INFORMATION

Name: AMBER BECKMAN VP OF OPERATIONS

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

- | | |
|---|--|
| ☐ Medical Gases** | ☒ Assistive Equipment ¹ |
| ☐ Respiratory Equipment** | ☐ Parenteral and Enteral Equipment** |
| ☐ Life-sustaining equipment** | ☒ Orthotics and Prosthesis |
| ☒ 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

Board Use Only

Received JAN 8 2000 Amount 500.00 Entity 59021

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 _____)
☐ 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
LLC Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Fifty50 Medical LLC dba Fifty50 Pharmacy

Physical Address: 1420 Valwood Pkwy Ste 205
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1420 Valwood Pkwy Ste 205

City: Carrollton State: TX Zip Code: 75006

Telephone: 800-746-7505 Fax: 800-769-6906

E-mail: mwilson@fifty50.com Website: www.fifty50pharmacy.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 6 Tue: 9 to 6 Wed: 9 to 6 Thu: 9 to 6
Fri: 9 to 6 Sat: closed to Sun: closed to Holidays: closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Maxine Wilson

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 Prosthesis |
| ☒ 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: _____

NEVADA STATE BOARD OF PHARMACY

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 <u>N/A</u>)
☐ 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: G+H Medical Supply dba G+H Diabetic Supply

Physical Address: 600 Round Rock West Dr, Suite 103, Round Rock
(This must be a business address, we can not issue a license to a home address) 7868

Mailing Address: P.O. Box 203366

City: Austin State: TX Zip Code: 78720

Telephone: 512-401-6800 Fax: 512-401-6805

E-mail: mhosek@sbcglobal.net Website: ghdiabetic.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9^{Am} to 4^{Pm} Tue: 9^{Am} to 4^{Pm} Wed: 9^{Am} to 4^{Pm} Thu: 9^{Am} to 4^{Pm}
Fri: 9^{Am} to 1^{Pm} Sat: Closed Sun: Closed Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Maricela Hosek

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 Prosthesis |
| ☒ Diabetic Supplies | Other: <u>N/A</u> |

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

Name: N/A

Telephone: N/A

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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☒ 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: Grubbs Pharmacy of D.C. Inc.

Physical Address: 326 East Capitol Street NE
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 326 East Capitol Street NE

City: Washington State: DC Zip Code: 20003-3802

Telephone: 202-543-4400 Fax: 202-543-6276

E-mail: grubbspharmacy@gmail.com Website: www.grubbscare.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 to 6pm Tue: 8:30 to 6pm Wed: 8:30 to 6pm Thu: 8:30 to 6pm
Fri: 8:30 to 6pm Sat: 9 to 3pm Sun: 0 to 0 Holidays: 9 to 3pm

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: DeLisa Winston, P.I.C.

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 Prosthesis |
| ☒ 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: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$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 MDEG ☒ Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: High Point Medical, LLC.

Physical Address: 611 Druid Rd. E Suite 703
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 611 Druid Rd. E Suite 703

City: Clearwater State: Fla. Zip Code: 33756

Telephone Number: 727-286-9712 Fax Number: 877-335-5519

E-mail: highpointmedical@yahoo.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

FACILITY ADMINISTRATOR INFORMATION

Name: Stephanie Thompson

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 Prosthesis |
| ☒ 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: _____

Board Use Only

Received MAILED 10/09 Amount 500.00 Entity 59023 1

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$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 MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: INFINITE DME SERVICES

Physical Address: 1200 G STREET NW STE 815 WASHINGTON
(This must be a business address, we can not issue a license to a home address) DC 20005

Mailing Address: SOME

City: WASHINGTON State: DC Zip Code: 20005

Telephone Number: 703 528 1565 Fax Number: 202 465 4649

E-mail: mlion@infinite-wc.com Website: WWW.INFINITE-WC.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8 to 5 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

FACILITY ADMINISTRATOR INFORMATION

Name: MICHAEL LION

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☐ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: NEGATIVE PRESSURE WOUND CARE

**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: _____

Board Use Only
Received JAN 11 2012 Amount 500.00 Entity 58912 1

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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☒ 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: ION My Health

Physical Address: 185 E Indianatown Rd Suite 107 Jupiter FL 33477
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 185 E Indianatown Rd Suite 107

City: Jupiter State: FL Zip Code: 33477

Telephone: 561-743-2350 Fax: 561-748-3323

E-mail: Contact@dwelness.com Website: www.ionmydiabetes.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9a to 3p Tue: 9a to 3p Wed: 9a to 3p Thu: 9a to 3p

Fri: 9a to 3p Sat: — to — Sun: — to — Holidays: — to —

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Morgan Tatum

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 Prosthesis |
| ☒ 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: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$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 MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: J+B MEDICAL Supply Co

Physical Address: 50496 W. PONTIAC TRAIL
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 50496 W. PONTIAC TRAIL

City: WIXOM State: MI Zip Code: 48393-2088

Telephone Number: 800-737-0045 Fax Number: 800-737-0012

E-mail: R2AK@JANDBMEDICAL.COM Website: JANDBMEDICAL.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

FACILITY ADMINISTRATOR INFORMATION

Name: JULIAN SHAYA, V.P.

24/7 ON CALL SERVICES AVAILABLE

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis FOR ONIS COMPATIBLES
- Other: MAIL ORDER DIABETIC SUPPLIES

**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: _____

Board Use Only

Received

FEB 14 2012

Amount

500-

Entity

1

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$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 MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: Jade Diabetic Group LLC

Physical Address: 1384 S Babcock St.
(This must be a business address, we can not issue a license to a home address)

Mailing Address: _____

City: Melbourne State: FL Zip Code: 32901

Telephone Number: 321-676-8989 Fax Number: 321-914-0997

E-mail: LSolis@hmc-corporate.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5

Fri: 9 to 5 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

FACILITY ADMINISTRATOR INFORMATION

Name: Dale Gray Slak

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 Prosthesis |
| ☒ 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: Laurie Solis Telephone: 321-676-8989

✓ Board Use Only

Received FEB 08 2012 Amount 500.00 Entity 59118

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE Medical Device Equipment & Gases (MDEG) SOLE OWNER

\$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 MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: Lidia Lemarroy dba Jolies Orthopedic Shoes Medical Supplies

Physical Address: 309 S. TEXAS BLVD
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 309 S. TEXAS BLVD

City: Weslaco State: TEXAS Zip Code: 78596

Telephone Number: (956) 969-1323 Fax Number: (956) 968-8803

E-mail: Joliesorthoshoes@aol.com Website:

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00 to 6:00 pm Tue: 8:00 to 6:00 pm Wed: 8:00 to 6:00 pm Thu: 8:00 to 6:00 pm
Fri: 8:00 to 6:00 pm Sat: to Sun: to Holidays: to (central time)

FACILITY ADMINISTRATOR INFORMATION

Name: Lidia Lemarroy

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 Prosthesis |
| ☒ Diabetic Supplies | Other: <u></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:

Board Use Only

Received JAN 24 2012 Amount 500.00 Entity 59019

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$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 MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: Kohl's Pharmacy & Homecare

Physical Address: 5110 L ST OMAHA, NE 68117
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5110 L ST

City: OMAHA State: NE Zip Code: 68117

Telephone Number: 402 733 2000 Fax Number: 402 733 1857

E-mail: ascholtes@kohls.com Website: www.kohls.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 to 7:00 Tue: 8:30 to 7 Wed: 8:30 to 7 Thu: 8:30 to 7
Fri: 8:30 to 7 Sat: 9 to 3 Sun: 10 to 2 Holidays: CLOSED to

FACILITY ADMINISTRATOR INFORMATION

Name: AMANDA SCHOLTES

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 Prosthesis |
| ☒ 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: _____

Board Use Only

Received JAN 11 2012 Amount 500.00 Entity 58909 1

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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☒ 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: Lake Diabetes & Medical Supply, Inc.

Physical Address: 2092 Sarno Road
(This must be a business address, we can not issue a license to a home address)

Mailing Address: (Same as above)

City: Melbourne State: FL Zip Code: 32935-3077

Telephone: 321-255-9800 Fax: 321-751-1145

E-mail: Michael@lakediabetes.com Website: www.lakediabetes.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5

Fri: 9 to 5 Sat: 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: Michael E. Hennessy

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthetics

Other: Vacuum Erectile 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

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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☒ 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: Legend Health, Inc.

Physical Address: 3131 Flightline Dr. Ste. 101
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3131 Flightline Dr. Ste. 101

City: Lakeland State: FL Zip Code: 33811

Telephone: 863-644-4747 Fax: 863-644-9898

E-mail: jputnam@legendhealth.net Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9AM to 5PM Tue: 9A to 5P Wed: 9A to 5P Thu: 9A to 5P
Fri: 9AM to 5PM Sat: closed Sun: closed Holidays: closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: John Putnam

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 Prosthesis |
| ☒ 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: _____

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.

☒ 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: LIFECARE MEDICAL SUPPLY, Inc.

Physical Address: 4506 TEXAS Blvd.
(This must be a business address, we can not issue a license to a home address)

Mailing Address: _____

City: TEXARKANA State: TX Zip Code: 75503

Telephone: 903-792-0754 Fax: 903-792-0756

E-mail: scooper@lifecaremedical.us Website: www.lifecaremedsupply.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 4 Tue: 8 to 4 Wed: 8 to 4 Thu: 8 to 4
Fri: 8 to 4 Sat: closed Sun: closed Holidays: closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: James C. COOPER

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: _____

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

Name: _____

Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$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 MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: LIFE SOURCE MEDICAL, INC

Physical Address: 377 SOUTH SWING ROAD

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

Mailing Address: SAME

City: GREENSBORO State: NC Zip Code: 27409

Telephone Number: 336-316-1166 Fax Number: 336-316-1144

E-mail: info@lifesourcemed.com Website: lifesourcemed.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5

Fri: - to - Sat: - to - Sun: - to - Holidays: - to -

FACILITY ADMINISTRATOR INFORMATION

Name: REX PUCKETT

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis
- Other: _____

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

Board Use Only
Received

JAN 10 2012

Amount 500.00

Entity 58893

1

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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☒ 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: LINCOLN MEDICAL LLC

Physical Address: 1031 3RD AVENUE SOUTH, NASHVILLE, TN 37210-2605

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

Mailing Address: 1031 3RD AVENUE SOUTH

City: NASHVILLE State: TN Zip Code: 37210-2605

Telephone: (615) 823-2363 Fax: (615) 810-8456

E-mail: lincolnmedical01@gmail.com Website: NOT APPLICABLE

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Sophia Haimovitz, CEO/ President

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 Prosthesis |
| ☒ Diabetic Supplies | Other: <u>DURABLE MEDICAL EQUIPMENT 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: _____

Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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☒ 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: Longhorn Health Solutions, Inc

Physical Address: 11310 W. Highway 290 Austin, TX 78737
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 11310 W. Highway 290

City: Austin " State: TX " Zip Code: 78737 "

Telephone: (877) 394-1860 Fax: (866) 514-9533

E-mail: orders@longhornhealth.com Website: longhornhealth.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8 to 5 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: Britt Peterson

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: _____

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

Name: n/a

Telephone: n/a

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$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 MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: MASH, Inc.

Physical Address: 1130 1ST STREET NORTH
(This must be a business address, we can not issue a license to a home address)

Mailing Address: P.O. Box 384

City: ALABASTER State: AL Zip Code: 35007

Telephone Number: 205-664-2059 Fax Number: 205-663-4144

E-mail: MASHCORPORATE@Bellsouth.NET Website: shopmash.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 to 5 Tue: 8:30 to 5 Wed: 8:30 to 5 Thu: 8:30 to 5

Fri: 8:30 to 5 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

FACILITY ADMINISTRATOR INFORMATION

Name: Terry Hockaday

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthetics
- 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: _____

☒ Board Use Only

Received

FEB 01 2012

Amount

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Entity

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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
☒ 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: Medical Solutions of AR

Physical Address: 2929 South Caraway Ste 2
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2929 South Caraway Ste 2

City: Jonesboro State: AR Zip Code: 72401

Telephone: 870-910-0400 Fax: 870-336-9600

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8 to 5 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Cindy ^{Cross} ~~Brooks~~, Michelle Brooks
1 Daily

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 Prosthesis |
| ☒ Diabetic Supplies | Other: <u>N/A</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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☒ 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: Care Source, Inc. dba Metron Health Care Products

Physical Address: 8232 GRAPHIC DR NE
(This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME

City: BELMONT State: MI Zip Code: 49306-8934

Telephone: 616-866-2044 Fax: 616-588-2409

E-mail: mitch.moore@metronhs.com Website: www.metronmed.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 to 5p Tue: 8:30 to 5p Wed: 8:30 to 5p Thu: 8:30 to 5p
Fri: 8:30 to 5p Sat: Closed Sun: Closed Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Mitch Moore, G.M.

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthetics
- 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: Mitch Moore

Telephone: 800 829 2974

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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☒ 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: Mi-Med Supply Co. Inc.

Physical Address: 1330 Specialty Drive, Suite B Vista, California 92081-8567
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1330 Specialty Drive, Suite B

City: Vista State: CA Zip Code: 92081-8567

Telephone: 760-734-6648 Fax: 760-734-6637

E-mail: bob@mimedsupply.com Website: n/a

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00am to 3:00pm Tue: 8:00am to 3:00pm Wed: 8:00am to 3:00pm Thu: 8:00am to 3:00pm

Fri: 8:00am to 3:00pm Sat: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Sarah Blevins

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

- | | |
|--|--|
| ☐ Medical Gases** | ☒ Assistive Equipment (wheelchairs, canes, commodes, walkers & crutches) |
| ☐ Respiratory Equipment** | ☐ Parenteral and Enteral Equipment** |
| ☐ Life-sustaining equipment** | ☒ Orthotics and Prosthesis (diabetic shoes/inserts) |
| ☒ Diabetic Supplies (diabetic shoes/inserts) | Other: <u>Surgical dressings, ostomy supplies, urological 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: _____ Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$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 MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: DENNIS SHEPARD ENTERPRISE DBA NATIONAL DIABETIC SUPPLY

Physical Address: 99 E. PALMER ST. FRANKLIN NC 28734

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

Mailing Address: SAME

City: FRANKLIN State: NC Zip Code: 28734

Telephone Number: 828/369-8621 Fax Number: 828/369-8631

E-mail: NDS13@frontier.com Website: NONE

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

FACILITY ADMINISTRATOR INFORMATION

Name: DENI SHEPARD

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 Prosthetics |
| ☒ Diabetic Supplies <u>MAIL ORDER</u> | 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: _____

☒ Board Use Only

Received JAN 18 2012 Amount 500.00 Entity _____

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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☒ 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: Nationwide DME LLC

Physical Address: 10800 BISCAYNE BLVD STE 660 MIAMI, FL 33161-7482
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 10800 BISCAYNE BLVD STE 660

City: MIAMI, State: FL Zip Code: 33161

Telephone: (305) 893-8117 Fax: (305) 893-8131

E-mail: nationwide.dme.dl@gmail.com Website: Not Applicable

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 5:30pm Tue: 9am to 5:30pm Wed: 9am to 5:30pm Thu: 9am to 5:30pm

Fri: 9am to 5:30pm Sat: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Vera Ponce

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 Prosthesis |
| ☐ Diabetic Supplies | Other: <u>Enteral Nutrition</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: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG)

LICENSE - CORPORATION

\$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 MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: Monitor Medical Inc.

Physical Address: 1820 Snake River Road - Unit A Katy TX
(This must be a business address, we can not issue a license to a home address) 77449-7748

Mailing Address: P.O. Box 2527

City: Sugar Land State: TX Zip Code: 77487-2527

Telephone Number: 281-637-2229 Fax Number: 281-715-5252

E-mail: donna.hill@monitormedical.com Website: www.monitormedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9a to 5p Tue: 9a to 5p Wed: 9a to 5p Thu: 9a to 5p

Fri: 9a to 5p Sat: Closed Sun: Closed Holidays: Closed

FACILITY ADMINISTRATOR INFORMATION

Name: Donna Hill

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

- ☐ Medical Gases**
- ☒ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☐ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis
- Other: _____

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Donna Hill Telephone: 661-322-2125

*This is an out of state license request - Lori**

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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)

Application must be printed legibly or typed

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

FACILITY INFORMATION

Facility Name: Omni Measurement Systems, Inc

Physical Address: 115 Catamount Drive
(This must be a business address, we can not issue a license to a home address)

Mailing Address: _____

City: Milton State: VT Zip Code: 05468

Telephone: 802-891-5500 Fax: 802-891-5560

E-mail: Klong@omnimedicalsys.com Website: www.urincare.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 6 Tue: 9 to 6 Wed: 9 to 6 Thu: 9 to 6

Fri: 9 to 6 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Mark Harvie

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☐ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: Durable Medical Equipment

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

Name: _____

Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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(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: Oxygen Plus, Corp.
Physical Address: 900 McArthur Street
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 900 McArthur Street
City: Manchester State: TN Zip Code: 37355-2326
Telephone: 931-728-4010 Fax: 931-728-0089
E-mail: Cissywhite1@bellsouth.net Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8³⁰ to 5 Tue: 8³⁰ to 5 Wed: 8³⁰ to 5 Thu: 8³⁰ to 5
Fri: 8³⁰ to 5 Sat: on call Sun: on call Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Theresa Cissy White McLean

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 Prosthesis |
| ☒ 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: _____

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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☐ 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: Patriot Medical Supplies, LLC

Physical Address: 7204 Massachusetts Avenue
(This must be a business address, we can not issue a license to a home address)

Mailing Address: _____

City: New Port Richey State: FL Zip Code: 34653

Telephone: 727-372-9300 Fax: 877-335-0349

E-mail: patriotms@gmail.com Website: www.patriotmedsupplies.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 5pm Tue: 9am to 5pm Wed: 9am to 5pm Thu: 9am to 5pm
Fri: 9am to 5pm Sat: Closed Sun: Closed Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Eirene Mathews

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: _____

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

Name: N/A

Telephone: N/A

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

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New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: Pinnacle Medical Solutions

Physical Address: 6856 Cobblestone Blvd
(This must be a business address, we can not issue a license to a home address)

Mailing Address: _____

City: Southaven State: MS Zip Code: 38672

Telephone Number: 662-536-1025 Fax Number: 662-

E-mail: Kglasper@pinnaclemedicalsolutions.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm

Fri: 8am to 5pm Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

FACILITY ADMINISTRATOR INFORMATION

Name: Gayle Devin

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 Prosthetics |
| ☒ 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: _____

Board Use Only
Received JAN 18 2012 Amount 500.00 Entity 58971 1

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

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New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: Relief Health Supply LLC.

Physical Address: 2400 W. Cypress Creek Road S-139
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2400 W. Cypress Creek Road S-139

City: Fort Lauderdale State: FL Zip Code: 33309

Telephone Number: 954-771-6464 Fax Number: 954-761-1095

E-mail: info@reliefhealthsupply.com Website: www.reliefhealthsupply.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10 to 4 Tue: 10 to 4 Wed: 10 to 4 Thu: 10 to 4
Fri: 10 to 4 Sat: closed to Sun: closed to Holidays: closed to

FACILITY ADMINISTRATOR INFORMATION

Name: John Pereira

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: mobility aids, power wheelchairs/sco

N/A **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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FEB 08 2012

Amount

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Entity

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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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☐ 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: Humana Pharmacy Inc dba RightSource

Physical Address: 4302 W. Buckeye Road
(This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME

City: Phoenix State: AZ Zip Code: 85043

Telephone: 602-477-5033 Fax: 602-477-5605

E-mail: mtaday@humana.com Website: www.rightsourcerx.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 5 to 3:30 Tue: 5 to 3:30 Wed: 5 to 3:30 Thu: 5 to 3:30

Fri: 5 to 3:30 Sat: 5 to 3:30 Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Michael Taday

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 Prosthesis |
| ☒ 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: _____

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.

☒ 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: Humana Pharmacy Inc dba RightSource

Physical Address: 9843 Windisch Road

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

Mailing Address: SAME

City: West Chester State: OH Zip Code: 45069

Telephone: 513-483-8005 Fax: 513-755-3907

E-mail: vdimaggio@humana.com Website: www.rightsourcerx.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 6 to 6 Tue: 6 to 6 Wed: 6 to 6 Thu: 6 to 6

Fri: 6 to 6 Sat: 6 to 6 Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Vince DiMaggio

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis
- Other: _____

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

Name: _____

Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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☒ 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: Schraders Medical Supply, Inc.

Physical Address: 5507 Brooks St., Montclair, CA 91763

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

Mailing Address: 5507 Brooks St.

City: Montclair State: CA Zip Code: 91763

Telephone: (909) 447-7040 Fax: (909) 447-7030

E-mail: kmcintosh@schradersms.com Website: www.schradersms.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8 to 5 Sat: to Sun: to Holidays: 8 to 5

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Marvin R. Schrader

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 Prosthesis |
| ☐ 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: Alexander Ballesteros

Telephone: (702) 481-9242

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane -- Reno, NV 89509 -- (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG PROVIDER
CORPORATION

FEE: \$500.00 (non-refundable and not transferable) - Application must be printed legibly

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 MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: Springsmed LLC

Physical Address: 28631 N. Diesel Drive, Suite 2
(This must be a business address, we can not issue a license to a home address)

Mailing Address: P.O. Box 1258

City: Bonita Springs State: FL Zip Code: 34133-1258

Telephone Number: 239-908-2776 Fax Number: 866-587-6694

E-mail: hshultz@springsmed.com Website: www.springsmed.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10 to 4 Tue: 10 to 4 Wed: 10 to 4 Thu: 10 to 4

Fri: 10 to 4 Sat: closed Sun: closed Holidays: closed

FACILITY ADMINISTRATOR INFORMATION (Person who is on site on a daily basis.)

Name: Heli Shultz

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis
- ☐ Other: _____

** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes ☐ No ☐ If yes please provide name and telephone number of a Nevada contact.

Name: _____ Telephone: _____ Page 1-2010

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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)

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 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: ST LOUIS MEDICAL SUPPLY, INC.

Physical Address: 1664 LARKIN WILLIAMS RD
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1664 LARKIN WILLIAMS RD

City: FENTON State: MO Zip Code: 63026

Telephone: 314-821-7355 Fax: 877-219-6077

E-mail: cathyb@stlmedical.com Website: www.stlmedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30am to 5:30pm Tue: 8:30am to 5:30pm Wed: 8:30am to 5:30pm Thu: 8:30am to 5:30pm

Fri: 8:30am to 5:30pm Sat: 8:30am to 5:30pm Sun: 8:30am to 5:30pm Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Cathy Busalachi

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 Prosthesis |
| ☒ Diabetic Supplies | Other: <u>ostomy, incontinent</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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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$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 MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: TC MEDICAL SUPPLY LLC

Physical Address: 3315 SW 13th ST STE 201 Ocala FL 34474

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

Mailing Address: AS ABOVE.

City: _____ State: _____ Zip Code: _____

Telephone Number: 352 671 5291 Fax Number: 352 671 5292

E-mail: Martin@tcmedicalsupply.com Website: www.tcmedicalsupply.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

FACILITY ADMINISTRATOR INFORMATION

Name: GEORGE LUKASIK.

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 Prosthesis |
| ☒ 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: _____

Board Use Only

Received JAN 18 2012 Amount 500.00 Entity 58974 1

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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☒ 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: Total Respiratory and Rehab

Physical Address: 10906 John Gault Blvd, Omaha, NE 68137
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 10906 John Gault Blvd.

City: Omaha State: NE Zip Code: 68137

Telephone: 866-483-6656 Fax: 402-933-8400

E-mail: +google+@totalrr.com Website: www.totalrespiratoryandrehab.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5
Fri: 8 to 5 Sat: call to Sun: call to Holidays: call to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jon Morale, President Tim Goodlett, Dir. ops

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 Prosthesis |
| ☐ 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: Nancy Hildreth Telephone: 702-715-7228

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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☒ 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: The Diabetes Store, Inc. (Diabetes Store, Incorporated)

Physical Address: 1760 Moriah Woods Blvd, Ste 2, Memphis, TN 38117
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1760 Moriah Woods Blvd, Ste 2,

City: Memphis State: TN Zip Code: 38117

Telephone: 901-312-3150 Fax: 901-312-3152

E-mail: greg@diabetesinc.com Website: www.diabetesinc.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8³⁰ to 5⁰⁰ pm Tue: 8³⁰ to 5⁰⁰ Wed: 8³⁰ to 5⁰⁰ Thu: 8³⁰ to 5⁰⁰
Fri: 8³⁰ to 5⁰⁰ Sat: none to Sun: none to Holidays: none to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Greg Nuckles

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis
- Other: _____

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

Name: _____

Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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☒ 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: Southern Discount Drugs of Charleston, Inc. DBA The Diabetic Shoppe

Physical Address: 6629 MS Hwy 32 E, Charleston, MS 38921

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

Mailing Address: 6629 MS Hwy 32 E

City: Charleston State: MS Zip Code: 38921

Telephone: 662-647-2591 Fax: 662-647-2411

E-mail: pboone@diabetic-shoppe.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8 to 5 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Peyton Boone

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

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☒ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: _____

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

Name: N/A

Telephone: N/A

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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☒ 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: Valley Medical Supplies, Inc

Physical Address: 1314 Medical Dr Ste 103 Fayetteville NC 28304
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: P O Box 1024 Lumberton NC 28359

City: Fayetteville State: NC Zip Code: 28304

Telephone: 910 - 483-4897 Fax: 910 - 484-5496

E-mail: ValleyMedicalSupplies@comcast.net Website: mail.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00am to 5:00pm Tue: 9:00am to 5:00pm Wed: 9:00am to 5:00pm Thu: 9:00am to 5:00pm

Fri: 9:00am to 5:00pm Sat: closed Sun: closed Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Shweta Patel

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

☐ Medical Gases**

☐ Respiratory Equipment**

☐ Life-sustaining equipment**

☒ Diabetic Supplies Mail order only

☐ Assistive Equipment

☐ Parenteral and Enteral Equipment**

☐ Orthotics and Prosthesis

Other: _____

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

Name: _____

Telephone: _____

Applying for Mail Order

Page 1

Out of State License only

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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)

Application must be printed legibly or typed

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

FACILITY INFORMATION

Facility Name: Walnut Medical
Physical Address: 4514 N Nash St Wilson, NC 27896
(This must be a business address, we can not issue a license to a home address)
Mailing Address: PO Box 8024 Wi
City: Wilson State: NC Zip Code: 27893
Telephone: (252) 291-0142 Fax: (866) 526-3935
E-mail: Walnutmedical@aol.com Website: N/A

DAYS AND HOURS 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 ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Tammy Hutto

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 Prosthesis |
| ☐ Diabetic Supplies | Other: <u>Negative pressure wound therapy</u> |

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

Name: _____ Telephone: _____

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

FEE: \$500.00 (non-refundable and not transferable) - Application must be printed legibly

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 MDEG X Ownership Change Name Change Location Change

FACILITY INFORMATION (Not Pharmaceutical Manufacturer-Rx Medical Device Onl

Facility Name: Welch Allyn, Inc.

Physical Address: 4341 State Street Road, Skaneateles Falls, NY 13153
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4341 State Street Road

City: Skaneateles Falls State: NY Zip Code: 13153-0220

Telephone Number: (800) 535-6663 Fax Number: (315) 685-4091

E-mail: joshua.kim@welchallyn.com Website: www.welchallyn.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8 to 5 Sat: - to - Sun: - to - Holidays: - to -

FACILITY ADMINISTRATOR INFORMATION (Person who is on site on a daily basis.)

Name: Joshua Kim or Fred Schweitzer

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

(Not Pharmaceutical Manufacturer- Rx Medical Devices Only)

- | | |
|--|--|
| ☐ Medical Gases** | ☐ Assistive Equipment |
| ☐ Respiratory Equipment** | ☐ Parenteral and Enteral Equipment** |
| ☐ Life-sustaining equipment** | ☐ Orthotics and Prosthesis |
| ☐ Diabetic Supplies | ☒ Other: <u>Medical Devices Manufacturer</u> |

** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes ☐ No ☐ If yes please provide name and telephone number of a Nevada contact.

Name: Welch Allyn Customer Care Telephone: (800) 535-6663

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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)

Application must be printed legibly or typed

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

FACILITY INFORMATION

Facility Name: W.H. PICKETT DRUG CO
Physical Address: 675 NORTH MAIN ST, WATERBURY, CT 06204
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 675 NORTH MAIN ST
City: WATERBURY State: CT Zip Code: 06204
Telephone: 203-753-5158 Fax: 203-597-0625
E-mail: ROS@WHPICKETDRUG.COM Website: WHPICKETDRUG.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 8 Tue: 9 to 8 Wed: 9 to 8 Thu: 9 to 8
Fri: 9 to 8 Sat: 9 to 3 Sun: - to - Holidays: - to -

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: EDWARD STURSNIS

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 Prosthesis |
| ☒ 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: _____

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

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	☐ Ownership Change	☐ Name Change	☐ Location Change
(Please provide current license number if making changes: PH _____)			

☐ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	☐ Partnership – Pages 1,2,5,7,8a,8b
☐ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	☒ Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Nellis Care Pharmacy
Physical Address: 560 N. Nellis Blvd. #E7 Las Vegas, NV. 89110
Mailing Address: 316 Mount Hope St.
City: Henderson State: NV Zip Code: 89014
Telephone: (702) 272-2874 Fax: N/A
Toll Free Number: N/A
E-mail: nobelcorp@aol.com Website: N/A
Managing Pharmacist: Shahn Sherafat License Number: 10909

Hours of Operation:

Monday thru Friday 10 am 7 pm Saturday 11 am 4 pm
Sunday Closed am N/A pm 24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

☒ Retail	☐ Off-site Cognitive Services
☐ Hospital (# beds _____)	☐ Parenteral
☐ Internet	☐ Parenteral (outpatient)
☐ Nuclear	☐ Outpatient/Discharge
☐ Out of State	☐ Mail Service
☐ Ambulatory Surgery Center	☐ Long Term Care

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

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	☒ Ownership Change	☐ Name Change	☐ Location Change
(Please provide current license number if making changes: PH <u>1802451</u>)			

☐ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	☐ Partnership – Pages 1,2,5,7,8a,8b
☒ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	☐ Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Nevada Cancer Institute Pharmacy, An Affiliate of UCSD Health System

Physical Address: One Breakthrough Way

Mailing Address: One Breakthrough Way

City: Las Vegas State: NV Zip Code: 89135

Telephone: 702 822 5338 Fax: 702 944 2377

Toll Free Number: N/A

E-mail: jmark@nvcancer.org Website: www.nevadacancerinstitute.org

Managing Pharmacist: Joshua L. Mark License Number: 17352

Hours of Operation:

Monday thru Friday	<u>7</u> am <u>5</u> pm	Saturday	<u>N/A</u> am <u>N/A</u> pm
Sunday	<u>N/A</u> am <u>N/A</u> pm	24 Hours	<u>N/A</u>

TYPE OF PHARMACY

SERVICES PROVIDED

☐ Retail	☐ Off-site Cognitive Services
☒ Hospital (# beds <u> </u>)	☐ Parenteral
☐ Internet	☒ Parenteral (outpatient)
☐ Nuclear	☐ Outpatient/Discharge
☐ Out of State	☐ Mail Service
☐ Ambulatory Surgery Center	☐ Long Term Care

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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 ☒ Ownership Change ☐ Name Change ☐ Location Change ☐
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: WELL CARE PHARMACY I, LLC "SERIES B"
Physical Address: 4235 CHARLESTON BLVD #A LAS VEGAS, NV 89106
Mailing Address: 542 S. DECATUR BLVD
City: LAS VEGAS State: NV Zip Code: 89107
Telephone Number: 702 576-9540 Fax Number: 702-576-9550
Toll Free Number: _____
E-mail: WELL CARE RX @ AOL . COM Website: WWW.MYWELLCAREPHARMACY.
Managing Pharmacist: MARCELINE CASAL License Number: 13672 COM

Hours of Operation:

Monday thru Friday 9 am 7 pm Saturday Ø am Ø pm
Sunday Ø am Ø pm 24 Hours Ø

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|--|--|
| ☒ Retail | ☐ Off-site Cognitive Services |
| ☐ Hospital (# beds _____) | ☐ Parenteral |
| ☐ Internet | ☐ Parenteral (outpatient) |
| ☐ Nuclear | ☐ Outpatient/Discharge |
| ☐ Out of State | ☐ Mail Service |
| ☐ Ambulatory Surgery Center | ☐ Long Term Care |

Board Use Only

Received: FEB 08 2012 Check Number: mo Amount: 500-

59130

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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 ☒ Ownership Change ☐ Name Change ☐ Location Change ☐
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Lincare Inc.
Physical Address: 3427 Goni Rd. Ste 106
Mailing Address: Attn: Licensing Dept. PO Box 9004 Clearwater, FL 3375
City: Carson City State: NV Zip Code: 89706
Telephone Number: (775) 882-0333 Fax Number: (775) 882-5206
Toll Free Number: (800) 706-9873
E-mail: ghowdes@lincare.com Website: N/A
Facility Manager: Farley D. Rae

Professional qualifications and experience of facility manager: CDL/Hazmat Certified
With Lincare Inc. for 16 years in different positions.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: Nursing Homes

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: JAN 26 2012 Check Number: 303 Amount: 500.⁰⁰

10-K

59010

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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 ☒ Ownership Change ☐ Name Change ☐ Location Change ☐
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Lincare Inc.
Physical Address: 3427 Goni Rd. Ste 106
Mailing Address: Attn: Licensing Dept. PO Box 9004 Clearwater, FL 33751
City: Carson City State: NV Zip Code: 89706
Telephone Number: (775) 882-0333 Fax Number: (775) 882-5206
Toll Free Number: (800) 706-9873
E-mail: ghowdesh@lincare.com Website: N/A
Facility Manager: Farley D. Rael
Professional qualifications and experience of facility manager: CDL/Hazmat Certified.
With Lincare Inc. for 16 years in different positions.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: Nursing Homes

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: JAN 26 2012 Check Number: 303 Amount: 500.⁰⁰

10-K

59010

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**SAMI S. ZAMZAM, M.D.,
Controlled Substance Registration No: CS11213**

Case No. 11-061-CS-N

Respondent.

_____/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and make the following that will serve as both a Notice of Intended Action under Nevada Revised Statutes (NRS) 233B.127(3) and as an Accusation under NRS 639.241, and as a notice of intent to deny under NRS 453.241(2).

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Sami S. Zamzam has a controlled substance registration issued by the Board.

II.

On or about May 27, 2011 Board staff received a complaint regarding possible unsafe practices at Radiance Medical Spa and Weight Loss Center (Radiance). One concern was when the patient asked to see the doctor, there was no doctor on site and she was advised a nurse would see her. The patient was told that Radiance was "medically owned and supervised." When the patient asked who the doctor was that owned the business she was told Dr. Sami Zamzam.

III.

Joe Depczynski, the Board's investigator, went to Radiance and met with the

office manager, Anica Relaford. Ms. Relaford confirmed that Dr. Sami Zamzam was the facility's medical director and supervising physician but she did not know how to contact him. When Board staff asked about the HCG diet, Human Chorionic Gonadotropin (HCG) and a Schedule III controlled substance, Ms. Relaford explained that Darci Page, a registered nurse, would examine patients and consult with Dr. Zamzam by telephone. After the consultation, Ms. Page would administer or dispense HCG per the doctor's instructions. Ms. Relaford was unaware of any licensing requirements for controlled substances or the dispensing of drugs and indicated that she had only been employed at Radiance for two months.

IV.

Mr. Depczynski made contact with Dr. Zamzam by telephone. Dr. Zamzam confirmed that he no longer resides in Nevada but he continued to provide supervision to Radiance through periodic telephone consults and quarterly visits. Dr. Zamzam also admitted that he did not normally examine the patients and his decision to dispense and administer HCG and other prescription drugs was primarily based on the patient's history and physical which was done by the nurse, Darci Page. Dr. Zamzam was also unaware of any controlled substance or dispensing registration requirements, nor was he aware of the bona fide therapeutic relationship requirements.

V.

Radiance and Darci Page were in possession of controlled substances and dangerous drugs without the authority to do so. Mr. Depczynski removed all controlled substances and dangerous drugs, copies of invoice and sales documents, HCG log for syringes, HCG log for tablets, Restylane/Juvederm log, and the Botox log from the premises.

FIRST CAUSE OF ACTION

VI.

By operating Radiance from another state without having a bona fide therapeutic relationship with patients, Respondent Zamzam violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(i) and/or (o) and/or (3).

SECOND CAUSE OF ACTION

By operating Radiance without having a controlled substance registration with the Board, Respondent Zamzam violated NRS 453.226(1) and/or 639.210(4) and/or NAC 639.945(1)(k).

THIRD CAUSE OF ACTION

By operating Radiance and dispensing controlled substances and dangerous drugs to patients without a dispensing practitioner registration, Respondent Zamzam violated NRS 639.23505 and/or 639.210(4) and/or NAC 639.945(1)(k).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action and/or refuse to renew with respect to the controlled substance registration of the Respondent.

Signed this 29th day of July, 2011.



Larry L. Pirson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within (10) days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION RIGHT TO
HEARING

SAMI S. ZAMZAM, M.D.,
Controlled Substance Registration
No: CS11213

Case No. 11-061-CS-N

Respondent.

_____ /

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the board by the Petitioner, Larry L. Pinson, Executive Secretary for the board, alleging grounds for imposition of disciplinary action by the board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has reserved Wednesday, September 14, 2011 as the date for a hearing on this matter at the Airport Plaza Hotel, 1981 Terminal Way, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 29th day of July, 2011.



Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

SAMI S. ZAMZAM, M.D.,
Controlled Substance Registration
No: CS11213

ANSWER AND NOTICE
OF DEFENSE
Case No. 11-061-CS-N

Respondent.

_____/

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

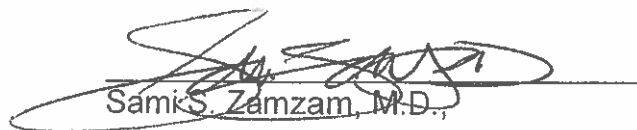
Please attachment 1

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

Please see attachmat 2

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 3rd day of August, 2011.


Sami S. Zamzam, M.D.

ATTACHMENT 1

Before the Nevada State Board of Pharmacy

RE: ANSWER AND NOTICE OF DEFENSE

Case No. 11-061-CS-N

FIRST CAUSE OF ACTION

Object as to operating Radiance from another state. I am neither the owner nor the operator of Radiance.

SECOND CAUSE OF ACTION

Object as to operating Radiance with having a controlled substance registration. I am neither the owner nor the operator of Radiance.

THIRD CAUSE OF ACTION

Object to operating Radiance and dispensing controlled substances and dangerous drugs to patients without a dispensing practitioner registration. I am neither the owner nor the operator of Radiance. I did not prescribe, dispense, or authorize the dispensing of any controlled or dangerous medications.

ATTACHMENT 2

Nevada Board of Pharmacy

431 W. Plumb Lane

Reno, NV 89509-3766

RE: Case No. 11-061-CS-N

Dear Mr. Pinson:

In my attempt to respond to the notice of intended action and accusation I would like to clarify my relationship with Radiance Medical Spa. I am neither the owner nor the operator/administrator of Radiance. This facility is in fact owned and operated by Lark P.L.L.C dba Radiance Medical Spa. Please see attached Secretary of State records. Its owners are recognized as Angela Lewis and Kelly Robertson. They employed me as an independent contractor to be their medical director. I am including a copy of a 1099 showing my independent contractor status. There was a clear misrepresentation of my relationship with the facility by the office manager, Anica Relaford, who by your records appeared to be a new employee. Radiance has never been "medically owned" or operated as the patient was told.

In regards to Ms. Relaford's statement that Darci Page, RN would consult with me by telephone after examining each patient and then administer or dispense HCG per my instructions, this is false. Darci Page was examining patients and administering and dispensing medication without consulting with me and without a written prescription. It appears that this approach of managing patients was requested by the owners of the facility.

In regards to my telephone discussion with Mr. Depczynski, I did confirm that I no longer resided in Nevada but that I continued to provide medical advice by telephone. I notified the owners of Radiance of my relocation to Michigan and they requested that I stay on as a medical consultant. I do not however make quarterly visits and never represented such. My discussion of the examining of HCG patients with Mr. Depczynski was misrepresented. I approved a protocol developed by the owners of Radiance for an HCG program that called for an appropriate clinician to examine, approve, and prescribe the use of HCG for each patient. It is obvious that an RN cannot examine a patient and prescribe medication, so clearly an RN is not an appropriate clinician for this program. The appropriate clinician would be an NP or a PA as intended by the program guidelines (please see attached HCG guidelines signed by myself). It is true that the RN, Darci Page, did contact me by phone on a couple of occasions, but only to ask if a particular patient would be a good candidate for the HCG program. It was still recommended by me that each patient go through the same program guidelines. I did not authorize the dispensing of HCG medication over the phone and no prescription was generated for any of these patients. In regards to the controlled substance or dispensing registration requirements of the facility, as an independent contractor the owners did not make that information

available to me whether they had one or not. I am also unaware of when these patients were treated or how many as this information was also not made available to me.

In response to the possession of controlled substances and dangerous drugs by Radiance, I agree that the owners should not have had access to these medications. In my review of these events, I have found that they purchased medications without my authorization or written consent. A local pharmacy confirmed the owners of Radiance purchased HCG weeks before we had even discussed the program. I am including a copy of an invoice from Don's Pharmacy which shows a first purchase date of 05/04/2010. If you will note, the date of my signature approving the HCG program protocol was 05/28/10. I am unsure how they were able to order HCG from any pharmacy without a prescription from me. It wasn't until the Board of Pharmacy contacted me that I also discovered that they had purchased Latisse (which was not mentioned in your complaint) without consulting with me and without my consent. I am unsure how they were able to obtain this without a prescription or authorization from me. When the owner, Angela Lewis, was confronted on this, she admitted to doing this without authorization. By these actions, the owners breached a signed written agreement that I put in place to protect my License and pharmacy registration in the event that they purchase any prescription medications without my consent or authorization. Please see attached written agreement signed by the owners of the facility.

Since these discoveries, I have asked Radiance to close all accounts associated with my license and severed my relationship with the facility. I have also asked them to return all copies of my license and pharmacy registration to me. They have yet to comply with these requests.

I am an anesthesiologist by trade and we practice under strict procedures and guidelines for handling medications. I am disappointed to find the owners of Radiance were dishonest and were not following the appropriate guidelines for their programs.

LARK P.L.L.C.

Business Entity Information

Status:	Active	File Date:	12/20/2006
Type:	Foreign Limited-Liability Company	Entity Number:	E0951912006-9
Qualifying State:	AZ	List of Officers Due:	12/31/2011
Managed By:		Expiration Date:	
NV Business ID:	NV20061824294	Business License Exp:	12/31/2011

Additional Information

Central Index Key:

Registered Agent Information

Name:	ANGELA LEWIS	Address 1:	1049 RIMFIELD DR
Address 2:		City:	FERNLEY
State:	NV	Zip Code:	89408
Phone:		Fax:	
Mailing Address 1:	PO BOX 516	Mailing Address 2:	
Mailing City:	FERNLEY	Mailing State:	NV
Mailing Zip Code:	89408		
Agent Type:	Noncommercial Registered Agent		

Financial Information

No Par Share Count:	0	Capital Amount:	\$ 0
No stock records found for this company			

Officers

☐ Include Inactive Officers

Managing Member - TONY LEWIS

Address 1:	1049 RIMFIELD DRIVE	Address 2:	
City:	FERNLEY	State:	NV
Zip Code:	89408	Country:	USA
Status:	Active	Email:	

Managing Member - C. DAVID ROBERTSON

Address 1:	1049 RIMFIELD DRIVE	Address 2:	
City:	FERNLEY	State:	NV
Zip Code:	89408	Country:	USA
Status:	Active	Email:	

Actions\Amendments

Action Type:	Application for Foreign Registration		
Document Number:	20060820905-62	# of Pages:	3
File Date:	12/20/2006	Effective Date:	
(No notes for this action)			
Action Type:	Initial List		
Document Number:	20070046148-92	# of Pages:	1

File Date:	1/23/2007	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20080111181-13	# of Pages:	1
File Date:	2/19/2008	Effective Date:	
(No notes for this action)			
Action Type:	Reinstatement		
Document Number:	20100051943-05	# of Pages:	1
File Date:	1/28/2010	Effective Date:	
(No notes for this action)			
Action Type:	Acceptance of Registered Agent		
Document Number:	20100051946-38	# of Pages:	1
File Date:	1/28/2010	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20110160198-09	# of Pages:	1
File Date:	3/02/2011	Effective Date:	
(No notes for this action)			
Action Type:	Amended List		
Document Number:	20110443879-49	# of Pages:	1
File Date:	6/15/2011	Effective Date:	
(No notes for this action)			

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. Lark PLLC 1049 Rimfield Lane Fernley, NV 89408 (775) 825-2727		1 Rents \$	OMB No. 1545-0115 2009 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$			
		3 Other income \$	4 Federal income tax withheld \$		
PAYER'S federal identification number 20-4040040	RECIPIENT'S identification number 231-17-3894	5 Fishing boat proceeds \$	6 Medical and health care payments \$	Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
RECIPIENT'S name, address, city and ZIP code Sami Zamzam 6080 Cour St. Michelle Reno, NV 89511		7 Nonemployee compensation \$ 14999.92	8 Substitute payments in lieu of dividends or interest \$		
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ☐ \$	10 Crop insurance proceeds \$		
		11 \$	12 \$		
Account number (see instructions)		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$	

Form 1099-MISC

(keep for your records)

Department of the Treasury - Internal Revenue Service

Lark P.L.L.C. dba
Radiance Medical Spa

3173

Service Period 11/21/09-12/4/09

Check Date: 12/10/09

1099 Independent Contractor

Sami Zamzam

576.92

DETACH BEFORE MAILING



STANDING MEDICAL ORDERS

Rules, Regulations and Procedures for HCG (Human Chorionic Gonadotropin) injections

1. **Patient Consultation with either: R.N., P.A., or N.P. as appropriate.**
 - a) Patient completes medical history form.
 - b) Patient reviews HCG information pamphlet.
 - c) Patient reviews, initials and signs consent form, then clinician.
 - d) Patient's Height and Weight are taken and recorded against standard weight charts. Clinician and Patient agree on a mutually set goal. Goal is set based on height, weight and the number of courses that the patient will be completing.
 - e) Patient must have a BMI of 25 or greater to participate or have the ability to lose 10 lbs or more and remain in the normal range of the BMI Scale.
 - f) No Patient with a history of Cancer or Gout will be allowed to participate.
 - g) Clinician takes vitals and records.
 - h) Course "A" is 26 days- 23 days of injections- 15 LBS or Less- Last 3 days patient must remain on strict VLCD of 500 calories.
 - i) Course "B" is 43 days- 40 days of injections- 16 LBS or More- Last 3 days patient must remain on strict VLCD of 500 calories.

*When a patient has more than 15 lbs to lose the treatment may take longer, once they lose 34 pounds the session is complete. The only exception is if you have a grossly obese patient then they are allowed to lose an additional 5 lbs.

The maximum number of injections allowed in a session is 40

The three days post treatment are the utmost important, if the VLCD is not followed, weight will be gained immediately.

2. Patient's body measurements are taken and recorded.
3. **Clinician reviews medical history with patient and answers all questions.**
4. Photos should be taken, if possible- abdomen, thighs, etc..
5. **Clinician agrees to HCG injections for treatment.**
6. Clinician outlines program, diet plan, daily diet logs and schedules next visit.
7. Client is taught how to inject 1cc 30g 1/2" into abdomen area.
8. Client is given supplies (filled syringes, alcohol swabs) for a MAXIMUM of 8 days, initially patient must be seen on Day 3 of treatment once loading process is complete.

9. Patient **MUST** be seen 1 time per week for staff to take measurements, counsel, evaluate progress and administer B-12 injection. Review food journal and answer all questions and concerns.

1- 200 IU per injection of HCG 1-time daily

10. Progress Notes and all treatments records must be completed immediately following treatment.
11. United State manufacturer of HCG is only approved supplier.
12. Patients must wait six (6) weeks between Courses.

Approved By:


Sami Zamzani, Medical Director


Date

501 Ralston St. • Reno, Nevada 89503
 (775) 329-2000 • (800) 525-9119
 Fax (775) 329-6716
 dons@dontspharmacy.com



ALC

DATE

5/4/10

Angela

diene Medical Spa

8 W. Plumb Ln. #B

10, NV 89509

☐ CHARGE ☐ PAID ON ACCOUNT

DESCRIPTION

AMOUNT

HCG 125IU/0.25ml 80

Office - quick

16 1ml x 1000

TOTAL

80

THANK YOU

501 Ralston St. • Reno, NV
 (775) 329-2000 • (800) 525-9119
 Fax (775) 329-6716
 dons@dontspharmacy.com



DATE

6-9

NAME

Rudman Med Spa

ADDRESS

Angela

CITY

825 27-27

☐ CASH ☐ CHARGE ☐ PAID ON ACCOUNT

QTY.

DESCRIPTION

2X80ml HCG 125/0.25

No. 1000000000

RECEIVED BY

TOTAL

THANK

501 Ralston St. • Reno, Nevada 89503
 (775) 329-2000 • (800) 525-9119
 Fax (775) 329-6716
 dons@dontspharmacy.com



DATE

9/5/10

NAME

Rudman Med Spa

ADDRESS

538 W Plumb Ln #B

CITY

☐ CASH ☐ CHARGE ☐ PAID ON ACCOUNT

QTY.

DESCRIPTION

1/1 HCG 125/0.25ml

AMOUNT

RECEIVED BY

TOTAL

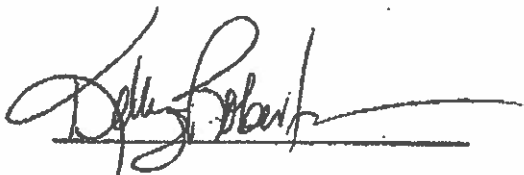
THANK YOU

Sami Zamzam, MD
2979 Eagle Rock Ct.
Reno, NV 89511
(775) 287-7174
sszamzam@hotmail.com

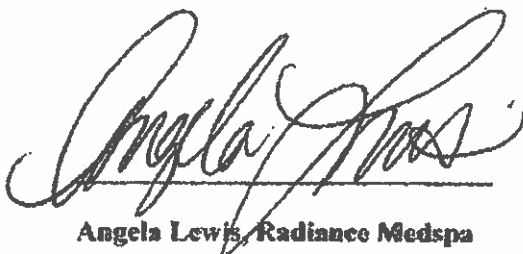
February 8, 2007

Release Agreement for Medical License and DEA Number

I agree that upon the release of the above mentioned medical license and DEA number belonging to the above mentioned physician, that I will use it with strict accordance to the operational guidelines of Radiance Medspa. This will restrict my use of the license and DEA number to purchasing necessary equipment and products for the daily activities of Radiance Medspa. This license/DEA number may not be used for medications requiring prescriptions or any other medications including schedule II and III medications (i.e. narcotics/sedatives) without the written consent of this physician. I also agree that any copies of the medical license and DEA number are the sole ownership of this physician and will be stored in a locked/protected cabinet. Upon termination of Physician and Radiance Medspa agreement these documents and all copies thereof will be promptly returned to Physician. Any violation of this agreement or any other use of this license by Radiance Medspa deemed inappropriate by this Physician or the Nevada State Medical Board will terminate this agreement and be prosecuted to the fullest extent of the law.



Kelly Robertson, Radiance Medspa



Angela Lewis, Radiance Medspa

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,
v.
MARK R. NEBEKER, RPH
Certificate of Registration No. 18058

SMITH'S PHARMACY #388
Certificate of Registration No. PH00992,
Respondents.

NOTICE OF INTENDED ACTION
AND ACCUSATION

Case No. 11-115-RPH-N

Case No. 11-115-PH-N

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Mark R. Nebeker is a pharmacist licensed by the Board and Smith's Pharmacy #388 (Smith's #388) is a pharmacy licensed by the Board, located at 1740 Mountain City Highway, Elko, Nevada.

II.

On or about November 11, 2011, Richard Sturm was prescribed 25 mcg Fentanyl patches with directions to apply one patch every 72 hours. Mr. Sturm took his prescription to Smith's #388 to be filled. Per the instructions on the label, Mr. Sturm applied one of the patches that was dispensed to him that evening. Within a few hours Mr. Sturm experienced ill effects including nausea, vomiting, dizziness and brief periods of unconsciousness. Mr. Sturm wore the patch for approximately 12 hours before

removing it. Mr. Sturm contacted his prescriber and confirmed that the dosage dispensed was not the dosage prescribed. Mr. Sturm had been dispensed 75 mcg Fentanyl patches rather than the prescribed 25 mcg Fentanyl patches.

III.

Mr. Sturm returned to the pharmacy the two boxes of Fentanyl 75 mcg patches he had received. One of the boxes was opened and contained four Fentanyl 75 mcg patches. The second box was unopened and contained five patches. Mr. Sturm was given the correct prescription at no charge. During the investigation of this matter, pharmacy staff was unable to provide both boxes of Fentanyl patches that Mr. Sturm returned to Smith's #388. Only one of the boxes Mr. Sturm received was labeled and that box containing the four Fentanyl 75 mcg patches was provided to Board Staff, however the second box was returned to stock and later sold.

IV.

During the investigation of this incident it was learned that a pharmaceutical technician scanned the original prescription and entered the data into Smith's #388 computer system. The input data and image of the scanned prescription were sent to Mr. Nebeker for pre-verification. Mr. Nebeker failed to identify the error made by the pharmaceutical technician where she had entered 75 mcg rather than 25 mcg Fentanyl patches. Mr. Nebeker was also the pharmacist responsible for final verification of this prescription, and failed again, to identify the dosage error. Though there was no hard copy counseling log, the computer records indicate that Mr. Nebeker was the responsible pharmacist that counseled Mr. Sturm on his new prescription, and once again did not identify the incorrect dosage being dispensed.

FIRST CAUSE OF ACTION

V.

By filling and dispensing a prescription for 25 mcg Fentanyl patches with 75 mcg Fentanyl patches as prescribed causing Mr. Sturm ill effects, Respondent Nebeker violated NRS 639.210(4) and/or NAC 639.945(1)(d) and/or (i).

SECOND CAUSE OF ACTION

In owning and operating the pharmacy in which pharmacy staff placed the returned, unopened box of Fentanyl 75 mcg. patches that were dispensed to Mr. Sturm to stock and reselling them, Respondent Smith's #388 violated NRS 639.210(4) and/or 639.267 and/or NAC 639.945(1)(i) and/or (2).

THIRD CAUSE OF ACTION

VI.

In owning and operating the store in which the violations occurred, Smith's #388 violated NRS 639.210(4) and/or NAC 639.945(1)(i) and/or (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 2nd day of February, 2012.


Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

**Petitioner, STATEMENT TO THE RESPONDENT
v. NOTICE OF INTENDED ACTION
 AND ACCUSATION
 RIGHT TO HEARING**

**MARK R. NEBEKER, RPH
Certificate of Registration No. 18058**

Case No. 11-115-RPH-N

Respondent.

_____ /

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the board by the Petitioner, Larry L. Pinson, Executive Secretary for the board, alleging grounds for imposition of disciplinary action by the board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. It is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has reserved Wednesday, March 7, 2012 as the date for a hearing on this matter at the Airport Plaza Hotel, 1981 Terminal Way, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 2nd day of February, 2012.



Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,
v.

ANSWER AND NOTICE
OF DEFENSE

MARK R. NEBEKER, RPH
Certificate of Registration No. 18058

Case No. 11-115-RPH-N

Respondent.

_____/

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

None

FEB 10 2012

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 8 day of February, 2012.



Mark R. Nebeker

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,
v.

ANSWER AND NOTICE
OF DEFENSE

SMITH'S PHARMACY #388
Certificate of Registration No. PH00992

Case No. 11-115-PH-N

Respondent.

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

FEB 13 2012

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

NONE

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 8th day of February, 2012.

Bonnie B. Brandt
type or print name

Bonnie B. Brandt
For Smith's Pharmacy #388

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

v.

**WILLIAM L. LOCKE, RPH
Certificate of Registration No. 05222**

Case No. 11-098-RPH-N

**HALES 50 KIRMAN PHARMACY
Certificate of Registration No. PH00734
Respondent.**

Case No. 11-098-PH-N

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and this Respondent because Respondent William L. Locke, (Certificate Number 05222) is a pharmacist registered with the Board and Hales 50 Kirman Pharmacy (Hales) (Certificate Number PH00734) is a registered pharmacy with the Board, located at 901 East Second Street #102, Reno, Nevada.

II.

On or about August 25, 2011 Dr. Kathleen Stoll prescribed #21 Risperidone 2 mg. tablets with no refills for patient Patient A. Mr. Locke dispensed two additional Risperidone fills to Patient A on September 19, 2011 and again on October 11, 2011 without the authorization of Dr. Stoll.

III.

During the investigation of this matter, Board staff asked Mr. Locke to produce the original prescription for this fill. The original prescription was never located and Mr. Locke explained that the original prescription may be at his residence as he took several prescription files home to catch up on his filing. Mr. Locke did produce two

distinctly different copies of telephone scripts for the prescription in question. Both indicated that they were written on the same day for the same drug. Both had labels affixed to the front which were identical as to the prescription number and the associated information. Mr. Locke was unable to explain this duplication.

IV.

The patient profile was reviewed and even though the prescriber's direction that no refills be dispensed, the patient received two additional fills. Mr. Locke explained that the prescription refills were reportedly called in by unidentified personnel at the group home that Patient A was residing in at the time. Mr. Locke was unable to provide an exact address for the group home, but referred to it as the Rosemary House because it was on Rosemary Street in Sparks. Mr. Locke was not able to provide refill requests for the fills in question nor was he able to explain why new prescription numbers were generated. Original prescriptions for the September and October fills were not located.

V.

The investigation of this matter found the working conditions at Hales to be dirty and cluttered with filling and verification areas completely covered with assorted files, prescription bottles and trash. There was no visible work surface in the pharmacy. Hales maintains a drug storage room and a bathroom located essentially in the front lobby. In this room are numerous dangerous drugs, controlled substances and patient files. The bathroom also doubled as a drug and file storage area and both areas were easily accessible to anyone in the front lobby area. These areas were out of sight of the pharmacist or other pharmacy staff.

VI.

Mr. Locke employed one pharmaceutical technician that filled bubble packs. Mr. Locke failed to check the pharmaceutical technician's work and failed to initial the refill log. Mr. Locke also employed an unlicensed clerk and allowed the clerk to take prescription orders over the phone using a telephone call log.

FIRST CAUSE OF ACTION

VII.

In failing to follow the prescriber's order by allowing two refills of Patient A's Risperidone, Mr. Locke violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

VIII.

In failing to be able to provide documents to Board staff and maintain a recordkeeping system that would allow for readily retrievable prescription records for Patient A's Risperidone prescription, Hales violated NRS 639.210(4) and/or NAC 639.482 and/or 945(1)(h) and/or (i).

THIRD CAUSE OF ACTION

IX.

In failing to check the pharmaceutical technician's work and maintain a properly completed refill log to include the initials of the pharmacist who verified the refill, Hales violated NRS 639.210(4) and/or NAC 639.918(4).

FOURTH CAUSE OF ACTION

X.

In failing to maintain security of controlled substances, dangerous drugs and patient records by storing them in an open, unlocked room and bathroom easily accessible to the general public in the lobby of the pharmacy and out of sight of pharmacy personnel, Hales violated NRS 639.210(4) and/or NAC 639.520 and/or 639.945(1)(i).

FIFTH CAUSE OF ACTION

XI.

In failing to maintain the minimum work area requirements by having every work surface in the pharmacy cluttered with assorted files, prescription bottles and trash, Hales violated NRS 639.210(4) and/or NAC 639.525(1)(a) and/or (b) and/or 639.945(1)(i).

SIXTH CAUSE OF ACTION

XII.

In failing to maintain the pharmacy in a safe and sanitary work environment by allowing waste materials and miscellaneous papers to collect on floors, counters and other areas of the pharmacy, Hales violated NRS 639.210(4) and/or NAC 639.530(1) and/or 639.945(1)(i).

SEVENTH CAUSE OF ACTION

In owning and operating the pharmacy in which the violations in the First Cause of Action took place, Hales violated NRS 639.210(4) and/or NAC 639.945(1)(i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 2nd day of February, 2011.



Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING**

**WILLIAM L. LOCKE, RPH
Certificate of Registration No. 05222**

Case No. 11-098-RPH-N

Respondent.

_____ /

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the board by the Petitioner, Larry L. Pinson, Executive Secretary for the board, alleging grounds for imposition of disciplinary action by the board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

The Board has reserved Wednesday, March 7, 2012 as the date for a hearing on this matter at the Airport Plaza Hotel, 1981 Terminal Way, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 2nd day of February, 2012.



Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND
NOTICE OF DEFENSE

WILLIAM L. LOCKE, RPH
Certificate of Registration No. 05222

Case No. 11-098-RPH-N

Respondent.

_____/

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2012.

William L. Locke, RPh

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND
NOTICE OF DEFENSE

HALES 50 KIRMAN PHARMACY
Certificate of Registration No. PH00734

Case No. 11-098-PH-N

Respondent.

_____/

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2012.

Please type or print name for

Hales 50 Kirman Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

v.

**WILLIAM L. LOCKE, RPH
Certificate of Registration No. 05222**

Case No. 11-100-RPH-N

**HALES 50 KIRMAN PHARMACY
Certificate of Registration No. PH00734
Respondent.**

Case No. 11-100-PH-N

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and this Respondent because Respondent William L. Locke, (Certificate Number 05222) is a pharmacist registered with the Board and Hales 50 Kirman Pharmacy (Hales) (Certificate Number PH00734) is a registered pharmacy with the Board, located at 901 East Second Street #102, Reno, Nevada.

II.

On or about July 12, 2011 Deborah Campanella, RN and Service Coordinator at Northern Nevada Adult Mental Health Services met with Patient K for the purposes of a medication review. During the interview Ms. Campanella discovered that a bubble pack brought in by Patient K and filled by Hales contained 300 mg. Lithium tablets instead of the 600 mg. tablets that were previously prescribed for him by Dr. Kathleen Stoll. Ms. Campanella also observed that the prescriber had been incorrectly identified as Peggy Kamper, APN.

III.

In an attempt to correct this error, Ms. Campanella contacted Hales and spoke

with the filling and verifying pharmacist, William Locke. Mr. Locke told Ms. Campanella that Patient K had appeared at Hales and requested that his Lithium prescription be transferred from Wanda's Flying Diamond to Hales. Mr. Locke claimed to have contacted Wanda's Flying Diamond but was unable to complete the transfer because he claimed that the person he was speaking with did not understand that he wanted a transfer. Mr. Locke then informed Ms. Campanella that he asked Patient K what he was taking and dispensed what Patient K had told him. Ms. Campanella found this alarming as Patient K was unable to provide any accurate information regarding his medication and advised Mr. Locke that he should have contacted the original prescriber before dispensing the medication

IV.

On November 10, 2011 Board staff contacted Mr. Locke and he confirmed Ms. Campanella's assertions. In later contacts with Mr. Locke in December and January, Mr. Locke maintained that he contacted Rick Jensen, a pharmacist at Wanda's Flying Diamond and that a telephone transfer had been completed on or about July 12, 2011. He further claimed that during the transfer Mr. Jensen provided him with inaccurate information regarding the Lithium dosing and the prescriber. Mr. Locke provided a handwritten telephone prescription with a label affixed to its front that partially blocked the patient's name. The prescription was dated July 12, 2011 and initialed by Mr. Locke. The prescription identified the patient as Patient K and the prescribed drug as Lithium Carb. 300 mg, 60 tablets, with directions to take one tablet twice a day. The prescriber was identified as Kathleen Stoll. A notation under the Rx symbol read "Re Trn Flying Diamond".

V.

Board staff checked the records at Wanda's Flying Diamond revealing that Patient K was never a patient at that pharmacy and that Mr. Locke had not contacted them regarding a transfer. Board staff then obtained information from the Prescription Monitoring Program and was able to identify that the original prescription had been filled at a CVS pharmacy in Sparks. The original prescription was written by Dr. Kathleen Stoll on May 26, 2011, prescribed 600 mg. Lithium, with one tablet to be taken by mouth twice a day. The prescription included two refills. CVS records indicate that the

initial fill was dispensed on June 2, 2011 and two refills remained. If the prescription had been transferred it would have a notation in the patient record "TR" and listed inactive.

FIRST CAUSE OF ACTION

VI.

In filling Patient K's prescription incorrectly, on Patient K's word alone, without authorization from his prescribing physician, Mr. Locke violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

VII.

In falsely claiming that the prescription had been transferred from Wanda's Flying Diamond with incorrect prescriber and dosage information when the original prescription was actually filled at a CVS pharmacy, Mr. Locke violated NRS 639.210(4) and/or (9) and/or NAC 639.945(1)(h) and/or (i).

THIRD CAUSE OF ACTION

VIII.

In creating a false document to support the transfer claim that Patient K's prescription was transferred from Wanda's Flying Diamond pharmacy, Mr. Locke violated NRS 639.210(4) and/or (9) and/or NAC 639.945(1)(i).

FOURTH CAUSE OF ACTION

IX.

In owning and operating the pharmacy in which the violations took place, Hales violated NRS 639.210(4) and NAC 639.945(1)(i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 2nd day of February, 2011.


Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING**

**WILLIAM L. LOCKE, RPH
Certificate of Registration No. 05222**

Case No. 11-100-RPH-N

Respondent.

_____ /

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the board by the Petitioner, Larry L. Pinson, Executive Secretary for the board, alleging grounds for imposition of disciplinary action by the board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

The Board has reserved Wednesday, March 7, 2012 as the date for a hearing on this matter at the Airport Plaza Hotel, 1981 Terminal Way, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 2nd day of February, 2012.


Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND
NOTICE OF DEFENSE

WILLIAM L. LOCKE, RPH
Certificate of Registration No. 05222

Case No. 11-100-RPH-N

Respondent.

_____/

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2012.

William L. Locke, RPh

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND
NOTICE OF DEFENSE

HALES 50 KIRMAN PHARMACY
Certificate of Registration No. PH00734

Case No. 11-100-PH-N

Respondent.

_____/

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2012.

Please type or print name for

Hales 50 Kirman Pharmacy

Nevada State Board Of Pharmacy
431 W. Plumb Lane
Reno, Nevada 89509

To Whom It May Concern:

I am writing to request an appearance so that I may discuss reinstatement of my Pharmacy Technician license, PT02628. I understand that the Board meets the first week of March in Reno and I would ask that I be allowed to attend the meeting.

I look forward to your reply. Thank you in advance for your consideration.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lisa Heathcock".

Lisa Heathcock

FEB 13 2012

FINDINGS OF FACT

1. Ms. Heathcock worked for Walgreens for 205 days without having renewed her registration as a pharmaceutical technician with the Board. Ms. Heathcock had worked 1,644 hours or approximately 205 days, between November 1, 2008 and December 14, 2009, the date of her termination of employment, without a valid registration.

CONCLUSIONS OF LAW

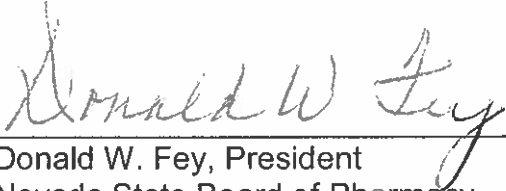
1. The Board has jurisdiction over this matter because Ms. Heathcock is a pharmaceutical technician registered by the Board.
2. By working at Walgreens for approximately 205 days between November 1, 2008 to December 14, 2009 when she had not renewed her pharmaceutical technician registration, Ms. Heathcock violated NRS 639.210(4) and/or (13) and/or NAC 639.260, 639.945(1)(i) and/or (k).

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Ms. Heathcock pharmaceutical registration (PT02628) is revoked. Ms. Heathcock may not be employed in any business registered by the Board in any capacity.

Signed and effective this 8th day of November, 2010.


Donald W. Fey, President
Nevada State Board of Pharmacy

Blank

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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 ☒ Ownership Change _____ Name Change _____ Location Change _____ (Please provide current license number if making changes: WH _____)
--

GENERAL INFORMATION

Facility Name: HARVARD Third Party Logistics

Physical Address: 5110 West 74th Street, Indianapolis, IN 46268

Mailing Address: 31778 Enterprise Drive, Livonia, MI 48150

City: _____ State: _____ Zip Code: _____

Telephone Number: 734-743-6180 Fax Number: 734-743-7180

Toll Free Number: 800-875-0123

E-mail: Sshah@thdg.com Website: WWW.HARVARDLINK.COM

Facility Manager: Matthew Kessel

Professional qualifications and experience of facility manager: _____

Production/Warehouse MANAGER

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers

Type of Products to be handled or wholesaled:

☒ Legend Pharmaceuticals, Supplies or Devices	☒ Hypodermic Devices
☐ Poisons or Chemicals	☒ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA) <u>PENDING</u>	☐ Parenterals
☐ Other: <u>Third Party Logistics Provider</u>	

Licensed as a Manufacturer by the FDA? ☐ Yes ☒ No, If yes include a copy of the FDA registration.

Board Use Only

Received: JAN 26 2012 Check Number: _____ Amount: 500.00

59011

OWNERSHIP IS A CORPORATION

State of Incorporation: Michigan

Parent Company if any: The Harvard Drug Group, LLC

Corporation Name: The Harvard Drug Group, LLC

Mailing Address: 31778 Enterprise Drive

City: Livonia State: MI Zip: 48150

Telephone: 734-743-6180 Fax: 734-743-7180

License Contact Person: Samir Shah

Professional Compliance Contact Person: Samir Shah, VP of Regulatory Affairs

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. <u>The Harvard Drug Group, LLC</u> | %: <u>100</u> |
| 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: _____

Registration number issued: _____

Stock Exchange: _____

If corporation is a subsidiary, list name and state of incorporation of the parent corporation and include a list officers.

The Harvard Drug Group, LLC - Michigan

See attached

- 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 ☒ If yes, list the persons, their address and their business names.

a) _____
Name Address

Business

b) _____
Name Address

Business

c) _____
Name Address

Business

d) _____
Name Address

Business

- 2) Are you or have you in the last 10 years been associated with any person, business or health care entity in which pharmaceutical products (drugs) were sold, dispensed or distributed? Yes ☒ No ☐ If yes, list the persons, their address and their business names.

a) The Harvard Drug Group, LLC 31778 Enterprise Drive
Name Address
Livonia MI 48150
Business

b) HARVARD Third Party Logistics 5110 W. 74th Street
Name Address
Indianapolis, IN 46268
Business

c) _____
Name Address

Business

d) _____
Name Address

Business

Within the last five (5) years:

- 1) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? *Please see attached* Yes ☒ No ☐
- 3) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 any 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 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.

Terrance P. Haas
Signature of owner or executive officer

11-7-11
Date

Terrance P. Haas CEO
Print or Type name and title



The
HARVARD DRUG GROUP, LLC
MAJOR PHARMACEUTICALS

Rx Brands/Generics & MAJOR Consumer Products

November 28, 2011

Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509

RE: New License – Harvard Third Party Logistics

To Whom It May Concern:

On June 15, 2010, the DEA served an order to show cause and immediate suspension of registration at the location listed above. That suspension provided that Harvard's DEA certificate of registration was suspended effective on the date of service. The DEA alleged that Harvard Drug Group failed to maintain effective control against the diversion of controlled substances into other than legitimate medical scientific and industrial channel, in violation of various federal statutes and regulations.

The immediate suspension order was subsequently modified on June 18, 2010, such that the suspension did not apply to schedule III, IV and V drugs which Harvard was permitted to distribute but Harvard's authority to distribute schedule II drugs remained suspended until further order of the court.

Effective March 28, 2011, The Harvard Drug Group, LLC, Livonia DEA Registration # RG0131499 is suspended for a period of one year pursuant to a Memorandum of Agreement by and between the DEA and Harvard ("MOA"). The MOA provides that Harvard shall maintain a Compliance program designed to detect and prevent diversion of controlled substances through an effective suspicious order monitoring system as required by the Controlled Substances Act and applicable DEA regulations. The Harvard Drug Group is currently shipping all controlled substances from its Indianapolis distribution center DEA license number RG0208581 in accordance with the provisions of the MOA.

As of September, 2011, the DEA has completed its 180-day Compliance Inspection in accordance with the provisions of the MOA. The Compliance Inspection has been deemed satisfactory in accordance with the MOA requirements.

Please feel free to contact the undersigned at the telephone number listed below if you have any questions regarding this matter.

Thank you for your time.

Very Truly Yours,


Samir Shah
VP Regulatory Affairs

P: 734-743-6180



The National Association of Boards of Pharmacy®
hereby awards

Verified-Accredited Wholesale DistributorsSM Accreditation

to

The Harvard Drug Group, LLC dba Major Pharmaceuticals dba Harvard Third Party Logistics
located at

5110 W 74th St, Indianapolis, IN 46268

This facility has met all the Verified-Accredited Wholesale Distributors criteria requirements set in place by
the National Association of Boards of Pharmacy.

03/03/2006

Initial Accreditation

03/03/2009

Reaccreditation Date

03/03/2012

Next Reaccreditation Date

6291-14018

VAWD® Unique Identifier

Carmen A. Catizone, Executive Director/Secretary

National Association of Boards of Pharmacy • 1600 Fehmanville Drive, Mount Prospect, IL 60056 • www.nabp.net

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

\$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 ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Allermed Pharmacy
Physical Address: 7203 Convoy Court San Diego, CA 92111
Mailing Address: P.O. Box 17540 San Diego, CA 92177-7540
City: San Diego State: CA Zip Code: 92177-7540
Telephone Number: 858-292-1060 Fax Number: 858-292-5934
Toll Free Number: 800-221-2748 (Required per NAC 639.708)
E-mail: orders@allermed.com Website: www.allermed.com
Managing Pharmacist: Karen Koenig License Number: RPh45647

Hours of Operation:

Monday thru Friday 8:30 am 5:00 pm Saturday N/A am _____ pm
Sunday N/A am _____ pm 24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|--|--|
| ☐ Retail | ☐ Off-site Cognitive Services |
| ☐ Hospital (# beds _____) | ☒ Parenteral |
| ☐ Internet | ☐ Parenteral (outpatient) |
| ☐ Nuclear | ☐ Outpatient/Discharge |
| ☒ Out of State | ☒ Mail Service |
| ☐ Ambulatory Surgery Center | ☐ Long Term Care |

Board Use Only

Received: FEB 08 2012 Amount: 500 Entity: 59129 1

OWNERSHIP IS A CORPORATION

State of Incorporation: CALIFORNIA
Parent Company if any: ALLARMED LABORATORIES, INC.
Corporation Name: ALLARMED HOLDINGS, INC.
Mailing Address: 880 CARILLON PARKWAY
City: ST. PETERSBURG State: FL Zip: 33716
Telephone: (727) 575-5722 Fax: _____
License Contact Person: HARRY S. NIELSEN, JR. (858) 292-1060
Professional Compliance Contact Person: MIKE DUNSCHLAG (858) 292-1060

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.	<u>ALLARMED HOLDINGS, INC.</u>	%: <u>90</u>
2.	<u>SCOTT S. NIELSEN</u>	%: <u>5</u>
3.	<u>MIKE DUNSCHLAG</u>	%: <u>5</u>
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: _____
Registration number issued: _____
Stock Exchange: _____

List any physician shareholders and percentage of ownership:

N/A _____

If corporation is a subsidiary, list name and state of incorporation of the parent corporation and include a list officers.

(w)
Albion Medical Holdings, Inc.
JOHN ROBY PRESIDENT / CEO GRAVEN WAENN - SECRETARY 2
ANTHONY PALUMBO CFO / TREASURER HARRY S. NIELSEN - DIRECTOR

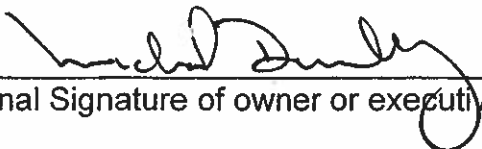
Within the last five (5) years:

- 1) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 any 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 owner or executive officer, no stamps or copies

11-28-2011
Date

VICE PRESIDENT OF OPERATIONS, ALLEGRO PHARMACY
Print or Type name and title

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

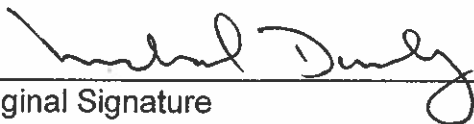
I, MICHAEL DUSCHLAG

Corporate Officer of ALLEGRO PHARMACY

hereby acknowledge and understand that in addition to the corporation's responsibilities, my fellow officers and I, as corporate officers of said corporation, 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 corporate officers 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 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

11-28-2011
Date



California State Board of Pharmacy

1625 N. Market Blvd, N219, Sacramento, CA 95834

Phone: (916) 574-7900

Fax: (916) 574-8618

www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

January 13, 2012

Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, NV 89509

California State Board of Pharmacy License Verification

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

Licensee Name: ALLERMED PHARMACY

License Type: PHARMACY

License Number: PHY 50592

Status: ACTIVE

Issue Date: 08/03/11

Expiration Date: 08/01/12

Address of Record: 7203 CONVOY CT SAN DIEGO CA 92111

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Virginia Herold
Executive Officer

By

A handwritten signature in blue ink that reads "Barbera Schleicher".

Barbera Schleicher
Public Inquiry Analyst
(916) 574-7922

Barbera.Schleicher@dca.ca.gov



California State Board of Pharmacy

1625 N. Market Blvd, N219, Sacramento, CA 95834

Phone: (916) 574-7900

Fax: (916) 574-8618

www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

January 13, 2012

Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, NV 89509

California State Board of Pharmacy License Verification

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

Licensee Name: ALLERMED PHARMACY

License Type: STERILE COMPOUNDING

License Number: LSC 99700

Status: ACTIVE

Issue Date: 11/17/11

Expiration Date: 08/01/12

Address of Record: 7203 CONVOY CT SAN DIEGO CA 92111

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Virginia Herold
Executive Officer

By

A handwritten signature in blue ink that reads "Barbara Schleicher".

Barbara Schleicher
Public Inquiry Analyst
(916) 574-7922

Barbara.Schleicher@dca.ca.gov

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

\$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 ☒ Ownership Change ☐ Name Change ☐ Location Change ☐
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: CYSTIC FIBROSIS PHARMACY Inc.

Physical Address: 3901 E. COLONIAL DR.

Mailing Address: SUITE D

City: ORLANDO State: FL Zip Code: 32803

Telephone Number: 407-898-4427 Fax Number: 407-897-2108

Toll Free Number: 888-307-4427 (Required per NAC 639.708)

E-mail: mccully@phhs.com Website: www.cfpharmacy.com

Managing Pharmacist: Ruth Adams License Number: PS 10217

Hours of Operation:

Monday thru Friday 8:30 am 5:30 pm

Saturday on call 24 hr

Sunday on call 24 hours

24 Hours ☒

TYPE OF PHARMACY

SERVICES PROVIDED

- ☒ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☒ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

Board Use Only

Received: JAN 26 2012 Amount: 500.00 Entity: 59012 1

OWNERSHIP IS A CORPORATION

State of Incorporation: FLORIDA

Parent Company if any: _____

Corporation Name: CYSTIC FIBROSIS PHARMACY Inc.

Mailing Address: 3901 E. COLONIAL DR. SUITE D

City: ORLANDO State: FL Zip: 32803

Telephone: 407-898-4427 Fax: 407-897-2108

License Contact Person: Ph: L McCully

Professional Compliance Contact Person: mccully@ehhcs.com

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. <u>N. LOIS ADAMS</u> | %: <u>100</u> |
| 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: _____

Registration number issued: _____

Stock Exchange: _____

N/A

List any physician shareholders and percentage of ownership:

N/A

If corporation is a subsidiary, list name and state of incorporation of the parent corporation and include a list officers.

Within the last five (5) years:

- 1) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 any 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.

N. Lois Adams
Original Signature of owner or executive officer, no stamps or copies

9/1/2011
Date

N. LOIS ADAMS, Pres/CEO
Print or Type name and title

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, N. LOIS ADAMS

Corporate Officer of CYSTIC FIBROSIS PHARMACY

hereby acknowledge and understand that in addition to the corporation's responsibilities, my fellow officers and I, as corporate officers of said corporation, 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 corporate officers 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 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.

N. Lois Adams
Original Signature

9/1/2011
Date

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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 ☐ Publicly Traded Corporation – Pages 1,2,3,7 ☒ Non Publicly Traded Corporation – Pages 1,2,4,7 Please check box for type of ownership and complete correct part of the application.	☐ Ownership Change (Please provide current license number if making changes: PH _____) ☐ Partnership - Pages 1,2,5,7 ☐ Sole Owner – Pages 1,2,6,7
---	---

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: HomeChoice PARTNERS, INC
Physical Address: 5365 Robin Hood Road, Ste 200
Mailing Address: 5365 Robin Hood Road, Ste 200
City: Norfolk State: Virginia Zip Code: 23513
Telephone: 757-855-4255 Fax: 757-855-8299
Toll Free Number: 800-745-7764 (Required per NAC 639.708)
E-mail: info@HomeChoicePARTNERS.COM Website: www.HomeChoicePARTNERS.COM
Managing Pharmacist: Regina Baker, PharmD License Number: 0202012912 ^{Virginia}

Hours of Operation:

Monday thru Friday 8:30 am 5:30 pm Saturday on call 24/7 am pm
Sunday on call 24/7 am pm on call 24 Hours 7 Days a week

TYPE OF PHARMACY

SERVICES PROVIDED

☐ Retail ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Out of State ☐ Ambulatory Surgery Center	☐ Off-site Cognitive Services ☒ Parenteral ☒ Parenteral (outpatient) ☐ Outpatient/Discharge ☐ Mail Service ☐ Long Term Care
--	--

APPLICATION FOR OUT-OFSTATE 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 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

Mary Ann Cope, R.Ph.
Print Name of Authorized Person

2/2/2012
Date

Board Use Only

Received:

FEB 14 2012

Amount:

500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
Parent Company if any: Home Choice PARTNERS, INC
Corporation Name: Home Choice PARTNERS, INC
Mailing Address: 5365 Robin Hood Road, suite 200
City: Norfolk State: VA Zip: 23513
Telephone: 757-855-4255 Fax: 757-855-8294
Contact Person: Begina Baker, PharmD

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

- a) DAVITA, INC 601 HAWAII ST EL Segundo CA 90245
Name Address
- b) MARY ANN COPE RPh 3020 ISLAND LANE VIRGINIA BEACH VA 23454
Name Address
- c) KATHY PUGLISE MSN/ED, BSN, RN, CANT 1304 SANDO FARM DR, CHESAPEAKE, VA 23320
Name Address
- d) BARBARA EXUM PharmD 6249 GREENWICK DR, GLEN ALLEN, VA 23059
Name Address

- 2) Provide the number of shares issued by the corporation. 3840
- 3) What was the price paid per share? \$21,494.¹⁶
- 4) What date did the corporation actually receive the cash assets? 9/7/2007
- 5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: NA %: _____

Name: _____ %: _____

Include with the application for a non publicly traded corporation

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.

List of officers and directors

See attached

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, MARY ANN COPE

Responsible Person of HomeChoice PARTNERS, INC

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

MARY ANN COPE, R.Ph.

Print Name of Authorized Person

2/2/2012

Date



COMMONWEALTH of VIRGINIA

Dianne L. Reynolds-Cane, M.D.
Director

Department of Health Professions

Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463
Board of Pharmacy
804/367-4456
804/527-4472 (fax)

www.dhp.virginia.gov
TEL (804) 367- 4400
FAX (804) 527- 4475

VERIFICATION OF LICENSE / REGISTRATION

Nevada Board of Pharmacy

RE: HomeChoice Partners, Inc.
5365 Robin Hood Road, Suite 200
Norfolk, VA 23513

The Virginia Board of Pharmacy certifies that the above referenced company holds a permit in the Commonwealth of Virginia as follows:

Type of Permit	<u>Pharmacy</u>
Permit Number	<u>0201003358</u>
Date Issued:	<u>12/05/1996</u>
Expiration Date:	<u>04/30/2012</u>

Status:

1. Current Active:	Yes ☒	No ☐
OR		
2. Restricted:		
Visit our website at	Yes ☐	No ☒
<u>www.dhp.virginia.gov/pharmacy</u> , click on "License Lookup" and follow the prompts		

Prior Disciplinary Documents:

Visit our website at	Yes ☐	No ☒
<u>www.dhp.virginia.gov/pharmacy</u> , click on "License Lookup" and follow the prompts		



Sharon H. Davenport
Administrative Assistant III
January 26, 2012

SEAL

Blank

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

\$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 ☒ Ownership Change ☐ Name Change ☐ Location Change ☐
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Royal Palm Specialty Pharmacy LLC
Physical Address: 118 Main St
Mailing Address: _____
City: Webster State: Ma. Zip Code: 01570
Telephone Number: 508-461-4045 Fax Number: 1-508-461-4044
Toll Free Number: 1-888-568-6063 (Required per NAC 639.708)
E-mail: Agnesrph@yahoo.com Website: royalpalmma.com
Managing Pharmacist: Karen Blakely License Number: PH 21868

Hours of Operation:

Monday thru Friday 10 am 6:30 pm Saturday 9 am 12 pm
Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☒ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

wants to appear
in future

Board Use Only

Received: JAN 10 2012 Amount: 500.00 Entity: 58891 1

OWNERSHIP IS A CORPORATION

State of Incorporation: Delaware
Parent Company if any: N/A
Corporation Name: Royal Palm Specialty Pharmacy LLC
Mailing Address: 118 Main St
City: Webster State: Ma Zip: 01570
Telephone: 508-461-4045 Fax: 508-461-4044
License Contact Person: Agnes Rubin
Professional Compliance Contact Person: Agnes Rubin

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. <u>Agnes Rubin</u>	#: <u>100%</u>
2. _____	#: _____
3. _____	#: _____
4. _____	#: _____

N/A 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: _____
Registration number issued: _____
Stock Exchange: _____

List any physician shareholders and percentage of ownership: N/A

If corporation is a subsidiary, list name and state of incorporation of the parent corporation and include a list officers.

N/A

Within the last five (5) years:

- 1) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 any 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 owner or executive officer, no stamps or copies

12/6/11
Date

Agnes Rubin - Pres

Print or Type name and title

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Agnes Rubin
Corporate Officer of Royal Palm Specialty Pharmacy
hereby acknowledge and understand that in addition to the corporation's
responsibilities, my fellow officers and I, as corporate officers of said corporation,
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 corporate officers 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 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.

ARubin
Original Signature

12/6/11
Date

Send to State Board of Pharmacy for Completion: A separate letter is acceptable.
Do not return with application unless it has been completed by the licensing agency.

DEC 03 2011

BOARD OF
PHARMACY

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

PHARMACY LICENSE VERIFICATION

Name: Royal Palm Specialty Pharmacy
Address: 118 Main St
City: Webster State: Ma Zip: 01570
I hereby authorize the Massachusetts Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.
Signature of Applicant Grubin

THIS FORM MUST BE FORWARDED TO THE HOME STATE
LICENSING AGENCY FOR COMPLETION DO NOT WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
89765	current	4/29/2011	12/31/2013

Has this license been encumbered in any way? ☐ Yes ☒ No	Type of Encumbrance: (if any) ☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents
--	---

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) ☐ Yes ☒ No				
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain) ☐ Yes ☒ No				
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) ☐ Yes ☒ No				
Has applicant met all licensing requirements of your state? (If no, please explain) ☒ Yes ☐ No				
Signature of State Official	Title	State	Date	State Seal
<u>James D. Coffey</u>	<u>Director</u>	<u>MASS</u>	<u>12/13/2011</u>	

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NEVADA STATE BOARD OF PHARMACY

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

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

LICENSE – NON PUBLICLY TRADED CORPORATION

\$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 MDEG ☒ Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: Eric M. Lindsey Ocular Artists, Inc.

Physical Address: 3663 E. Sunset Road Ste 507 Las Vegas, NV 89120
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1728 PROFESSIONAL DR

City: SACRAMENTO State: CA Zip Code: 95825

Telephone Number: 702 609 9203 Fax Number: 916 485 4389

E-mail _____ Website: ocularartistsinc.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: _____ to _____ Tue: _____ to _____ Wed: _____ to _____ Thu: 9 to 5 * 3rd Thurs of Fri each month
Fri: 9 to 5 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

FACILITY ADMINISTRATOR INFORMATION

Name: ERIC LINDSEY

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

☐ Medical Gases**

☐ Respiratory Equipment**

☐ Life-sustaining equipment**

☐ Diabetic Supplies

☐ Assistive Equipment

☐ Parenteral and Enteral Equipment**

☐ Orthotics and Prosthetics

Other: OCULAR PROSTHESES

**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: AUDREY SMITH Telephone: 702 521 4038

Board Use Only

Received FEB 08 2012 Amount 500.00 Entity 59122 1

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: NEVADA
Parent Company if any: _____
Corporation Name: ERIC M. LINDSEY OLIVAR ARTISTS INC.
Mailing Address: 3663 E. SUNSET RD STE 507
City, State and Zip: LAS VEGAS NV 89120
Telephone Number: 702 601 9203 Fax Number: 916 485 4389
License Contact Person: ERIC M LINDSEY
Professional Compliance Contact Person: ERIC M LINDSEY

NAME AND TITLE OF EACH OFFICER AND DIRECTOR (Use separate sheet if necessary)

<u>Officer or director name</u>	<u>Officer or director title</u>
<u>ERIC M LINDSEY</u>	<u>PRESIDENT</u>
<u>SAMANTHA L LINDSEY</u>	<u>SECRETARY</u>

For any corporation non publicly traded, disclose the following:

- 1) List any persons to whom the shares were issued by the corporation?

a) ERIC M LINDSEY : _____
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form.

- 2) Provide the number of shares issued by the corporation. 1000
- 3) What was the price paid per share? NO PAR \$3.20
- 4) What date did the corporation actually receive the cash assets? 7/23/2009
- 5) Provide a copy of the corporations stock register evidencing the above information.

If the non publicly traded corporation is a subsidiary, list name and state of incorporation of the parent corporation, and include a list of its officers.

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

ERIC M. LINDSEY OCULAR ARTISTS, INC

PHILLIP A. DANZ AND ASSOC., INC.

- 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 ☒ If yes, list the persons, their address and their business names.

a) _____
Name Address
Business
b) _____
Name Address
Business
c) _____
Name Address
Business
d) _____
Name Address
Business

- 2) Are you or have you in the last 10 years been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☒ No ☐ If yes, list the persons, their address and their business names.

a) Phillip A Danz & Assoc. Inc 1728 Professional Dr Sacramento CA
Name Address 95825
Business
b) _____
Name Address
Business

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

☒ Practitioner	Name: <u>ERIC M LINDSEY</u>
☐ Advanced Practitioner of Nursing	Name: _____
☐ Physician's Assistant	Name: _____
☐ Physical Therapist	Name: _____
☐ Occupational Therapist	Name: _____
☐ Registered Nurse	Name: _____
☐ Respiratory Therapist	Name: _____

Within the last five (5) years:

- 4) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 5) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 6) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 7) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 ☒
- 8) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 any question 4 through 8 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 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, so far as they deem necessary, proper or desirable.

Original Signature of Corporate Officer, no stamps or copies

Date

ERIC M. LINDSEY
Type name and title

PRESIDENT

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

✓ Date 11/28/11

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for _____
Nature of MDEG _____
ERIC J. LINDSEY OCULAR ARTISTS, INC. 3663 E. SUNSET RD STE 507 LAS VEGAS, NV 89120
Name and Address of Business for Which MDEG Administrator Is Requested
N/A
If applicable, Name Under Which It Is Now Operated _____

1. PERSONAL INFORMATION:

LINDSEY ERIC MATTHEW
Last Name First Name Middle Name

N/A
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

5225 MOSSY STONE WAY RANCHO CORDOVA CA 95742
Present Residence Address-Street or RFD City State/Zip

3663 ESUNSET RD STE 507 Dates LAS VEGAS NV 89120
Present Business Address City State/Zip

OWNER / PRESIDENT CEO Dates 8/1/2009 - PRESENT
Present Position with the MDEG

Phone: Fax: _____

Email address _____

Provo UTAH UT
Date of Birth Place of Birth (City, County, State)

33 _____ _____
Age Social Security Number Sex

BRN RED 175 6'
Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☒ No ☐

If alien, registration No N/A

If naturalized, certificate No N/A Date _____

Place N/A (If naturalized, document must be verified.)

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

7/1/2003	Phillip A DANZ & Associates. INC	+ 10,000
Month and Year	Name/ Address of Employer/Business	No of Employed Hours

APPRENTICE OCULARIST	LAB, SEE PATIENTS, create prostheses	Phillip DANZ
Title	Description of Duties	Name of Supervisor

7/1/2008	Phillip A Danz & Associates. INC	8,000
Month and Year	Name/ Address of Employer/Business	No of Employed Hours

PRESIDENT/CEO	PATIENT CARE, ALL ADMIN, BILL, ACCOUNTING, HR SELF	
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information and provide a written explanation and/or documents.

a) Board Administrative Action: State: _____
b) _____

N/A

Date: _____

Case Number: _____

c) Criminal Action: State: _____

N/A

Date: _____

Case Number: _____

County: _____

Court: _____

4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes ☒ No ☐

5 .Will you be employed fulltime with the MDEG? Yes ☐ No ☒

6 .Will you be present at the site of the MDEG during its normal operating hours? Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation.

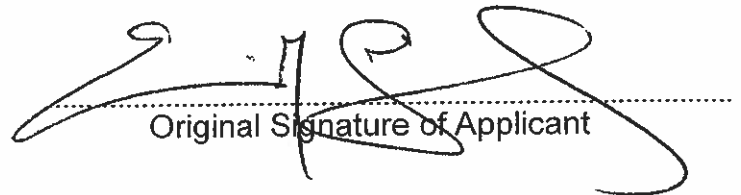
N/A



Date of photograph 12-2-11

I, ERIC M LINDSEY, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.


Original Signature of Applicant

Date 12-2-11

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Eric m Lindsey Oculor Artist's
 Nature of License MDEG
 Name and Address of Establishment for Which License Is Requested
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Lindsey First Name Eric Middle Name m.
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
 Present Residence Address-Street or RFD 5225 mossy stone way City Rancho Cordovac State/Zip CA 95742
 Present Business Address 3663 E Sunset Rd City _____ State/Zip _____
 Occupation _____ Phone: Residence _____ Business _____
 Place of Birth (City, County, State) Utah
 Age 33 Social Security Number _____ Sex m
 Color of Eyes BRN Color of Hair Red Complexion _____ Weight 175 Build _____ Height 6

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No _____

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial EL Page 1

A. **Current Marriage** OAKLAND ALAMEDA CA
 Spouse's full name (Maiden) ^{Date} SAMANTHA LONG City, County S.S. No.
 Date of Birth 4/10/1984 Place of Birth JOHANNESBURG, SOUTH AFRICA
 Resident address 5225 MOSSY STONE WAY RANCHO CORDOVA CA 95742
 Telephone: Res ss () N/A
 Spouse's employer N/A Occupation N/A
 Address of employer N/A

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>N/A</u>				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
<u>N/A</u>					

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address

B. **Child Support Information:**

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial SL

Name N/A
 Address _____
 Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

Name (Maiden)	Address	Occupation
Father THOMAS LINDSEY	4755 VIA CORONA	CEO MEDICAL
Mother NANNETTE RAMSAY	YORBA LINDA, CA 92887	DEVICE ENTERPRISES
Father-in-Law GEORGE LONG	10233 Shooch Way i ELK GROVE, CA	ENGINEER/DIRECTOR SIEM
Mother-in-Law SHARON BEECH	95758	

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Spouse BRYCE LINDSEY SARAH STEED		4755 VIA CORONA YORBA LINDA CA 92887	CEO NORCO MEDICAL PRODUCTS
Spouse ADRIENNE LINDSEY JONES DOUGLAS WHITE		716 CASELLA WAY PETALUMA, CA 95954	NURSE MANAGER
Spouse JESSICA SMITH		4755 VIA CORONA YORBA LINDA, CA 92887	LONG TERM CARE FACILITY
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School TRAVIS RANCH	YORBA LINDA CA	1986 - 1992	Yes ☒ No ☐
High School EL DORADO	PLACENTIA CA	1992 - 1996	Yes ☒ No ☐
College University CSU LONG BEACH	LONG BEACH CA	1999 - 2003	Yes ☒ No ☐
Other L'ACADEMIA DI BELLE ARTI	FLORENCE ITALY	2003 - 2004	Yes ☐ No ☒

Type of degree obtained, if any BFA

College or university where obtained CSU LONG BEACH

Applicant's initial SL
 Page 3

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☒ No ☐

County ORANGE State CA Date registered 5/16/96

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
----------------	-----	--------	-------------------------	-----------------	------------------

N/A

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when?.....city, county and state.....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when?.....city, county and state.....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
------	--------------	--------	----------	------

N/A

Applicant's initial EL Page 4

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
--	------------	-----------------------	------------------------	------------------

N/A

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
----------------	----------------	---

N/A

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
--------------------------	-------------------	------	-----------------

12/09 - NOW	5225 MOSSY STONE WAY	RANCHO CORDOVA	CA
5/06 - 12/09	1888 WATERFALL DR	MARYSVILLE	CA
11/05 - 5/06	12155 TRIBUTARY POINT DR	GOLD RIVER	CA 9
5/04 - 11/05	3427 KLEINER WAY	RANCHO CORDOVA	CA
7/03 - 5/04	400 PARK FAIR DR	SACRAMENTO	CA
1982 - 6/03	4755 VIA CORONA,	YORBA LINDA	CA

Applicant's initial

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8/09	ERIC M. LINDSEY OCULAR ARTISTS INC NV 89120 3603 E SUNSET ROAD STE 507 LAS VEGAS	SELF N/A
Title	Description of Duties	Name of Supervisor
CEO	CREATE OPHTHALMIC PROSTHETIC DEVICES	SELF
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/03	Phillip A. DANZ & ASSOC. INC 1728 PROFESSIONAL PR SACRAMENTO CA 95825	N/A
Title	Description of Duties	Name of Supervisor
APPRENTICE → PRESIDENT/CEO		Phillip A. DANZ → SELF
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
02-03	STUDENT @ CSU LONG BEACH	
Title	Description of Duties	Name of Supervisor
	LONG BEACH, CA	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2000-2001	STUDENT @ ACCADEMIA DI BELLE ARTI	
Title	Description of Duties	Name of Supervisor
	FLORENCE, ITALY	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1997-1999	LOS MISSIONARY RECIFE, BRAZIL	
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1996-1997	STUDENT BRIGHAM YOUNG UNIVERSITY PROVO UTAH	
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial EW Page 6

List live character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>JOEL BURNHAM DDS</u>	Home				()	
Employer	Business				()	
Name <u>MARK MANNIS MD</u>	Home				()	
Employer	Business <u>UC DAVIS OPHTHALMOLOGY</u>				()	
Name <u>LILY LIN MD</u>	Home					
Employer	Business <u>UC DAVIS OPHTHALMOLOGY</u>					
Name <u>SHOIB MYINT MD</u>	Home				()	
Employer	Business <u>LAS VEGAS</u>					
Name <u>JANICE EGGETT MD</u>	Home				()	
Employer	Business <u>LAS VEGAS</u>					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
<u>N/A</u>			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:
- | | | | | |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |
- Yes ☐ No ☒
If yes, state type, where and years held

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Philip A. DANZ AND ASSOCIATES, INC. SACRAMENTO, CA
STATE BUSINESS LICENSE STATE OF CALIFORNIA

Applicant's initial EL

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



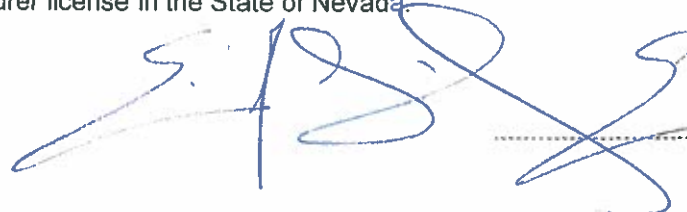
Date of photograph 2-2-11

Applicant's initial *CU*

COUNTY OF CLARK

I, ERIC M LINDSEY, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.


Original Signature of Applicant

Subscribed and Sworn to before me this _____ day of _____

Notary Public

*Notary Affected
HR*

(seal)

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

INTERN PHARMACIST APPLICATION

Registration Fee: \$40.00 (non-refundable money order or cashier's check only, no cash)

Complete Name (no abbreviations):

First: Hong Middle: Thu Thi Last: Tran

Home Address: 9020 Tillander Way Apt #: _____

City: Elk Grove State: CA Zip Code: 95624

Telephone _____

Social Security Number: _____

Date of Birth: _____

Place of Birth: Stockton, CA

Sex: ☐ M ☒ F

E-mail Address: _____

Pharmacy School: California Northstate College of Pharmacy

Attendance dates: August 31, 2009 - May 18, 2013

Include a letter from Dean's office stating you are enrolled in pharmacy school.

If you are a foreign graduate, you must attach a copy of your FPGE certificate to this application. You also need to complete the pharmacy school information.

		Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?...		☐	☒
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		☒	☐
2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?		☒	☐
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		☐	☒

If you marked **YES** to any of the numbered questions (1-3) above, include the following information & provide documentation:

Board Administrative Action:	State	Date:	Case #:
	<u>CA</u>	<u>09/09/10</u>	<u>C1 2009 42662</u>

Criminal Action:	State	Date:	Case #:	County	Court
	<u>CA</u>	<u>06/25/10</u>	<u>10T00474</u>	<u>Sacramento</u>	<u>Superior court of California</u>

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications.

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☒
IF you marked YES to the question, above are you in compliance with the court order?	☐	☐

I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct. I further understand that I must be currently enrolled in pharmacy school to maintain my intern license and that if I am no longer enrolled in pharmacy school, my intern license is no longer valid. In addition, I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

Original Signature, no copies or stamps accepted.

Date

2/9/12

Board Use Only Received:

FEB 14 2012

Amount:

40.00

Entry #:

59195



California State Board of Pharmacy

1625 North Market Boulevard, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

October 18, 2010

HONG THU THI TRAN
9020 TILLANDER WAY
ELK GROVE, CA 95624

RE: CI 2009 42662

HONG THU THI TRAN
INT 24754

This is in response to the administrative fine provided to the board for the above referenced citation. The payment has been received and accepted as satisfactorily resolving the matter.

Please be advised that this citation has become a part of the board's records and constitutes a public record for purposes of disclosure.

If you have any questions regarding this matter, please contact the Associate Enforcement Analyst, Jennifer Sevilla at (916) 574-7925.

Sincerely

A handwritten signature in cursive script, reading "Virginia Herold".

Virginia Herold
Executive Officer
Board of Pharmacy

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA
CITATION AND FINE**

Citation Number CI 2009 42662	Name, License No HONG THU THI TRAN , INT 24754
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JURISDICTION: Bus. & Prof. Code § 4005; CCR, title 16, § 1775;

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4301 subd. (h)	Administering to oneself, of any controlled substance, or the use of any dangerous drug or of alcoholic beverages...	\$250.00
Bus. & Prof. Code § 4301 subd. (l)	Conviction of a crime substantially related to the practice of pharmacy	\$250.00

CONDUCT:

Unprofessional Conduct – Business and Professions Code section 4301(h) which authorizes the Board to take action against a licensee for their use of an alcoholic beverage to the extent or in a manner as to be dangerous or injurious to oneself or others. Specifically, on December 24, 2009, INT Tran was arrested and charged with violation of Vehicle Code (VC) sections 23152(a) – Driving Under the Influence (DUI) of a Drug or Alcohol and 23152(b) – DUI/0.08 percent with a special allegation of having a blood alcohol concentration of 0.15 percent or more, misdemeanors.

Unprofessional Conduct – Business and Professions Code section 4301(l) which authorizes the Board to take action against a licensee for the conviction of a crime substantially related to the qualifications, functions, and duties of a licensee. Specifically, on June 25, 2010, INT Tran pled Nolo Contendere to violation of VC section 23152(b) – DUI/0.08 percent with a special allegation of having a blood alcohol concentration of 0.15 percent or more, a misdemeanor.

CITATION ISSUED ON: September 09, 2010	TOTAL AMOUNT OF FINE(S): \$500.00
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PAYMENT OF FINE(S) DUE BY: October 09, 2010

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO

ORDER OF INFORMAL PROBATION AND MINUTE ORDER

DEFENDANT NAME (LAST, FIRST, MI) Tran, Hong Thu-Thi		DATE 6/25/10	CASE NUMBER	
VIOLATION(s) ☐ 23152(a) VC - First Offense ☒ 23152(b) VC - First Offense	JUDGE OF THE SUPERIOR COURT Lloyd G. Connelly	DEPT. 33	DEPUTY CLERK C. Beebunt	

WHEREAS, the defendant appeared before this Court for judgment and sentence, and having been duly arraigned for said purpose for the above violation(s) and no legal cause being shown why judgment should not be pronounced IT IS ORDERED THAT Imposition of Judgment & Sentence be suspended and that the defendant be placed on Informal Probation to this court for the term of 3 years from this date on the conditions checked below:

- ☒ 1. (OAL) Obey all laws ☒ 2. (DRINK/DRIVE) Do not drive a motor vehicle with any drugs or any measurable amount of alcohol in your system. Do not refuse to complete blood alcohol chemical test when offered by any peace officer with reasonable cause to do so. ☒ 3. (VALID/LIC) Do not drive without a valid California driver's license or in violation of California Vehicle licensing laws. ☒ 4. (VALID/INS) Do not drive without insurance.
- ☐ 5. (REST/LOSS) Make restitution for personal injury/property damage/loss caused in this offense. Pursuant 1202.4(f)(7) & (11), you shall prepare and file a financial disclosure form (CR-115) with the court within 10 days of this date and an updated form within 90 days prior to release from probation if there is any unpaid restitution or fine: ☐ (REST/TBD) Restitution to be determined by DRR

☐ Amount: \$ _____ Victim(s): _____

- ☒ 6. (FINE/ASMT) (FINE/TIME) Fine & Assessments: Pay the following fines/assessments or serve 18 days County Jail.

FINE/ASSESSMENT TYPE	AMOUNT	JAIL CREDIT	REDUCED AMOUNT	OR SERVE
Base fine	\$ 480.00			
Penalty Assessment	\$ 960.00			
Court Construction Penalty (CTCONST) (GC70372(a))	\$ 96.00			
CIF (PC1465.7(a)) (CIF)	\$ 96.00			
DNA (GC76104.5(a)) (DNA1) (Effective 11/04/04)	\$ 48.00			
DNA (GC76104.7) (DNA2) (Effective 07/12/06)	\$ 48.00			
Rest Fine (GC13967/PC1202.4(b)) (REST/FINE)	\$ 100.00			
☒ (1202.44 PC) Additional Rest Fine in the amount of \$ <u>100.00</u> pursuant PC1202.44 stayed pending revocation of probation.				

☐ Jail in lieu of fine to be served _____

☐ (ASP/LIEUF) Alternative Sentencing Program in lieu of fine _____ hours to be completed by/within _____ days/months.

- ☒ (ALC/ASMT) Alcohol Abuse Education & Prevention Assessment of \$50 (VC 23645)

- ☒ (NCA) Night Court Assessment fee \$1.00 (VC42006)

- ☒ (ALC/ASMT2) Alcohol & Drug Problem Assessment \$10.00 (VC23649)

- ☐ (OR/FEE) Criminal Justice Processing Fee \$25.00 (GC 29550(c))

- ☐ (CITE/FEE) Citation Processing Fee \$10.00 (GC 29550(c))

- ☐ (RCCC/FEE) RCCC Booking Fee \$115.61 (GC 29550.2(a))

- ☒ (CTCONV34) Criminal Conv Assmt (Mis/Fel) \$30.00 (GC 70373)

- ☒ (HIST/FEE) Criminal History Fee \$10.00

- ☒ (BOOK/FEE) MJ Booking Fee \$270.17 (GC 29550.2(a))

- ☒ (CLASS/FEE) Classification Fee \$51.34 (GC 29550.2(a))

- ☒ (CTSECURITY) \$20 Court Security Surcharge (PC 1465.8(a)(1))

Payable: ☒ (PAY/DRR) Through DRR ☐ (PAY/FW) Forthwith ☐ (PAY/STAY) No later than _____

☐ Stay fee wvd

- ☒ 7. (JAIL) SERVE 48 hrs

in the CJ, credit for time served _____

dys/hrs.

☐ HBA

☐ Speed

☐ Minor in Vehicle

☐ Refusal

- ☒ Consecutive ☐ Concurrent to

☐ Or Complete _____ Hrs. ASP by/within _____ days/mos

- ☒ S.W.P. recommended ☐ Straight time ☐ Home Detention recommended ☐ Medical Home Detention recommended

☐ Apply while in custody ☐ Released to apply ☐ Stay to sign-up on or before _____

☐ Stay CJ to _____ ☐ CJ may be done in _____ County

☐ Show Proof of completion: _____ at _____ Dept. _____

☐ Weekends: Report to RCCC/MJ on _____ at _____ and be released on _____ at _____ and each consecutive weekend/weekly increment thereafter until time served.

- ☒ 8. (DUI/IST) You are hereby ordered to report to and enroll in the ☒ First Offender ☒ High Blood Alcohol 6-month Program ☐ 9-month Program ☐ SB-38 within 72 hours from today or release from custody. Failure to enroll as ordered will cause your application to be returned to the court. This may result in revocation of probation and the original sentence may be imposed: ☐ May be done in _____ County ☐ C/C with _____

☐ Stay Enrollment in Program for _____ days after release from custody. ☐ Enroll by/within _____ (date/days).

- ☐ 9. (LIC/REV)/(LIC/SUSP) Driver's License revoked/suspended for a period of _____ months/years purs 13202.5 VC.

- ☐ 10. (ATTEND/AA) Defendant to attend _____ AA or 12-Step meetings and provide proof of attendance on _____ at _____, in Dept _____ or in the alternative serve _____ days in the county jail; consecutive.

- ☐ 11. (S&S) SEARCH: Deft shall submit his/her person, property and automobile and any object under deft's control to search and seizure, in or out of the presence of the deft, by any law enforcement officer and/or Probation Officer, at any time of the day or night, with or without his/her consent, with/without a warrant. Defendant being advised of his/her constitutional rights in this regard, and having accepted probation, is deemed to have waived same.

- ☒ 12. (ADV 23593VC) Advised purs. 23593 (a) VC that a DUI resulting in someone's death can be charged as murder.

- ☐ 13. (DNASAMPLE) Submit DNA sample purs to 296.1(a)(3)(A) PC. ☐ In Main Jail while in custody ☐ Rpt to out-of custody facility as ordered w/in 5 days.

- ☐ 14. Proof of critical need shown: purs VC 13202.5(c), court recommends restricted driver's license with codes S, T, E, & V. Amended DMV abstract to be issued.

☐ 15. Other: _____

I acknowledge that I have received and read a copy of this order and accept Probation.

DEFENDANT SIGNATURE Hong Thu-Thi Tran	TELEPHONE NUMBER		
ADDRESS 9020 Tillander Way	CITY Elk Grove	STATE CA	ZIP 95624

Per People, defendant

News Release

FOR IMMEDIATE RELEASE

Date: February 06, 2012

Contact: David Melenkevitz, PIO

Number: 954-660-4602

DEA Suspends Pharmaceutical Wholesale Distributor and Retailers Ability to Sell Controlled Substances

Recent Efforts Go Beyond "Mom and Pop" Businesses

Feb 6 ORLANDO, Fla. Mark R. Trouville, Special Agent in Charge (SAC) of the Miami Field Division (MFD), Drug Enforcement Administration (DEA), announced today the issuance of Immediate Suspension Orders (ISO) at Cardinal Health, a pharmaceutical wholesale distributor in Lakeland, Florida, and two of its customers, CVS/Pharmacy #219 and CVS/Pharmacy #5195, both located in Sanford, Florida. An ISO is served pursuant to 21 U.S.C. § 824(d) when a DEA-registered business or individual (registrant) constitutes an imminent danger to the public safety and suspends a registrant's ability to handle or distribute a controlled substance such as oxycodone, hydrocodone and others pending a judicial proceeding.

These actions are part of the DEA MFD's continuing efforts to combat the state's prescription drug abuse epidemic and its role as a major source to other states of diverted pharmaceutical drugs. On average, seven people die every day in Florida due to prescription drug abuse, according to the Florida Department of Law Enforcement. The efforts in recent years have included arrests and criminal actions against Florida doctors and individually owned pharmacies that operated outside the scope of legitimate medical purposes.

The ISO against Cardinal Health's Lakeland distribution center, located at 2045 Interstate Drive, Lakeland, alleges that this distribution center failed to maintain effective controls against the diversion of controlled substances into other than legitimate medical, scientific, and industrial channels, in violation of 21 U.S.C. § 823(b)(1) and (e)(1). Furthermore, it alleges that Cardinal Health failed to conduct due diligence to ensure that the controlled substances were not diverted into other than legitimate channels. The ISO was served at this location on Friday, February 3.

Friday's operation at the Lakeland facility is not DEA's first visit. In December 2007, DEA issued an ISO at the location due to its distribution of hydrocodone to "rogue" internet pharmacies. That action, and similar actions at other Cardinal Health facilities across the United States, resulted in a \$34 million fine. \$16 million of this amount was paid to the United States Attorney's Office, Middle District of Florida. Since October 2008, Cardinal Health has been operating under an Administrative Memorandum of Agreement (MOA) with the DEA that requires Cardinal Health to maintain a compliance program designed to detect and prevent diversion of controlled substances as required under the Controlled Substances Act and applicable DEA regulations. More details regarding the previous cases against Cardinal Health can be found at www.DEA.gov.

The ISOs served at CVS/Pharmacy #219, 3798 Orlando Drive, Sanford, FL 32773, and CVS/Pharmacy #5195, 4369 W. 1st Street, Sanford, FL 32771, allege, among other things, that each registrant failed to exercise its corresponding duty regarding the proper prescribing and dispensing of controlled substances in violation of 21 C.F.R. § 1306.04(a). According to the ISO, each registrant was filling prescriptions far in excess of the legitimate needs of its customers. The average pharmacy in the U.S. in 2011 ordered approximately 69,000 oxycodone dosage units. Collectively, these two pharmacies, located approximately 5.5 miles apart, ordered over three million dosage units during the same year. The ISOs allege that each registrant knew, or should have known, that a large number of the prescriptions for controlled substances that it filled were not issued for a legitimate medical purpose or were issued outside the usual course of professional practice. This action is a step towards the distribution of controlled substances at these two locations and will further deter product diversion including non-controlled pharmaceutical drugs.

The DEA Miami Field Division has a long history of working large-scale cases from the bottom to the top of drug trafficking organizations," said DEA MFD SAC Mark R. Trouville. The manner in which we are addressing the current threat from pharmaceutical drugs is no exception. We will

continue to investigate all of those involved in the diversion of pharmaceutical controlled substances, regardless of their level in an organization."

Cardinal Health and the two CVS/Pharmacy locations will be given an opportunity for an administrative hearing to determine whether the DEA Certificate of Registration at each of the three locations should be revoked. The final decision will be published in the *Federal Register*.

Also on Friday, Cardinal Health filed for a Temporary Restraining Order in U.S. District Court in Washington, D.C. seeking to remove their suspension to handle controlled substances and allowing them to resume their activities. The District Court Judge granted Cardinal's request pending a hearing scheduled for Monday, February 13, 2012.

More than seven million Americans abuse prescription drugs, according to the 2010 Substance Abuse and Mental Health Services Administration's National Survey on Drug Use and Health. And every day, on average, 2,500 teens use them to get high for the first time, according to the Partnership for a Drug-Free America.

Other DEA MFD efforts include its enforcement operations such as Operation Pill Nation in South Florida, Operation Pill Nation II in Tampa, Operation Medicine Shoppe in Central Florida, and DEA National Prescription Drug Take-Back Day occurring on April 28, 2012.

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FW: Pharmacy to pay \$1 million to settle civil allegations

Cheryl Blomstrom [cherylblomstrom@gmail.com]

Sent: Tuesday, February 07, 2012 5:01 PM

To: Beth Foster [beth.foster@va.gov]; Carolyn J. Cramer; Cheryl Blomstrom [cherylblomstrom@gmail.com]; Jack Dalton [pharmjld@aol.com]; Jeri Walter; Jody Lewis [jodyliz@gmail.com]; Kam Gandhi [kam.gandhi@supervalu.com]; Kirk Wentworth [kwentworth@sbcglobal.net]; LARRY L. PINSON; Russ Smith [rjmbsmith@hotmail.com]

Pharmacy to pay \$1 million to settle civil allegations

BY JEFF GERMAN

LAS VEGAS REVIEW-JOURNAL

Posted: Feb. 7, 2012 | 2:16 p.m.

A Las Vegas pharmacy has agreed to pay the government \$1 million to resolve civil allegations that it violated federal drug laws, U.S. Attorney Daniel G. Bogden announced Tuesday. Lam's Pharmacy entered into a memorandum of agreement with the U.S. attorney's office and the Drug Enforcement Administration on Feb. 1 to pay the money and surrender its DEA registration, Bogden said in a news release.

A DEA investigation into the Lam's record-keeping from May 2006 to February 2012 found that the pharmacy may have violated civil provisions of the Controlled Substances Act.

"This is the largest civil settlement of its kind against a nonchain or noninstitutional pharmacy in the United States," Bogden said. "Civil settlements such as this are an extremely important component in our strategy to combat unlawful prescription drug trafficking in Nevada. "

Timothy J. Landrum, Special Agent in Charge of the Las Vegas DEA, added: "This settlement highlights DEA's commitment to combat the epidemic of prescription drug abuse and ensure companies are held accountable to their legal and ethical responsibilities.

"From reducing the demand for these drugs, to enforcing drug laws, to taking prescription drugs out of harm's way when no

longer needed, the DEA will continue to work with our state and local counterparts to help keep our communities safe." Contact Jeff German at jgerman@reviewjournal.com or 702-380-8135.

TEMPORARY LICENSES
(Issued since last board meeting)

Desert View Hospital

Quyen Ngo

Community Prescription Round Up (CPxR)

Meeting Agenda

February 7, 2012, 10 am

811 Ryland, Reno, NV 89502

1. Welcome and Introductions
2. Review recap of 12/6 meeting
3. Presentation by Larry Pinson of the Nevada State Pharmacy Board
4. Discussion with Larry Pinson on possible collaborations between the Pharmacy Board and the Community Prescription Round Up Coalition
 - a. Prescription monitoring program
 - b. Developing a statewide health care provider and consumer education program
 - c. Legislation in 2013
5. Begin planning for the April 28th Round Up in Washoe County
6. Update on Prescription Drug PSA
7. Update on developing ongoing Round Up sites (i.e. places where people can drop off drugs any time and any day)
8. Update on sustainability efforts for this project
 - a. Report on possible grant opportunities
9. Media efforts
 - a. Should we develop a media plan?
 - b. Heroin campaign
 - c. Other
10. Set next meeting

STATE OF NEVADA

BRIAN SANDOVAL
Governor

MICHAEL J. WILLDEN
Director



RICHARD WHITLEY, MS
Administrator

TRACEY D. GREEN, MD
State Health Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH DIVISION

4150 Technology Way, Suite 300
Carson City, Nevada 89706
Telephone: (775) 684-4200 · Fax: (775) 684-4211
www.health.nv.gov

January 19, 2012

Re: **Unlicensed Health Care in Nevada**

Dear Colleagues:

The purpose of this communication is to give you a status report and invite your participation in the on-going efforts of the Health Division, in cooperation with the Attorney General's office, to respond to Unlicensed Health Care in Nevada, particularly in the Latino Community.

The Latino Research Center of the University of Nevada, Reno is in the process of developing a statewide comprehensive public awareness outreach campaign, along with educational materials to address various aspects of this issue. They will soon be organizing Town Hall meetings in this regard as well.

A Task Force is also in the process of being created to bring together stakeholders to help develop a Work Plan with specific recommendations to reach out to not only Nevada's Health Community, but also enhance coordination with Nevada's Law Enforcement and Faith Communities, as well as other interested individuals and groups.

Please consider this an invitation to send any ideas, comments or suggestions. Please feel free to share this invitation with any groups or individuals who may have information or an interest in this public policy issue, or who may want to participate in this process.

Thank you for your time and consideration. Responses or questions in this regard can be sent to Jean Kvam at the Nevada State Health Division, 4150 Technology Way, Suite 300, Carson City, NV 89706. Jean can also be reached at 775 684-4215.

Sincerely,


Richard Whitley
Administrator

To: LARRY L. PINSON; Carolyn J. Cramer

NNAMH



STATE OF NEVADA
OFFICE OF THE GOVERNOR BRIAN SANDOVAL
One Hundred One North Carson Street
Carson City, Nevada 89701

LUCAS M. FOLETTA, ESQ.
GENERAL COUNSEL

TELEPHONE
775-684-5774
FAX
775-684-5683

MEMORANDUM

DATE: December 21, 2011
TO: All Executive Branch Agencies, Boards and Commissions
FROM: Lucas Foletta, General Counsel 
RE: Expiration of Regulatory Freeze

On January 3, 2011, the Governor signed his Executive Order Establishing a Freeze on Proposed Regulations, Executive Order 2011-01 ("Order"). The Order was amended on January 18, 2011, by Executive Order 2011-04. The Order imposes a freeze on proposed regulations until January 1, 2012 for all Executive Branch Agencies, Boards and Commissions (collectively "regulatory bodies"). EO 2011-01(1). It further requires each regulatory body to conduct a review of regulations subject to its enforcement, and to submit a report detailing its findings to the Governor's Office no later than December 31, 2011. *Id.* §§ (2) & (3). Among the findings to be included within the report is an identification of regulations that can be repealed or modified. *Id.* § (3).

On January 1, 2012, the regulatory freeze will expire. As such, regulatory bodies will no longer be required to seek an exemption to the Order to proceed with rulemaking. That said, regulatory bodies will continue to be required to notify the Governor's Office of proposed regulatory action prior to notice being filed pursuant to NRS 233B.060 and any workshop or hearing is conducted pursuant to NRS 233B.061. The notice of proposed action should include a statement as to how the proposed action is consistent with the Governor's regulatory priorities—i.e., regulations that affect public health, safety and security, regulations necessary in the pursuit of federal funds or certifications, regulations that affect the application of powers, functions and duties essential to the operation of the regulatory body, regulations that affect pending judicial deadlines and regulations necessary to comply with Federal law.

Nevada court recognizes expanded role for pharmacists

Following what it referred to as “the modern trend of case law,” the Supreme Court of Nevada recently reversed dismissal of a case brought against a pharmacy for failure to warn. The court ruled that the trial judge had erred when she determined that a pharmacist’s only duty is to process prescriptions with technical accuracy. The court held that “when a pharmacist has knowledge of a customer-specific risk with respect to a prescribed medication, the pharmacist has a duty to exercise reasonable care in warning the customer or notifying the prescribing doctor of this risk.”

Factual background

A patient visited her physician for the first time in 2005 and noted in her paperwork that she might have a sulfa allergy. In 2006, the physician diagnosed the patient with a urinary tract infection and told her that he would normally prescribe a sulfa product as the most effective treatment. According to the court, the patient downplayed her sulfa allergy and asked the physician to prescribe a sulfa product. The patient dropped off her prescription at her pharmacy.

Later that day, the patient’s caretaker came to the pharmacy to pick up the medication. The caretaker was told that the pharmacy’s computer had flagged the prescription due to information indicating that the patient had a sulfa allergy. The caretaker asked that the pharmacy contact the patient directly. A pharmacist called the patient, who said that she had previously used the prescribed product without any adverse effects. Satisfied with this explanation, the pharmacist overrode the computer, and the medication was released to the patient’s caregiver.

The patient suffered an allergic reaction to the medication and died. Her two children sued the physician and the pharmacy. They contended that the dispens-

ing pharmacist breached her duty of care by failing to warn the patient adequately of the medication’s risks or, alternatively, to call the physician and clarify whether he really meant to prescribe a medication to which the patient was allergic.

The physician settled his case, and the pharmacy was dismissed from its case by the trial judge who ruled that “the pharmacist’s limited duty is to properly fill the prescription, as written by the physician, unless there is plain error or the prescription is obviously fatal.” The patient’s children appealed.

Rationale

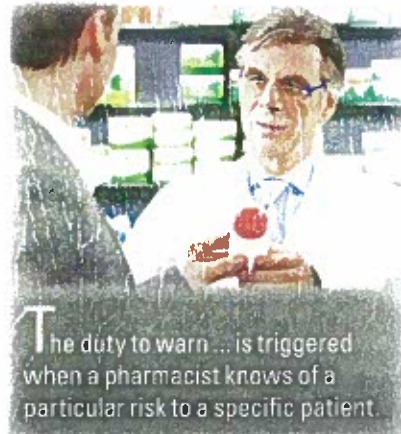
On appeal, the Nevada Supreme Court cited the learned intermediary doctrine to establish that a pharmacist has no duty to warn of a prescribed medication’s generalized risks. The court then held that “the learned intermediary doctrine does not insulate a pharmacist from liability when he or she has knowledge of a customer-specific risk. Instead, when a pharmacist has such knowledge, the pharmacist has a duty to warn the customer or to notify the prescribing doctor of the customer-specific risk.”

The court reversed dismissal of the case and remanded the case to the trial court for further proceedings.

Discussion

The result in this case continued the judicial retreat from the “no duty to warn” perspective that was solidly in place for pharmacists as recently as 2 decades ago but has been steadily eroding over the intervening years. In this case, the court recognized that pharmacists have responsibilities beyond technical accuracy in order processing when pharmacists have specific knowledge of risks posed to patients by prescribed medications.

Pharmacists are not required to pro-



vide general warnings of all risks for all prescribed medications, however. Such a requirement would be alarming and counterproductive for patients and would place unnecessary burdens on pharmacists. The duty to warn for pharmacists focuses on the patient rather than on the drug and is triggered when a pharmacist knows of a particular risk to a specific patient. The risk management strategy for the pharmacist in meeting this duty is presented as an alternative: Either the pharmacist must counsel the patient about the risk, or the pharmacist must clarify the order with the prescriber.

In the Nevada case, although the law was applied unfavorably for the pharmacy, the facts of the case appear to be more encouraging. According to the court, the patient was aware of the potential for allergic reaction, having discussed it with both her physician and pharmacist, yet she accepted the risk that the reaction could occur. A question of fact remains regarding whether the pharmacist’s warning was adequate, but there seems to be no dispute that a warning was given. A warning to the physician would likely have been of little consequence, as the physician already knew of the patient’s recorded allergy.

While the pharmacy has lost on a legal ruling, it may very well win on the facts.

Based on: *Klasch v Walgreens*, 2011 Nev. LEXIS 93 (November 23, 2011).

—David B. Brushwood, BSPharm, JD

Contributing writer



ABOUT THE AUTHOR

David B. Brushwood, BSPharm, JD, is Professor of Pharmacy Health Care Administration at the University of Florida College of Pharmacy in Gainesville.



Nevada State Board of Pharmacy

431 W. PLUMB LANE • RENO, NEVADA 89509
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

JANUARY 18 & 19, 2012 BOARD MEETING HELD IN LAS VEGAS, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the January, 2012 Board meeting.

Licensing Activity:

- 34 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 12 licenses were granted for Out-of-State pharmacies.
- 13 licenses were granted for Out-of-State wholesalers.
- 4 licenses were granted for a Nevada pharmacy (pending inspection).
- 2 licenses were granted for a Nevada MDEG company (pending inspection).
- 1 pharmacist was granted reinstatement of his license, however as an intern only for 1500 hours with several other restrictions; a second pharmacist was granted reciprocity.
- 1 pharmaceutical technician was granted reinstatement and another denied (both in consideration of drug impairment issues).

Disciplinary Action:

- The case regarding pharmacy PW and pharmacists KC, TB and MB was begun and continued to a future special meeting date due to time restraints.
- Pharmaceutical technician KL was suspended for 120 days; fined \$250 and ordered to take 10 hours of live CE on ethics for stealing.
- Pharmacist VE was ordered into "Your Success Rx" for misfiling a prescription that was ingested and caused patient discomfort.
- Pharmaceutical technicians MM, ES, DS were revoked for diversion of controlled substances.
- Pharmacist KH was fined \$100 plus fees and costs and ordered into "Your Success Rx" for misfiling four prescriptions for the same patient. Pharmacist JP and pharmacy WM were dismissed.
- The case against pharmacist JW and WG Pharmacy was continued due to time constraints.

Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements.
- A presentation was made by Linda Fox for the Department of Corrections regarding upgrades to their pharmacy delivery system.
- Discussion of the electronic prescribing of CII prescriptions and of the intent of the regulation involving a pharmacist's declination to fill a prescription were held and moved on to workshop in March.
- Two final reports were given on Your Success Rx participants.
- During public comment, the Retail Association of Nevada asked to clarify their intent when they submitted a petition to amend NAC 639.753 at the December meeting. They stated that their intent by filing the petition was for the Board of Pharmacy to "address the concerns of a Supreme Court ruling, specifically Footnote 3, in Sanchez v. Wal Mart. This regulation addresses a pharmacists' right to decline to fill a prescription" and they are "seeking remedy for liability in third party injuries that this language may give rise to."

Public Hearing:

Amendment of Nevada Administrative Code 639.510 Schedule 1 Bath Salts Because of abuse of a variety of synthetic compounds that produce stimulant effects when ingested, snorted or injected, sold in retail outlets under the guise of "bath salts" or "plant food", law enforcement has requested placing these compounds in Schedule 1.



Nevada State Board of Pharmacy

431 W. PLUMB LANE • RENO, NEVADA 89509
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

February 3, 2012

Honorable Brian Sandoval
Capitol Building
101 North Carson Street
Carson City, Nevada 89701

Dear Governor Sandoval,

Pursuant to your December 21, 2011 Memorandum regarding the expiration of your regulatory freeze, this letter serves as notification of moving forward with a regulatory workshop by the State Board of Pharmacy to consider a change to NAC 639.753 regarding a pharmacist's right to refuse to fill a prescription as impacted by the Wal Mart vs Sanchez Supreme Court ruling. Current language allows a pharmacist to refuse to fill a prescription if, in his professional judgment, he feels that the prescription would cause harm to the patient or if he feels that the prescription is fraudulent.

See attached for the proposed language.

Sincerely,

A handwritten signature in blue ink, which appears to read "Larry L. Pinson, Pharm.D.".

Larry L. Pinson, Pharm. D.
Executive Secretary

Attachment

Draft Language for Discussion and Determination

NAC 639.753 Declination of pharmacist to fill prescription. (NRS 639.070)

It is the intent by adoption of this regulation that a pharmacist or pharmacy who has dispensed lawfully prescribed controlled substances or dangerous drugs to a patient pursuant to this regulation should not be legally accountable for damages suffered by any third party resulting from the ingestion of the controlled substances or dangerous drugs.

1. A pharmacist may decline to fill a prescription that satisfies the requirements of this chapter and chapter 639 of NRS only if the pharmacist reasonably believes, in his professional judgment, that:

- (a) The filling of the prescription would be unlawful;
- (b) The filling of the prescription would be potentially harmful to the medical health of the patient;
- (c) The prescription is fraudulent; or
- (d) The prescription is not for a legitimate medical purpose.

2. If a pharmacist declines to fill a prescription pursuant to this section, the pharmacist shall speak with the prescribing practitioner in a timely manner to discuss and resolve the concerns of the pharmacist regarding the prescription. Before the pharmacist speaks with the prescribing practitioner, the pharmacist may, based on his professional judgment:

- (a) Retain the prescription and not return the prescription to the patient;
- (b) Return the prescription to the patient;
- (c) Make a photocopy of the prescription and return the prescription to the patient; and
- (d) Unless the prescription is for a controlled substance that is listed in schedule II, dispense a quantity of the drug prescribed, not to exceed a 3 days' supply, to allow a reasonable period for the pharmacist to speak with the prescribing practitioner about the concerns of the pharmacist regarding the prescription.

3. If, after speaking with the prescribing practitioner, the pharmacist reasonably believes, in his professional judgment, that the prescription is:

- (a) Lawful;
 - (b) Not potentially harmful to the medical health of the patient;
 - (c) Not fraudulent; and
 - (d) For a legitimate medical purpose,
- the pharmacist may fill the prescription.

4. If, after speaking with the prescribing practitioner, the pharmacist reasonably believes, in his professional judgment, that the prescription is:

- (a) Unlawful;
 - (b) Fraudulent; or
 - (c) Not for a legitimate medical purpose,
- the pharmacist shall retain the prescription and may not return the prescription to the patient.
- (Added to NAC by Bd. of Pharmacy by R036-06, eff. 5-4-2006)

WORKSHOP LANGUAGE FOR E-SCRIBING OF C-II PRESCRIPTIONS

March 8, 2012

NAC 639.7105 Electronic transmission of prescription. (NRS 639.070, 639.0745)

Except as otherwise provided in NAC 639.711:

1. A prescription for[:]

~~[(a) A controlled substance listed in schedule II must not be transmitted electronically.]~~

~~[(b) A]~~ a dangerous drug or a controlled substance listed in schedule II, III, IV or V may be transmitted electronically by a practitioner to a pharmacy.

2. A practitioner shall not transmit a prescription electronically to a pharmacy unless:

(a) The practitioner is the only person who will have access to the prescription until it is received by the pharmacy;

(b) The patient:

(1) Consents to the transmission of the prescription electronically; and

(2) Approves the pharmacy where the prescription will be transmitted; and

(c) All requirements 21 C.F.R. Part 1311 are satisfied.

3. In addition to the requirements set forth in NRS 639.2353 and 639.2589, a prescription that is transmitted electronically to a pharmacy must include:

(a) The registration number from the Drug Enforcement Administration of the prescribing practitioner if the prescription is for a controlled substance;

(b) The telephone number of the practitioner;

(c) The time and date of the transmission; and

(d) The name of the pharmacy to which the prescription is sent.

4. If a prescription for a controlled substance is sent electronically, in addition to subsection 3, it must include:

(a) The controlled substance registration number of the Nevada practitioner;

(b) The date of the last physical examination of the patient; and

(c) The indication for use or the diagnosis code.

5. [4.] A pharmacist who receives a prescription that is transmitted electronically shall:

(a) Print a copy of the prescription on paper that is of sufficient quality to last for at least 2 years; and

(b) Keep a copy of the prescription for at least 2 years after the pharmacy receives the prescription.

6. [5.] A pharmacist shall not dispense a prescription that is transmitted electronically until the pharmacist determines that the prescription complies with the requirements of state and federal law.

7. [6.] A prescription that is transmitted electronically and complies with the provisions of this section shall be deemed an original prescription.

8. The Nevada Board of Pharmacy has reserved the right to suspend the electronic prescribing privileges of any practitioner that is suspected to be prescribing unlawfully, fraudulently or not for a legitimate medical purpose.

**PROPOSED WORKSHOP REGULATION OF
THE NEVADA BOARD OF PHARMACY
FOR AM-2201,AM-694,JWH-210, JWH-122, JWH-250 AND JWH-081 LISTED IN
SCHEDULE I**

Section 1. NAC 453.510 is hereby amended to read as follows:

1. Schedule I consists of the drugs and other substances listed in this section by whatever official, common, usual, chemical or trade name designated.
2. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including, without limitation, their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation:

Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidiny]-N-phenylacetamide);

Acetylmethadol;

Allylprodine;

Alphacetylmethadol (except levo-alphacetylmethadol, commonly referred to as levo-alpha-acetylmethadol, levomethadyl acetate or "LAAM");

Alphameprodine;

Alphamethadol;

Alphamethylfentanyl (N-[1-(alpha-methyl-beta-phenyl)ethyl-4-piperidyl] propionanilide;

1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);

Alpha-methylthiofentanyl (N-[1-methyl-2-(2-thienyl)ethyl-4-piperidiny]-N-phenylpropanamide);

Benzethidine;

Betacetylmethadol;

Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl)-4-piperidiny]-N-phenylpropanamide);

Beta-hydroxy-3-methylfentanyl (other name: N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-piperidiny]-N-phenylpropanamide);

Betameprodine;

Betamethadol;

Betaprodine;

Clonitazene;

Dextromoramide;

Diampromide;

Diethylthiambutene;

Difenoxin;

Dimenoxadol;

Dimepheptanol;

Dimethylthiambutene;

Dioxaphetyl butyrate;

Dipipanone;

Ethylmethylthiambutene;

Etonitazene;

Etoxeridine;

Furethidine;

Hydroxypethidine;

Ketobemidone;

Levomoramide;

Levophenacymorphan;

3-Methylfentanyl (N-[3-methyl-1-(2-phenylethyl)-4-piperidyl]-N-phenylpropanamide);

3-Methylthiofentanyl (N-[(3-methyl-1-(2-thienyl)ethyl-4-piperidinyl]-N-phenylpropanamide);

Morpheridine;

MPPP (1-methyl-4-phenyl-4-propionoxypiperidine);

Noracymethadol;

Norlevorphanol;

Normethadone;

Norpipanone;

Para-fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4-piperidinyl]propanamide);

PEPAP (1-(2-phenethyl)-4-phenyl-4-acetoxypiperidine);

Phenadoxone;

Phenampromide;

Phenomorphan;

Phenoperidine;

Piritramide;

Proheptazine;

Properidine;

Propiram;

Racemoramide;

Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidinyl]-propanamide);

Tilidine; or

Trimeperidine.

3. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Acetorphine;

Acetyldihydrocodeine;

Benzylmorphine;

Codeine methylbromide;

Codeine-N-Oxide;

Cyprenorphine;

Desomorphine;

Dihydromorphine;

Drotebanol;

Etorphine (except hydrochloride salt);

Heroin;

Hydromorphenol;

Methyldesorphine;

Methyldihydromorphine;

Morphine methylbromide;

Morphine methylsulfonate;

Morphine-N-Oxide;

Myrophine;

Nicocodeine;

Nicomorphine;

Normorphine;

Pholcodine; or

Thebacon.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following hallucinogenic substances, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Alpha-ethyltryptamine (some trade or other names: ET, Trip);

Alpha-methyltryptamine (some trade or other names: AMT);

1,4-Butanediol (some trade or other names: 1,4-butyleneglycol, dihydroxybutane, tetramethylene glycol, butane 1,4-diol, SomatoPro, Soma Solutions, Zen);

4-bromo-2,5-dimethoxyamphetamine (some trade or other names: 4-bromo-2,5-dimethoxy-alpha-methylphenethylamine; 4-bromo-2,5-DMA);

4-bromo-2,5-dimethoxyphenethylamine (some trade or other names: Nexus, 2C-B);

1-Butyl-3-(1-naphthoyl)indole-7173 (some trade or other names: JWH-073);

2,5-dimethoxyamphetamine (some trade or other names: 2,5-dimethoxy-alphamethylphenethylamine; 2,5-DMA);

2,5-dimethoxy-4-ethylamphet-amine (some trade or other names: DOET);

2,5-dimethoxy-4-(n)-propylthiophenethylamine (some trade or other names: 2C-T-7);

5-(1,1-Dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7297 (some trade or other names: CP-47,497);

5-(1,1-Dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7298 (some trade or other names: cannabicyclohexanol; CP-47,497 C8 homologue);

JWH-210 (4-ethyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone

4-ethylnaphthalen-1-yl-(1-pentylindol-3-yl)methanone;

AM-2201 [1-(5-fluoropentyl)-1H-indol-3-yl]-1-naphthalenyl-methanone

1-(5-fluoropentyl)-3-(1-naphthoyl)indole;

AM-694 1-[(5-fluoropentyl)-1H-indol-3-yl]-(2-iodophenyl)-methanone

1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole;

4-methoxyamphetamine (some trade or other names: 4-methoxy-alpha-methylphenethylamine; para-methoxyamphetamine; PMA);

JWH-081 (4-methoxy-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone;

5-methoxy-3,4-methylenedioxyamphetamine;

5-methoxy-N, N-diisopropyltryptamine (some trade or other names: 5-meO-DIPT);

4-methyl-2,5-dimethoxyamphetamine (some trade or other names: 4-methyl-2,5-dimethoxy-alpha-methylphenethylamine; "DOM"; "STP");

JWH-122 (4-methyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone;

3,4-methylenedioxyamphetamine;

3,4-methylenedioxymethamphetamine (MDMA);

3,4-methylenedioxy-N-ethylamphetamine (commonly referred to as N-ethyl-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-ethyl MDA, MDE, MDEA);

1-[2-(4-Morpholinyl)ethyl]-3-(1-naphthoyl)indole-7200 (some trade or other names: JWH-200);

N-hydroxy-3,4-methylenedioxyamphetamine (commonly referred to as N-hydroxy-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-hydroxy MDA);

JWH-250 1-(1-pentyl-1H-indol-3-yl)-2-(2-methoxyphenyl)-ethanone

2-(2-methoxyphenyl)-1-(1-pentylindol-3-yl)ethanone

1-pentyl-3-(2-methoxyphenylacetyl)indole;

1-Pentyl-3-(1-naphthoyl)indole-7118 (some trade or other names: JWH-018; AM678);

3,4,5-trimethoxyamphetamine;

Bufotenine (some trade or other names: 3-(beta-dimethylaminoethyl)-5-hydroxyindole; 3-(2-dimethyl-aminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N, N-dimethyltryptamine; mappine);

Diethyltryptamine (some trade or other names: DET; N,N-Diethyltryptamine);

Dimethyltryptamine (some trade or other names: DMT);

Gamma butyrolactone (some trade or other names: GBL, Gamma Buty Lactone, 4-butyrolactone, dihydro-2(3H)-furanone, tetrahydro-2-furanone, Gamma G, GH Gold);

Gamma hydroxy butyric acid (some trade or other names: GHB);

Ibogaine (some trade or other names: 7-ethyl-6, 6 beta, 7, 8, 9, 10, 12, 13-octahydro-2-methoxy-6, 9-methano-5H-pyrido (1',2':1,2) azepino (5,4-b) indole; *Tabernanthe iboga*);

Lysergic acid diethylamide;

Marijuana;

Mescaline;

Parahexyl (some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran; Synhexyl);

Peyote (meaning all parts of the plant presently classified botanically as *Lophophora williamsii* Lemaire, whether growing or not, the seeds thereof, any extract from any part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds or extracts);

N-benzylpiperazine (some trade or other names: BZP, 1-benzylpiperazine);

N-ethyl-3-piperidyl benzilate;

N-methyl-3-piperidyl benzilate;

Psilocybin;

Psilocin;

Tetrahydrocannabinols (synthetic equivalents of the substances contained in the plant, or in the resinous extractives of *Cannabis*, sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity such as the following:

Delta 1 cis or trans tetrahydrocannabinol, and their optical isomers,

Delta 6 cis or trans tetrahydrocannabinol, and their optical isomers,

Delta 3, 4 cis or trans tetrahydrocannabinol, and its optical isomers;

since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions covered);

Ethylamine analog of phencyclidine (some trade or other names: N-ethyl-1-phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl) ethylamine; cyclohexamine; PCE);

Pyrrolidine analog of phencyclidine (some trade or other names: 1-(1-phenylcyclohexyl)-pyrrolidine; PCPy; PHP);

1-(1-(2-thienyl)-cyclohexyl)-pyrrolidine (some trade or other names: TCPy); or

Thiophene analog of phencyclidine (some trade or other names: 1-(1-(2-thienyl)-cyclohexyl)-piperidine; 2-thienyl analog of phencyclidine; TPCP; TCP).

For the purposes of this subsection, "isomer" includes, without limitation, the optical, position or geometric isomer.

5. All parts of the plant presently classified botanically as *Datura*, whether growing or not, the seeds thereof, any extract from any part of such plant or plants, and every compound, manufacture, salt derivative, mixture or preparation of such plant or plants, its seeds or extracts, unless substances consistent with those found in such plants are present in formulations that the Food and Drug Administration of the United States Department of Health and Human Services has approved for distribution.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of phencyclidine, mecloqualone or methaqualone having a depressant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation.

7. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers:

Aminorex;

Cathinone (some trade or other names: 2-amino-1-phenyl-1-propanone;
alphaaminopropiophenone; 2-aminopropiophenone; norephedrone);

Fenethylamine;

Methamphetamine;

Methcathinone (some trade or other names: N-Methylcathinone, cat);

(±)cis-4-methylaminorex ((+)cis-4,5-dihydro-4-methyl-5-phenyl-2-oxazoline);

N,N-dimethylamphetamine (commonly referred to as N,N-alpha-trimethylbenzeneethanamine;
N,N-alpha-trimethylphenethylamine); or

N-ethylamphetamine.

8. Unless specifically listed in another schedule, coca leaves, cocaine base or free base, or a salt, compound, derivative, isomer or preparation thereof which is chemically equivalent or identical to such substances, and any quantity of material, compound, mixture or preparation which contains coca leaves, cocaine base or cocaine free base or its isomers or any of the salts of cocaine, except decocainized coca leaves or extractions which do not contain cocaine or ecgonine.