

November 14, 2012

AGENDA

◆ PUBLIC NOTICE ◆

NEVADA STATE BOARD OF PHARMACY

BOARD MEETING

at the

Hyatt Place  
1790 E Plumb Lane  
Reno  
\*\*\*New Location\*\*\*

Wednesday, December 5, 2012 – 9:00 am

Thursday, December 6, 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.**

◆ 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 October 17-18, 2012, Minutes for Possible Action
3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
  - A. Arrow Pharmacy & Nutrition Center – Farmington, CT
  - B. Express Plus Pharmacy, Inc. – Davie, FL
  - C. Harbor Compounding Pharmacy – Costa Mesa, CA
  - D. HZRX – Beaver, UT
  - E. IHC Health Services, Inc. – Salt Lake City, UT
  - F. Infinity Compounding Solutions, LLC – Fayetteville, AR
  - G. Lifecheck Drug #19 – Houston, TX
  - H. Manifest Pharmacy – Greenville, SC
  - I. Physician Choice Pharmacy – Sunrise, FL
  - J. P.J.'s Prescription Shoppe – San Diego, CA
  - K. Restore Rx, Inc. – Brunswick, TN
  - L. River Crossing Pharmacy – New Port Richey, FL
  - M. Sinus Dynamics Pharmacy – Westlake Village, CA
  - N. St. Louis Hills Pharmacy LLC – St Louis, MO
  - O. University Compounding Pharmacy – San Diego, CA

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

- P. 180 Medical Inc. – Oklahoma City, OK
- Q. Allstate Medical Equipment Inc. – Simi Valley, CA
- R. American Medical Co-op, LLC – Franklin, TN
- S. Apria Healthcare Inc. – Tooele, UT
- T. Cameron Health, Inc. – San Clemente, CA

- U. Fiber-Tech Manufacturing, Inc. – San Diego, CA
- V. Innovative Medical Solutions Experts, LLC – Mansfield, TX
- W. Invivo Corporation – Gainesville, FL
- X. Invivo Corporation – Gainesville, FL
- Y. LogiMedix – Davie, FL
- Z. MedBridge Home Medical – Greenville, SC
- AA. Medtronic Inc. – Minneapolis, MN
- BB. National Durable Medical Equipment – Midvale, UT
- CC. Outpatient Infusion Systems, Inc. – Alpharetta, GA

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

- DD. AbbVie US LLC – North Chicago, IL
- EE. APL Logistics Warehouse Mgt Services Inc. – Grand Prairie, TX
- FF. Cardinal Health 200, LLC – Chandler, AZ
- GG. Hercon Pharmaceuticals, LLC – Emigsville, PA
- HH. Medical Purchasing Solutions LLC – Scottsdale, AZ
- II. OHL – Joliet, IL
- JJ. PharmaLink, Inc. – Largo, FL
- KK. Respironics, Inc. – Youngblood, PA
- LL. Rising Pharmaceuticals, Inc. – Allendale, NJ
- MM. Selix Pharmaceuticals, Inc. – Raleigh, NC
- NN. Southern Anesthesia & Surgical, Inc. – West Columbia, SC
- OO. UPS Supply Chain Solutions, Inc. – Louisville, KY
- PP. Valley Wholesale Drug Co. – Stockton, CA

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

- QQ. CBAS Pharmacy – Las Vegas
- RR. Pahrump Valley Pharmacy LLC – Pahrump
- SS. Wal-Mart Pharmacy 10-5864 – Gardnerville

◆ REGULAR AGENDA ◆

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. Sieu Long, R.Ph (12-050-RPH-N)
- B. Scolari's Pharmacy #26 (12-050-PH-N)
- C. Elbion Estrin, R.Ph (12-015-RPH-N)
- D. Anteneh Woldetsadik, R.Ph (11-042-RPH-S)

5. Application for Nevada Pharmacy – Appearance for Possible Action:

Superior Biologics NV, Inc. – Las Vegas

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

- A. Advanced Pharma Incorporated – Houston, TX
- B. Crescent Healthcare – Riverside, CA
- C. Kabafusion – Norwalk, CA
- D. My Weight Doctor Pharmacy, LLC – Rockville, MD
- E. Wells Pharmacy Network, LLC – Dyersburg, TN

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

Hangar Prosthetics & Orthotics West, Inc. – Carson City

8. Presentation of 50 Year Pharmacist Certification for Possible Action:

Albin Kaiser, R.Ph

9. Discussion and Determination for Possible Action:

Pharmacy Technician Diversion

- A. Restrooms
- B. Mandatory Reporting to Police

10. Audit Report for Possible Action

11. Executive Secretary Report for Possible Action:

- A. Financial Report
- B. Temporary Licenses
- C. Staff Activities
  - 1. CSHP/NVSHP Meeting
  - 2. NABP – Chicago
  - 3. ASPL – Tucson
  - 4. NASCSA – Scottsdale
  - 5. NABP District Meeting – Little Rock
- D. Reports to Board
  - 1. Your Success Report:
    - Smith's – Elko
  - 2. MDEG Advisory Committee
  - 3. TECH Advisory Committee
  - 4. Inspector Position
- E. Board Related News
- F. Activities Report

12. General Counsel Report for Possible Action:

Michele Calebaugh Case

PUBLIC HEARING for Possible Action

Thursday, December 6, 2012 – 9:00 am

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

A. **Amendment of Nevada Administrative Code 639.240 Requirements for registration of pharmaceutical technicians.** This amendment will ensure that a pharmaceutical technician that has attended a school out of state that does not do an externship has at least 240 verifiable hours of employment in a pharmacy. In addition, the Indian Health Service of the United States Department of Human Services and the United States Department of Veterans Affairs will qualify as appropriate pharmaceutical technician training.

B. **Amendment of Nevada Administrative Code 639.254 Initial and biennial in-service training of pharmaceutical technicians working in or for pharmacy; substitution of continuing education for in-service training.** The Legislative Counsel Bureau updated this regulation to remove the Institute for the Certification of Pharmacy Technicians (ICPT) and include the National Healthcareer Association as a recognized certification agent.

C. **Amendment of Nevada Administrative Code 639.7102 Use of computer system for issuance and transmission of prescription.** The Legislative Counsel Bureau updated this regulation to remove the language that would prohibit a CII prescription from being transmitted electronically to parallel the proposed language in NAC 639.7105.

D. **Amendment of Nevada Administrative Code 639.7105 Electronic transmission of a prescription.** This amendment will allow transmission of a CII prescription electronically with specific requirements.

14. Next Board Meeting:

January 16-17, 2013 – Las Vegas

15. 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 Shirley Hunting 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  
Washoe County Courthouse – Reno

Nevada Board of Pharmacy – Reno & Las Vegas  
Mineral County Courthouse – Hawthorne



# 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](mailto:pharmacy@pharmacy.nv.gov) • Website: [bop.nv.gov](http://bop.nv.gov)

## BOARD MEETING

at the

Las Vegas Chamber of Commerce  
6671 Las Vegas Boulevard, South  
Las Vegas

October 17 & 18, 2012

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

### Board Members Present:

Beth Foster  
Russell Smith  
Cheryl Blomstrom

Kirk Wentworth  
Jody Lewis

Jack Dalton  
Kam Gandhi

### Board Members Absent:

### Board Staff Present:

Larry Pinson   Jeri Walter   Shirley Hunting   Carolyn Cramer   Rose Marie Reynolds

## CONSENT AGENDA

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)

October 17, 2012

There was no public comment.

October 18, 2012

There was no public comment.

2. Approval of September 5, 2012, Minutes for Possible Action
3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
  - A. American Specialty Pharmacy – Plano, TX
  - B. Central Avenue Pharmacy – Pacific Grove, CA

- C. Custom Rx Pharmacy – Wichita, KS
- D. CVS Caremark – Mt Prospect, IL
- E. Kabafusion – Norwalk, CA
- F. MRP – Los Angeles, CA
- G. Pacific Coast Pharmacy – San Luis Obispo, CA
- H. Pharmalogic Wyoming, Inc. – Casper, WY
- I. PromiseCare Pharmacy – Antioch, NY
- J. Summerton Drugs Compounding and Dispensary – Summerton, SC
- K. TNH Pharmacy 2 – Van Nuys, CA
- L. USC Medical Plaza Pharmacy – Los Angeles, CA

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

- M. Airgas USA, LLC – St George, UT
- N. Bonro Medical Inc. – Evans, GA
- O. CBS Medical Inc. – Lincoln, NE
- P. DiabeticSupplies.com – Battle Ground, WA
- Q. Joint Active Systems, Inc. – Effingham, IL
- R. Nipro Medical Corporation – Memphis, TN
- S. Philips Healthcare – Bothell, WA
- T. Physio-Control, Inc. – Redmond, WA
- U. Strive Medical LLC – Irving, TX
- V. Theratech, Inc. – Madison, TN

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

- W. Eon Labs, Inc. – Wilson, NC
- X. Freedom Pharmaceuticals, Inc. – Tulsa, OK
- Y. Healthcare Distribution Specialists – Silver Spring, MD
- Z. Methapharm, Inc. – Coral Springs, FL
- AA. Midwest Veterinary Supply, Inc. – Sun Prairie, WI
- BB. Noramco, Inc. – Athens, GA
- CC. Perrigo Pharmaceuticals Company – Duncan, SC
- DD. Perrigo Pharmaceuticals Company – Holland, MI
- EE. Perrigo Pharmaceuticals Company – Martin, MI
- FF. Rebel Distributors, Corp. – Thousand Oaks, CA
- GG. Smith & Nephew, Inc. – Englewood, CO

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

- HH. Catamarean Home Delivery – Las Vegas
- II. Sierra Pharmacy Services, Inc. – Reno

Application for Nevada Wholesaler – Non Appearance for Possible Action:

- JJ. TheraCom, L.L.C. – Reno



Application for Nevada MDEG – Non Appearance for Possible Action:

KK. ProMed – Las Vegas

Discussion:

Jody Lewis referred to page 6, Item 7.A. of the minutes stating that the Baker Cell issue was a Walgreen's case not a CVS pharmacy. Strike "CVS" from the minutes and replace with "Walgreen's".

Board Action:

Motion: Cheryl Blomstrom moved to approve the minutes with changes as noted.

Second: Kirk Wentworth

Action: Passed Unanimously

Discussion:

President Foster noted that items 3 A, E, and H of the Consent Agenda have been pulled from the agenda because all three of the pharmacies will be shipping parenterals and are required to appear.

The Consent Agenda applications and supporting documents were reviewed.

Jody Lewis recused from participation of item 3.D of the Consent Agenda due to her employment with CVS.

Board Action:

Motion: Cheryl Blomstrom found the Consent Agenda application information to be accurate and complete and moved for approval excluding items 3 A, D, E, and H.

Second: Kirk Wentworth

Action: Passed Unanimously

Motion: Kirk Wentworth moved to approve item 3.D.

Second: Russ Smith

Action: Passed Unanimously

REGULAR AGENDA

4. Discipline for Possible Actions

A. Joel Raiman, R.Ph

(11-118-RPH-S)

NOTE: Kirk Wentworth disclosed that he and Mr. Raiman were involved in a pharmacy association together twelve years ago, but felt his participation in this matter would not be in conflict.

Joel Raiman appeared and was sworn by President Foster prior to answering questions or offering testimony.

Rob Graham appeared and represented Mr. Raiman.

Carolyn Cramer presented a Stipulated Agreement regarding Mr. Raiman for the Board's consideration. Mr. Raiman admitted to the allegations made in the Notice of Intended Action and Accusation regarding failure to report to the Task Force, early fills of prescriptions for controlled substances and dangerous drugs, and not maintaining records in a secure manner. Mr. Raiman's license shall be placed on probation for a period of five years with conditions including taking the Pharmacist Assessment for Remediation Evaluation (PARE), at his own expense.

Rob Graham accepted the Stipulated Agreement as written and presented by Ms. Cramer.

Board Action:

Motion: Jody Lewis moved to accept the Stipulated Agreement as presented.

Second: Kam Gandhi

Action: Passed Unanimously

B. Ronald DiMatteo, R.Ph

(12-020-RPH-S)

NOTE: Jack Dalton recused from participation in this matter due to his employment with Wal-Mart.

Ronald DiMatteo was not present.

Carolyn Cramer presented a Stipulated Agreement regarding Mr. DiMatteo for the Board's consideration. Mr. DiMatteo admits the truth of the matters alleged in the Notice of Intended Action and Accusation regarding the misfill of a prescription written for omeprazole 40 mg. capsules, however filled with levothyroxine sodium 0.075 mg.

tablets. Mr. DiMatteo shall pay a fine of \$1,000.00. and participate and successfully complete Wal-Mart's "The Care Workshop" program.

Board Action:

Motion: Russ Smith moved to accept the Stipulated Agreement as presented.

Second: Jody Lewis

Action: Passed Unanimously

C. Kit Nguyen, R.Ph (12-039-RPH-S)

Carolyn Cramer noted that Ms. Nguyen was not present for the hearing. Her Notice of Intended Action and Accusation was sent certified mail and was unclaimed. Her Notice to Appear was sent to the same address and was returned unclaimed and unable to forward.

Ms. Cramer presented five exhibits that were accepted into the record.

Ms. Nguyen was audited after the 2009 renewal period at which time she was only able to provide 12.5 completed CE units. Ms. Nguyen was directed to complete 60 hours of CE as a penalty for not having completed the required 30 hours of CE, which she had attested to on her renewal application, and to make up the 17.5 deficient CE's from the 2009 renewal period. At a later date, Ms. Nguyen provided 30.5 hours of the 77.5 hours of required CE. Board staff sent a letter penalizing her with an additional 45 CE units for non-compliance of the 2007-2009 audit period totaling 75 units required at the end of the 2011 renewal period. The audit for the 2011 renewal period indicated that Ms. Nguyen provided 19 CE units and was short 56 units.

Board Action:

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

Second: Kam Gandhi

Action: Passed Unanimously

Ms. Cramer recommended that due to the failure to provide the required CE units for two renewal periods, Ms. Nguyen's pharmacist license be suspended.

Motion: Kam Gandhi moved to accept Ms. Cramer's recommendation.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Mr. Pinson telephoned Ms. Nguyen at her employing pharmacy to notify her that her pharmacist license is suspended. Ms. Nguyen requested to appear.

Kit Nguyen appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. Cramer asked for a motion to reconsider the earlier action taken on Ms. Nguyen as she is now present and has produced documentation that she has completed the required CE units for the 2011 renewal period.

Board Action:

Motion: Cheryl Blomstrom moved for reconsideration of the previous action taken on Ms. Nuygen.

Second: Kam Gandhi

Action: Passed Unanimously

Ms. Cramer noted that Board staff has reviewed further documentation provided by Ms. Nuygen indicating that she has completed the 75 required CE's and has taken and passed the written law examination for the renewal period November 1, 2009 through October 31, 2011. Ms Nuygen did not have knowledge of her notice to appear as she had failed to notify the Board of her change of address.

Ms. Cramer recommended dismissal of this case and to rescind the previous motion to suspend Ms. Nuygen's pharmacist license.

Board Action:

Motion: Cheryl Blomstrom moved to rescind the suspension of Ms Nuygen's pharmacist license.

Second: Jody Lewis

Action: Passed Unanimously

Motion: Cheryl Blomstrom moved for dismissal of this case.

Second: Kam Gandhi

Action: Passed Unanimously

D. Fernesser Tracey, R.Ph

(12-036-RPH-S)

NOTE: Jody Lewis recused from participation in this matter due to her employment with CVS.

Fernesser Tracey appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. Cramer noted that Ms. Tracey admits that she had completed only four CE units for the renewal period dated November 1, 2009 through October 31, 2011. Ms. Tracey thought that she had completed the required 30 hours of CE that she attested to on the renewal application since she had attended programs sponsored by pharmaceutical companies. She did not realize that those programs are not eligible for CE credit.

Board Action:

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

Second: Kam Gandhi

Action: Passed Unanimously

Ms. Cramer recommended that for the renewal period of November 1, 2009 through October 31, 2011, Ms. Tracey complete 30 hours of continuing education. One of these units is to be on ethics. For the renewal period November 1, 2011 through October 31, 2013, Ms Tracey will complete 75 units of CE, be audited again in 2013, take and pass the written law examination provided by Board staff within 60 days and pay a fine of \$500.00

Motion: Kam Gandhi moved to accept Ms. Cramer's recommendation and to require for the renewal period of November 1, 2009 through October 31, 2011, Ms. Tracey complete the 30 hours of continuing education, one to be a unit on ethics, within 60 days.

Second: Russ Smith

Action: Passed Unanimously

E. Monte Lai, R.Ph

(12-037-RPH-S)

NOTE: Jack Dalton recused from participation in this matter due to his employment with Wal-Mart.

Monte Lai appeared and was sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer noted that Mr. Lai admits that he had completed only nine CE units for the renewal period November 1, 2009 through October 31, 2011. He testified that, due to the death of his mother, he was out of the country during the renewal period. In his absence, his wife counted his CE's and included CE's from a prior renewal period. He

did complete 21 CE units after the renewal period ending October 31, 2011. Mr. Lai was remorseful and pledged to complete CE's as required in the future.

Board Action:

Motion: Kam Gandhi moved to find Mr. Lai guilty of the alleged violations.

Second: Kirk Wentworth

Action: Passed Unanimously

Ms. Cramer recommended for the renewal period November 1, 2009 through October 31, 2011, Mr. Lai complete 30 hours of continuing education within 60 days. One of these units is to be on ethics. Mr. Lai will not be given credit for any of the continuing education classes he completed prior to October, 2012. For the renewal period of November 1, 2011 through October 31, 2013, Mr. Lai will complete 75 units of CE and his continuing education hours will be audited to verify that he has completed the 75 hours. Mr. Lai must take and pass the written law examination provided by Board staff and shall pay a fine of \$500.00 both within 60 days.

Motion: Cheryl Blomstrom moved to accept Ms. Cramer's recommendation.

Second: Kam Gandhi

Action: Passed Unanimously

F. Inna Alterman, R.Ph (12-038-RPH-S)

Inna Alterman appeared and was sworn by President Foster prior to answering questions or offering testimony.

Tracy DiFillippo appeared and represented Ms. Alterman.

Carolyn Cramer noted that Ms. Alterman was remorseful for not completing her CE's for the 2011 audit. Ms. Alterman checked on her renewal application indicating she had completed 30 CEU's. During a random continuing education audit, it was revealed that she had not completed any CE's between November 1, 2009 and October 31, 2011. Ms. Alterman did provide 30.75 CE units all dated January, 2012.

Board Action:

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

Second: Jack Dalton

Action: Passed Unanimously

Carolyn Cramer recommended that Ms. Alterman shall complete 30 hours of continuing education for the renewal period of November 1, 2009 through October 21, 2011. One of these units is to be on ethics. Ms. Alterman will not be given credit for any of the continuing education classes she completed prior to February, 2012. For the renewal period of November 1, 2011 through October 31, 2013, Ms. Alterman will complete 75 units of CE and her continuing education hours will be audited to verify that she has completed the 75 hours. Ms. Alterman must take and pass the written law examination provided by Board staff and shall pay a fine of \$500.00 both within 60 days.

Board Action:

Motion: Kam Gandhi moved to accept Ms. Cramer's recommendations.

Second: Russ Smith

Action: Passed Unanimously

G. Cindy Orwick, PT (12-047-PT-S)

Cindy Orwick appeared and was sworn by President Foster prior to answering questions or offering testimony.

Tammy Myxter, Pharmacy Coordinator for Smith's, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer noted that during a random drug screen conducted by Ms. Orwick's employing pharmacy, she tested positive for methamphetamine and was terminated. Ms. Orwick is contesting the action.

Tammy Myxter explained that her duties as Pharmacy Coordinator included the auditing of pharmacy law to ensure compliance. Random employee drugs screens are conducted at the store and sent to a laboratory for results. Smith's Human Resources Department notifies Ms. Myxter of failed test results and she in turn notifies the Board. Employee termination is handled at the store level.

Ms. Cramer presented the Quest Diagnostics drug test results as Exhibit 2. President Foster admitted the drug test results into the record.

Ms. Orwick testified that she does not have a drug problem. She claims that during an evening out with friends, something was put into her drink while she was away from the table. She became ill after consuming the drink and believes that is why the drug test results were positive. Ms. Orwick has not had a positive drug test in her twenty years of employment and she offered to have monthly drug tests at her own expense.

Kam Gandhi disclosed that he is employed by Sav-On but does not know Ms. Orwick.

After discussion, the Board felt that further information is needed before a determination can be made. They recommended that Ms. Orwick be evaluated by PRN-PRN and that Board staff request information on the interpretation of drug test results from Quest Diagnostics.

Board Action:

Motion: Cheryl Blomstrom moved to continue this matter to the January meeting pending the PRN-PRN evaluation and interpretation of drug testing by Quest Diagnostics.

Second: Jody Lewis

Action: Passed Unanimously

H. John Zindash, PT (12-043-PT-S)

NOTE: Jody Lewis recused from participation in this matter due to her employment with CVS.

John Zindash appeared and was sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer noted that Mr. Zindash is not contesting the facts in this matter. CVS conducted an internal investigation into the performance issues of a co-worker of Mr. Zindash. During the course of that investigation, the co-worker told CVS loss prevention personnel that Mr. Zindash had diverted controlled substances from his employing pharmacy. CVS loss prevention personnel interviewed Mr. Zindash and he admitted that he had diverted approximately 50 to 60 tablets of hydrocodone/APAP 5/325, 50 to 60 tablets of hydrocodone/APAP 10/325 and 50 to 60 tablets of hydrocodone/APAP 5/500 from his employing pharmacy to self-medicate and was terminated from his employment as a pharmaceutical technician.

Mr. Zindash testified that he found the job to be physically and emotionally draining. He began experiencing back pain and took the hydrocodone to self-medicate for the pain.

Board Action:

Motion: Kirk Wentworth moved to find Mr. Zindash guilty of the alleged violations.

Second: Jack Dalton

Action: Passed Unanimously

Carolyn Cramer recommended the revocation of Mr. Zindash's pharmaceutical technician registration.



Motion: Kirk Wentworth moved to accept Ms. Cramer's recommendation.

Second: Kam Gandhi

Action: Passed Unanimously

I. Albert Vandivort, PT (12-044-PT-S)

NOTE: Jody Lewis recused from participation in this matter due to her employment with CVS.

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

Ms. Cramer presented three exhibits that were accepted into the record. She noted that Mr. Vandivort was not present for the hearing. The notice of hearing letter (Exhibit 3) and the Notice of Intended Action and Accusation (Exhibit 1) were sent to his last known address and returned to the Board office unopened with no forwarding address.

Mr. Dugger testified that CVS loss prevention detected losses at the store and installed security cameras to observe pharmacy personnel. As a part of the investigation, Mr. Dugger interviewed Mr. Vandivort. In the written statement (Exhibit 2) taken by Mr. Dugger, Mr. Vandivort admitted to taking 20 to 30 100 count stock bottles of hydrocodone/ibuprofen tablets for his back pain.

Board Action:

Motion: Russ Smith moved to find Mr. Vandivort guilty of the alleged violations.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Carolyn Cramer recommended the revocation of Mr. Vandivort's pharmaceutical technician registration.

Motion: Kam Gandhi moved to accept Ms. Cramer's recommendation.

Second: Jack Dalton

Action: Passed Unanimously

J. John J. Dudek Jr, MD (12-008-CS-S)

Carolyn Cramer presented a Stipulated Agreement regarding Dr. Dudek for the Board's consideration. Dr. Dudek will not contest, but does not admit, to the facts and violations in the Notice of Intended Action and Accusation in the First Cause of Action that he had

been dispensing Latisse, a dangerous drug, without a dispensing practitioner registration. Dr. Dudek shall pay a fine of \$2,000. The fine will be stayed upon the condition that he must apply for and obtain a dispensing practitioner registration within 60 days. He will be subject to quarterly Board inspections for a period of two years in addition to the pre-licensure inspection and annual inspections for the dispensing registration.

Board Action:

Motion: Russ Smith moved to accept the Stipulated Agreement as presented.

Second: Jody Lewis

Opposed: Cheryl Blomstrom

Action: Passed Unanimously

K.	Scot M. Silber, R.Ph	(11-090-RPH-S)
L	Green Valley Drugs	(11-090-PH-S)

Kam Gandhi recused from participation in this matter due to prior knowledge of this case.

Jody Lewis disclosed that she had worked for Sav-On during the time Mr. Silber was employed at Sav-On but felt her participation in this matter would be unbiased.

Scot Silber appeared and was sworn in by President Foster prior to answering questions or offering testimony.

Craig Delk appeared and represented Mr. Silber and Green Valley Drugs.

Carolyn Cramer presented a Stipulated Agreement regarding Mr. Silber and Green Valley Drugs for the Board's consideration. Mr. Silber admits to the First Cause of Action regarding a misfilled prescription written for baclofen 250 mcg/cc, however, filled with baclofen 2,500 mcg/cc. Green Valley Drugs admits to the allegations in the Second Cause of Action in owning and operating the pharmacy in which the misfilled prescription occurred. Mr. Silber's pharmacist license shall be placed on probation for two years. Mr. Silber will complete the STAR program at his own expense and implement changes to Green Valley Drugs' policies and procedures to comply with the practices taught at the STAR center, and review all policies and procedures with Board staff. Mr. Silber will pay a \$2,500 fine within 60 days. Green Valley Drugs will be subject to inspection during the two year probation period for Mr. Silber and pay a \$2,500 fine within 60 days.

Board Action:

Motion: Russ Smith moved to accept the Stipulated Agreement as presented.

Second: Jack Dalton

Action: Passed Unanimously

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

Matthew Osayaren

(09-080-RPH-S)

Matthew Osayaren appeared and was sworn in by President Foster prior to answering questions or offering testimony.

Mr. Osayaren submitted a request to the Board for consideration of reinstatement of his pharmacist license. In October, 2009, Mr. Osayaren's pharmacist license was revoked due to his conviction of fraudulent billing to Medicare and Medicaid. The judgment against Mr. Osayaren restricting him from engaging in employment, consulting or any association with any medical supply business for a period of five years has been removed.

After discussion, the Board determined that it is not in the public's best interest at this time to reinstate Mr. Osayaren's pharmacist license. Mr. Osayaren must resolve for the Board that he has been removed from the OIG "Black List". Since Mr. Osayaren has not practiced since 2007, the Board suggested he complete the required CE's and take and pass the PARE examination at his own expense.

Ms. Cramer recommended continuance of this matter until such time that Mr. Osayaren has resolved his standing with the OIG and is able to demonstrate that he is competent to practice pharmacy.

Board Action:

Motion: Cheryl Blomstrom moved to accept Ms. Cramer's recommendation.

Second: Kam Gandhi

Action: Passed Unanimously

6. Application for Nevada Pharmacy – Appearance for Possible Action:

Advanced Home Infusion – Las Vegas

Rescheduled to a future date.

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

- A. Advanced Pharma Incorporated – Houston, TX
- B. American Medical Direct – San Antonio, TX

Both applicants rescheduled to a future date.

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

- A. Linde RSS, LLC – Henderson

Kendra Milliron and Robbie Hartley appeared and were sworn by President Foster prior to answering questions or offering testimony.

Ms. Milliron explained that Linde RSS has partnered with a skilled nursing facility and will provide DME equipment and monitoring services. Mr. Hartley will serve as the administrator and Ms. Milliron's role will be clinical operations manager.

Board Action:

Motion: Kam Gandhi moved to approve the application for Linde RSS.

Second: Jody Lewis

Action: Passed Unanimously

- B. Trilogy Medical – Las Vegas

Tom Fallon, owner and operator, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Fallon explained that his practice will provide bone growth stimulators and spinal infusions as prescribed by a physician for a specific patient. Trilogy Medical will fill the prescription, deliver to the patient and provide patient education.

Board Action:

Motion: Jody Lewis moved to approve the application for Trilogy Medical.

Second: Kam Gandhi

Action: Passed Unanimously

9. NABP 2012 Triathlon Interactive Forum Report for Possible Action:

Russ Smith

Russ Smith attended the NABP 2012 Triathlon Interactive Forum. The Forum provided board of pharmacy members with the chance to network with their peers while discussing regulatory trends and challenges faced by their boards. The agenda included topics relating to deciphering the line between secondary wholesalers and “gray market” wholesalers, the 5% distribution rule for pharmacies, pharmacy technician education, training, and certification, drug shortages, conflict of interest issues, and new and emerging pharmacy practice models.

10. Discussion and Determination for Possible Action:

Delivery of Prescriptions

The regulation addressing the delivery of prescriptions may be too restrictive with respect to taxis and delivery services and may hinder the ability of some patients to get their medications. There was discussion on what constitutes an authorized agent for the patient, record maintenance, chain of custody and potential diversion.

Liz Macmenamin felt clarification is needed and will send to her members for comment. She offered to work with Board staff.

The Board directed staff to bring this topic back for further discussion and determination.

11. Executive Secretary Report for Possible Action:

A. Financial Report

The annual audit has been completed and a full report will be presented at the December meeting.

B. Temporary Licenses

There was one temporary license issued since the last Board meeting.

C. Staff Activities

1. CE – Elko, Reno and Las Vegas

Mr. Pinson noted that since January, 2012, he has spoken to several groups that included physicians, osteopaths, law enforcement, and paralegals all of which were well received. In addition, he spoke to a group of 150 physicians regarding doctor/patient relationship as well as at a recent drug summit in Reno. On October 4<sup>th</sup>, Mr. Pinson presented a one hour law CE which was taped by the “Pharmacist’s Letter” and will be available on the Board’s website.

Joe Depczynski and Luis Curras have increased the number of CE presentations throughout the state.

D. Reports to Board

1. Your Success Finals

a. SaveMart #551 (Carson City)

A SaveMart technician used a pharmacist's code to override alerts when filling a prescription. SaveMart has updated their Policies and Procedures and implemented the changes recommended by Katie Johnson.

b. Michelle Badten (Pathway, Las Vegas)

Michelle Badten and Tim Brown attended the STAR program. The program was very beneficial and improved their level of competency. It was noted that the Board investigators attended STAR during the same week and found it to be a valuable program.

c. Ken Heaton (Lam's, Las Vegas)

Ken Heaton's case occurred while he was employed at Wal-Mart. Since that time, he purchased Lam's Pharmacy. Katie Johnson's evaluation/training took place at his new location. Ms. Johnson assisted with the development of policies and procedures and anticipates good outcomes in the operation of the pharmacy.

E. Board Related News

1. Ther-Rx

Larry Pinson discussed a letter he received from Ther-Rx, the manufacturer of Makena, regarding the Missouri State Board of Pharmacy's policy on compounded hydroxyprogesterone caproate, reminding licensees that compounding commercially available products is prohibited.

Mr. Pinson reminded the Board that Nevada began updating the compounding regulations in 2003 and finalized them in 2008. He indicated that Nevada was proactive in development of the regulations and now the inspectors have solid guidelines for inspection of compounding pharmacies.

2. SaveMart

Mr. Pinson noted that he received a letter from a patient with positive comments regarding the customer service at SaveMart. He indicated that was refreshing since kudos are rarely received regarding pharmacy services.

3. Take Back Program

Mr. Pinson noted that 156 pounds of drugs were collected in the Reno-Carson City area.

F. Activities Report

Mr. Pinson announced that Joe Kellogg is the recipient of the Bowl of Hygeia award. The award will be presented to Mr. Kellogg at the January meeting.

President Foster acknowledged Mr. Pinson for his CE efforts and expressed appreciation to him and the Board staff.

Board Action:

Motion: Cheryl Blomstrom moved to accept the Executive Secretary report.

Second: Kirk Wentworth

Action: Passed Unanimously

12. General Counsel Report for Possible Action:

Nevada Athletic Trainers

Carolyn Cramer appeared before the Nevada Board of Athletic Trainers. She outlined the Nevada drug laws and the scope of practice of athletic trainers in Nevada.

WORKSHOP for Possible Action

Thursday, October 18, 2012 – 9:00 am

13. **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 639.725** Use of mechanical counting device for dispensing medication to be taken orally.

After discussion, the Board recommended the following modifications:

1. 1.(b): Remove “two years”
2. Renumber subparagraph 2 as 3.
3. Add subparagraph 2: “A record of any drug filled into a mechanical counting device shall be maintained either electronically or manually for two years and must include but not be limited to include the information listed in section 1(b) of this regulation.”

Board Action:

Motion: Cheryl Blomstrom moved to go forward to Public Hearing with changes as noted.

Second: Russ Smith

Action: Passed Unanimously

- B. **Amendment of Nevada Administrative Code 453.510** Schedule I. Because of abuse of un-regulated products containing synthetic cannabinoids, law enforcement has requested that the Board of Pharmacy add additional compounds to Schedule 1.

David Goldthorp, Las Vegas Metro Forensics Controlled Substance Unit, and Aylee Burnett, Detective, Las Vegas Police Department Narcotics Division, appeared and spoke in support of the addition of the two new compounds to Schedule I.

Larry Matheis, representing the Nevada State Medical Association, spoke in support of the proposed regulations and suggested the Board present them to the Attorney General's Task Force.

Board Action:

Motion: Russ Smith moved to go forward to Public Hearing as presented.

Second: Jack Dalton

Action: Passed Unanimously

14. Next Board Meeting:

December 5-6, 2012 – Reno

15. 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)

October 17, 2012

There was no public comment.

October 18, 2012

There was no public comment.



**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.

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH <u>01421</u> )
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> 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: Arrow Pharmacy & Nutrition Center

Physical Address: 461 Cooke Street, Farmington CT 06032

Mailing Address: 461 Cooke Street

City: Farmington State: CT Zip Code: 06032

Telephone: 888-787-2800 Fax: 877-471-6008

Toll Free Number: 888-787-2800 (Required per NAC 639.708)

E-mail: Bmurphy@Arrowpharmacyholdings.com Website: www.Arrowrx.com; www.ArrowPharmacyHoldings.com www.Familymeets.com

Managing Pharmacist: Richard Leschever License Number: PCT.0002938

**Hours of Operation:**

Monday thru Friday 10 am 5 pm                      Saturday none am none pm  
 Sunday none am none pm                              24 Hours none

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Out of State	<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> 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**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
 (non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)  <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7 <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Ownership Change  <input type="checkbox"/> Partnership - Pages 1,2,5,7 <input type="checkbox"/> 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: Express Plus Pharmacy, Inc

Physical Address: 6692 Stirling Road

Mailing Address: 6692 Stirling Road

City: Davie State: FL Zip Code: 33024

Telephone: 954-589-0790 Fax: 954-416-6132

Toll Free Number: 888-870-1485 (Required per NAC 639.708)

E-mail: vsammarco@xpmeds.com Website: www.xpmeds.com

Managing Pharmacist: Dennis P Soumoff License Number: PS12195

**Hours of Operation:**

Monday thru Friday 10 am 6 pm                      Saturday \_\_\_\_\_ am \_\_\_\_\_ pm

Sunday \_\_\_\_\_ am \_\_\_\_\_ pm                      24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
---	---

661692

**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.

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> 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: Harbor Compounding Pharmacy  
 Physical Address: 2000 Harbor Blvd Ste. C-100 Costa Mesa, CA 92627  
 Mailing Address: 2000 Harbor Blvd Ste. C-100  
 City: Costa Mesa State: CA Zip Code: 92627  
 Telephone: (949) 642-0106 Fax: (949) 642-5039  
 Toll Free Number: (800) 564-1565 (Required per NAC 639.708)  
 E-mail: Harborrx@gmail.com Website: Harborcompounding.com  
 Managing Pharmacist: Michael Hua License Number: 61291

**Hours of Operation:**

Monday thru Friday 9 am 6 pm      Saturday 10 am 2 pm  
 Sunday NA am NA pm      24 Hours NA

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Out of State	<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> 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**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
 (non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH_____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> 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: H2RX

Physical Address: 98 N. Main Street #B

Mailing Address: P.O. Box 1508

City: Beaver State: Utah Zip Code: 84713

Telephone: (435) 438-5555 Fax: (435) 438-0707

Toll Free Number: (855) 525-4279 (Required per NAC 639.708)

E-mail: rance@h2rx.com Website: www.h2rx.com

Managing Pharmacist: Rance Hutchings License Number: 337027-1701  
Utah

**Hours of Operation:**

Monday thru Friday 8 am 5 pm Saturday 10 am 2 pm

Sunday \_\_\_\_\_ am \_\_\_\_\_ pm -- Closed 24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Out of State	<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

61461

**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.

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> 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: IHC Health Services, Inc.  
 Physical Address: 100 N. Mario Copechi Drive  
 Mailing Address: 100 N. Mario Copechi Drive  
 City: Salt Lake City State: UT Zip Code: 84113  
 Telephone: 801-662-1680 Fax: 801-662-1688  
 Toll Free Number: 800-909-7262 (Required per NAC 639.708)  
 E-mail: brian.hardy@imail.org Website: \_\_\_\_\_  
 Managing Pharmacist: Brian Hardy <sup>UT Pharmacist</sup> License Number: 7718203-1701

**Hours of Operation:**

Monday thru Friday 9 am 7 pm                      Saturday 9 am 5 pm  
 Sunday 9 am 5 pm                                      24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input checked="" type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Out of State	<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

61460

**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.

<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> 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: Infinity Compounding Solutions, LLC  
 Physical Address: 1450 E. Zion Road, Suite 3 Fayetteville, AR 72703  
 Mailing Address: 1450 E. Zion Road, Suite 3  
 City: Fayetteville State: AR Zip Code: 72703  
 Telephone: (888) 414-5805 Fax: (855) 422-2400  
 Toll Free Number: (888) 414-5805 (Required per NAC 639.708)  
 E-mail: info@infinitycompounds.com Website: www.infinitycompounds.com  
 Managing Pharmacist: Eric Wright License Number: PD 11280

**Hours of Operation:**

Monday thru Friday 9 am 5 pm      Saturday <sup>closed</sup> 0 am 0 pm  
 Sunday \_\_\_\_\_ am \_\_\_\_\_ pm <sup>closed</sup>      24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds ____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
---	---

61331

**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.

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> 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: Post Oak Pharmacy, LP dba: Lifechek Drugs #19

Physical Address: 5018A San Felipe

Mailing Address: P.O. Box 21379

City: Houston State: TX Zip Code: 77056

Telephone: 713-621-1560 Fax: 713-993-0259

Toll Free Number: \_\_\_\_\_ (Required per NAC 639.708)

E-mail: Lifechek19@sbglobal.net Website: — N/A

Managing Pharmacist: David E. King License Number: 22881

**Hours of Operation:**

Monday thru Friday 8:30 am 1 pm      Saturday 8:30 am 4 pm  
 Sunday \_\_\_\_\_ am \_\_\_\_\_ pm closed      24 Hours no

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input type="checkbox"/> Retail	<input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

61693



**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.

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH_____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> 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: Manifest Pharmacy

Physical Address: 319 Garlington Road D4 Greenville, SC 29615

Mailing Address: 319 Garlington Road D4

City: Greenville State: SC Zip Code: 29615

Telephone: 888-614-0119 Fax: 888-285-9585

Toll Free Number: 888-614-0119 (Required per NAC 639.708)

E-mail: admin@manifestrx.com Website: www.manifestrx.com

Managing Pharmacist: Heather Hughes License Number: 10227

**Hours of Operation:**

Monday thru Friday 9 am 5 pm Saturday 9 am 12 pm

Sunday closed am \_\_\_\_\_ pm 24 Hours No

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Out of State	<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

61691



**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.

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input checked="" type="checkbox"/> 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: Physician Choice Pharmacy

Physical Address: 4529 N. Pine Island Road

Mailing Address: \_\_\_\_\_

City: Sunrise State: Florida Zip Code: 33351

Telephone: 888-389-2014 Fax: (888) 400-8171

Toll Free Number: 888 389 2014 (Required per NAC 639.708)

E-mail: PhysicianChoicePharmacy@gmail.com Website: \_\_\_\_\_

Managing Pharmacist: Stuart E. Tolman License Number: FL PS19593

**Hours of Operation:**

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

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Out of State	<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

61522

**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.

<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> 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: P. J.'S PRESCRIPTION SHOPPE

Physical Address: 3405 KENYON STREET

Mailing Address: (same)

City: SAN DIEGO State: CA Zip Code: 92110

Telephone: 619 223 5404 Fax: 619 223 0546

Toll Free Number: 855 698 2590 (Required per NAC 639.708)

E-mail: MARY@PJPRESCRIPTIONSHOPPE.COM Website: \_\_\_\_\_

Managing Pharmacist: MARY J. HOLTGRAVE License Number: RPH 28774  
 (CALIFORNIA)

**Hours of Operation:**

Monday thru Friday 9 am 5<sup>30</sup> pm Saturday CLOSED am \_\_\_\_\_ pm

Sunday CLOSED am \_\_\_\_\_ pm 24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Out of State	<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

61523

**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: RESTORE RX, INC  
Physical Address: 5169 BRUNSWICK RD BOX 305  
Mailing Address: SAME  
City: BRUNSWICK State: TN Zip Code: 38014  
Telephone Number: 901-388-0507 Fax Number: 901-388-0407  
Toll Free Number: 877-388-0507 (Required per NAC 639.708)  
E-mail: PHARMACY@RESTORERX.COM Website: WWW.RESTORERX.COM  
Managing Pharmacist: W. MITCH PLEASANTS PHARM.D License Number: TN 9439

**Hours of Operation:**

Monday thru Friday 9:00 am 5:00 pm      Saturday closed am \_\_\_\_\_ pm  
Sunday closed am \_\_\_\_\_ pm      24 Hours N/A

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Retail         | <input type="checkbox"/> Off-site Cognitive Services |
| <input type="checkbox"/> Hospital (# beds _____)   | <input type="checkbox"/> Parenteral                  |
| <input type="checkbox"/> Internet                  | <input type="checkbox"/> Parenteral (outpatient)     |
| <input type="checkbox"/> Nuclear                   | <input type="checkbox"/> Outpatient/Discharge        |
| <input checked="" type="checkbox"/> Out of State   | <input checked="" type="checkbox"/> Mail Service     |
| <input type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> Long Term Care              |

**Board Use Only**

Received: OCT 08 2012 Amount: 500- Entity: 61332 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.

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> 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: River Crossing Pharmacy

Physical Address: 5429 Little Road, New Port Richey, FL 34655

Mailing Address: 5429 Little Road

City: New Port Richey State: FL Zip Code: 34655

Telephone: 727-376-1451 Fax: 727-376-1453

Toll Free Number: 1-888-241-1677 (Required per NAC 639.708)

E-mail: Rivercrossingpharmacy@gmail Website: www.rivercrossingpharmacy.com

Managing Pharmacist: Michael Mobley License Number: PS45204

**Hours of Operation:**

Monday thru Friday 9 am 6 pm      Saturday / am / pm  
 Sunday / am / pm      24 Hours /

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

61330

**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.

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH_____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> 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: Sinus Dynamics Pharmacy

Physical Address: 755 Lakefield Road, Unit D, Westlake Village, CA 91361

Mailing Address: 755 Lakefield Road, Unit D, Westlake Village, CA 91361

City: Westlake Village State: CA Zip Code: 91361

Telephone: 877-447-4276 Fax: 888-414-0666

Toll Free Number: 877-447-4276 (Required per NAC 639.708)

E-mail: compliance@sdprx.com Website: www.sinusdynamics.com

Managing Pharmacist: George Suarez License Number: 57387

**Hours of Operation:**

Monday thru Friday 9 am 5 pm                      Saturday on call      am      pm

Sunday on call      am      pm                      24 Hours on call 24 hours Sat & Sun

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Out of State	<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

61334

**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.

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> 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: St. Louis Hills pharmacy, LLC  
 Physical Address: 6027 Hampton ave St Louis MO 63109  
 Mailing Address: 6027 Hampton ave  
 City: St Louis State: mo Zip Code: 63109  
 Telephone: (314) 832-2480 Fax: (314) 832-2498  
 Toll Free Number: 1(855) 832-6027 (Required per NAC 639.708)  
 E-mail: StLHillsLLC@gmail.com Website: \_\_\_\_\_  
 Managing Pharmacist: YUSAF 2. BEG License Number: 040959

**Hours of Operation:**

Monday thru Friday 9 am 6 pm      Saturday 9 am 12:30pm  
 Sunday Closed am \_\_\_\_\_ pm      24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Out of State	<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> 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**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
 (non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
1 Publicly Traded Corporation – Pages 1,2,3,7	1 Partnership - Pages 1,2,5,7
1 Non Publicly Traded Corporation – Pages 1,2,4,7	1 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: University Compounding Pharmacy  
 Physical Address: 1765 Fourth Avenue, San Diego CA 92101  
 Mailing Address: 1765 Fourth Avenue  
 City: San Diego State: CA Zip Code: 92101  
 Telephone: 619-398-1800 Fax: 619-481-3733  
 Toll Free Number: 855-398-1800 (Required per NAC 639.708)  
 E-mail: blmd@ucprx.com Website: n/a  
 Managing Pharmacist: Joseph Grasela License Number: 40868

**Hours of Operation:**

Monday thru Friday 7 am 6pm pm      Saturday 8 am 12 pm  
 Sunday n/a am n/a pm      24 Hours —

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Out of State	<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

61677

**NEVADA STATE BOARD OF PHARMACY**

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

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

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change	(Please provide current license number if making changes: MP or MW <u>MP00638</u> )
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6	
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7	

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

**FACILITY INFORMATION**

Facility Name: 180 Medical Inc

Physical Address: 5324 W Reno Suite A, Oklahoma City Oklahoma 73127  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5324 W Reno Suite A,

City: Oklahoma City State: OK Zip Code: 73127

Telephone: 405 443 2978 Fax: 888-718-0633

E-mail: insinfo@180medical.com Website: www.180medical.com

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: 8 to 7 Tue: 8 to 7 Wed: 8 to 7 Thu: 8 to 7  
Fri: 8 to 5 Sat:      to      Sun:      to      Holidays:      to     

**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**

Name: Daniel Todd Brown

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

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

52141



**NEVADA STATE BOARD OF PHARMACY**

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

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

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

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

Application must be printed legibly or typed

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

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

**FACILITY INFORMATION**

Facility Name: ALLSTATE MEDICAL Equipment Inc.

Physical Address: 2655 Park Center DRIVE unit C Simi VALLEY, CA 93065  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME AS ABOVE

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: 877 497-2171 Fax: 888-376-2141

E-mail: RKAPLAN@ALLSTATEMED.COM Website: ALLSTATEMED.COM

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

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: CLOSED Sun: CLOSED Holidays: \_\_\_\_\_ to \_\_\_\_\_

**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**

Name: Robert Kaplan

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

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

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

Name: TRACEY THORPE Telephone: 702 241-3213

61625

**NEVADA STATE BOARD OF PHARMACY**

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

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

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

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

Application must be printed legibly or typed

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

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

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

**FACILITY INFORMATION**

Facility Name: AMERICAN MEDICAL COOP, LLC

Physical Address: 330 MALLORY STATION RD. #G-26, FRANKLIN, TN 37067  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 330 MALLORY STATION ROAD, #G-26

City: FRANKLIN State: TN Zip Code: 37067

Telephone: 615.224.3066 Fax: 615.224.3067

E-mail: PATTI.MARTIN.AMC@GMAIL.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: CLOSED to Sun: CLOSED to Holidays: MAJOR CLOSED to

**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**

Name: PATTI MARTIN

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

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Gases**             | <input type="checkbox"/> Assistive Equipment                |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis           |
| <input type="checkbox"/> Diabetic Supplies           | Other: <u>OSTOMY 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: PATTI MARTIN Telephone: 615.224.3066

61339

**NEVADA STATE BOARD OF PHARMACY**

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

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

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

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

Application must be printed legibly or typed

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

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

**FACILITY INFORMATION**

Facility Name: Apria Healthcare, Inc.

Physical Address: 36 N Main St Ste 4, Tooele UT 84074

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

Mailing Address: 26220 Enterprise Court, Attention: Clinical Services - Licensing

City: Lake Forest State: CA Zip Code: 92630

Telephone: 435 882-4334 Fax: 435 882-4663

E-mail: patricia.mahon@apria.com Website: www.apria.com

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: 8:30am to 5:00pm Tue: 8:30am to 5:00pm Wed: 8:30am to 5:00pm Thu: 8:30am to 5:00pm

Fri: 8:30am to 5:00pm Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**

Name: Terry L. Leber

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

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

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

Name: James Donohue Telephone: 888 492-7742

61626

**NEVADA STATE BOARD OF PHARMACY**

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

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

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

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

Application must be printed legibly or typed

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

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

**FACILITY INFORMATION**

Facility Name: Cameron Health, Inc.

Physical Address: 229 Avenida Fabricante, San Clemente, CA 92673 2 DA 9/14/12  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same as physical address.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (949) 948-5630 Fax: (949) 498-5932

E-mail: dalexander@cameronhealth.com Website: www.cameronhealth.com

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

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: Closed Sun: Closed Holidays: Closed

**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**

Name: David Alexander

**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 Prosethics
- Other: Prescription Medical Devices

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

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

61696

**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: Fiber-Tech Manufacturing, Inc.

Physical Address: 444 Camino Del Rio S Ste 108  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 444 Camino Del Rio S Ste 108

City: San Diego State: CA Zip Code: 92108

Telephone Number: (800) 388-8184 Fax Number: (800) 661-4585

E-mail: jeh@medicalproductsus.com Website: www.medicalproductsus.com

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING** <sup>PST</sup>

Mon: 6:30 to 3:00 Tue: 6:30 to 3:00 Wed: 6:30 to 3:00 Thu: 6:30 to 3:00

Fri: 6:30 to 3:00 Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

**FACILITY ADMINISTRATOR INFORMATION**

Name: Jeh Mody

**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 Prosethics
- Other: Wheelchairs + Back Braces

\*\*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: Ashley Sepetys Telephone: (800) 388-8184 ext 104

Board Use Only Received NOV 14 2012 Amount 500.00 Entity 611698 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.

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

**FACILITY INFORMATION**

Facility Name: Innovative Medical Solutions Experts, LLC

Physical Address: 120 N. Main St.  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: same

City: Mansfield State: TX Zip Code: 76063

Telephone: 817-453-9767 Fax: 817-473-1839

E-mail: Kimbwelch@sbcglobal.net 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: Kimberly Welch

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

- |  |  |
|--|--|
| <input type="checkbox"/> Medical Gases**             | <input type="checkbox"/> Assistive Equipment                 |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment**  |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies           | Other: <u>Lumbar Braces, Cervical Collars, d</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: \_\_\_\_\_

Bone Growth Stimula

61697

**NEVADA STATE BOARD OF PHARMACY**

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

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

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

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

Application must be printed legibly or typed

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

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

**FACILITY INFORMATION**

Facility Name: Invivo Corporation

Physical Address: 3545 SW 47th Ave., Gainesville, FL 32608  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Philips Healthcare, Attn: Peggy Erb, 3000 Minuteman Road

City: Andover State: MA Zip Code: 01810

Telephone: (352) 336-0010 Fax: (352) 336-1410

E-mail: Sj.bigger@philips.com Website: www.healthcare.philips.com

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: 7 am to 5 pm Tue: 7 am to 5 pm Wed: 7 am to 5 pm Thu: 7 am to 5 pm

Fri: 7 am to 5 pm Sat: Closed Sun: Closed Holidays: Closed

**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**

Name: Tearlach Edward Bigger

**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 Prosethics
- Other: Prescription Medical Devices

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

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

61624

**NEVADA STATE BOARD OF PHARMACY**

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

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

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

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

Application must be printed legibly or typed

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

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

**FACILITY INFORMATION**

Facility Name: Invivo Corporation

Physical Address: 3650 NE 53rd Ave., Gainesville, FL 32609  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Philips Healthcare, Attn: Peggy Erb, 3000 Minuteman Road

City: Andover State: MA Zip Code: 01810

Telephone: (352) 336-0010 Fax: (352) 336-1410

E-mail: Sj.bigger@philips.com Website: www.healthcare.philips.com

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: 7 am to 5 pm Tue: 7 am to 5 pm Wed: 7 am to 5 pm Thu: 7 am to 5 pm

Fri: 7 am to 5 pm Sat: Closed Sun: Closed Holidays: Closed

**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**

Name: Tearlach Edward Bigger

**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: Prescription Medical Devices

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

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

61623



**NEVADA STATE BOARD OF PHARMACY**

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

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

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

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

Application must be printed legibly or typed

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

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

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

**FACILITY INFORMATION**

Facility Name: Hollywood Healthcare Corp. dba Logimedix

Physical Address: 15851 SW 41st St. Suite 700 Davie, FL 33331  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 15851 SW 41st St. Suite 700

City: Davie State: FL Zip Code: 33331

Telephone: 954-349-9551 Fax: 954-349-9552

E-mail: Rglawde@logimedix.com Website: www.logimedix.com

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: 9am to 7:30pm Tue: 9am to 7:30pm Wed: 9am to 7:30pm Thu: 9am to 7:30pm

Fri: 9am to 7:30pm Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**

Name: Danielle Johnson

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

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

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

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

61459

**NEVADA STATE BOARD OF PHARMACY**

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

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

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

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

Application must be printed legibly or typed

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

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

**FACILITY INFORMATION**

Facility Name: Ogles Oxygen, LLC d/b/a MedBridge Home Medical

Physical Address: 430 Woodruff Road, Suite 500, Greenville SC 29607  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 430 Woodruff Road, Suite 450 - Attn: Rebecca Bradshaw

City: Greenville, State: SC Zip Code: 29607

Telephone: 864-609-9423 Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

**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: to Sun: to Holidays: to

**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**

Name: Ken Magee

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

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

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

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

61561

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE MDEG WHOLESALER**  
**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  Ownership Change  Name Change  Location Change

**FACILITY INFORMATION**

Facility Name: Medtronic Inc.

Physical Address: 18501 E. Plaza Drive  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 710 Medtronic Parkway, LS245 Minneapolis, MN 55432

City: Parker State: CO Zip Code: 80134

Telephone Number: 303-840-4012 Fax Number: 303-840-4100

E-mail: suzan.dillon@medtronic.com Website: www.medtronic.com

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: 5AM to 11PM Tue: 5AM to 11PM Wed: 5AM to 11PM Thu: 5AM to 11PM  
Fri: 5AM to 6PM Sat: ---to----- Sun: -----to----- Holidays: ----to-----

**FACILITY ADMINISTRATOR INFORMATION (Person who is on site on a daily basis.)**

Name: Suzan Dillon

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

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Gases             | <input type="checkbox"/> Assistive Equipment              |
| <input type="checkbox"/> Respiratory Equipment     | <input type="checkbox"/> Parenteral and Enteral Equipment |
| <input type="checkbox"/> Life-sustaining equipment | <input type="checkbox"/> Orthotics and Prosthesis         |
| <input type="checkbox"/> Diabetic Supplies         | Other: <u>medical devices &amp; instrumentation</u>       |

Board Use Only  
Received NOV 14 2012 Check Number \_\_\_\_\_ Amount 500.00

61695

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.

Form with checkboxes for New MDEG, Ownership Change, Publicly Traded Corporation, Partnership, Non Publicly Traded Corporation, Sole Owner. Includes instruction: Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: National Durable Medical Equipment

Physical Address: 7757 S. Allen St. (This must be a business address, we can not issue a license to a home address)

Mailing Address: PO Box 367

City: Midvale State: UT Zip Code: 84047

Telephone: 800-644-1968 Fax: 877-776-5374

E-mail: scottcottis@bracefit.com Website: www.nationaldme.net

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 Sun: N/A Holidays: N/A

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Scott Cottis

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: Soft goods and electrotherapy

\*\*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:

61335

**NEVADA STATE BOARD OF PHARMACY**

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

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

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

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

Application must be printed legibly or typed

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

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

**FACILITY INFORMATION**

Facility Name: OUT Patient Infusion Systems, Inc.

Physical Address: 5950 Shiloh Road E STE U Alpharetta GA 30005  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 800 Technology Center Drive

City: Stoughton State: MA Zip Code: 02072

Telephone: 800 967 6400 Fax: 781-344-8467

E-mail: prusso@msdistributors.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: Timothy McNamara

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

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Gases**             | <input type="checkbox"/> Assistive Equipment                |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosethetics         |
| <input type="checkbox"/> Diabetic Supplies           | Other: <u>I.V. Infusion pumps</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: NA Telephone: \_\_\_\_\_

61340

**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.

<input checked="" type="checkbox"/> New Wholesaler	Ownership Change	
(Please provide current license number if making changes: <del>WHOLESALE</del> )		

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

**GENERAL INFORMATION**

Facility Name: \_\_\_\_\_ AbbVie US LLC

Physical Address: \_\_\_\_\_ 1 N. Waukegan Rd.

\_\_\_\_\_ D-GS02, Bldg. AP5

\_\_\_\_\_ Mailing Address: \_\_\_\_\_ North Chicago, IL 60064

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: 847-935-9197 Fax: 847-937-1708

Toll Free Number: na

E-mail: denise.stalder@abbott.com Website: na

Facility Manager: Margen Bryson

Professional qualifications and experience of facility manager: see attached resume

Types of licensed outlets or authorized persons firm will serve:

Pharmacies       Practitioners       Hospitals       Wholesalers  
 Other: Universities

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: \_\_\_\_\_

61462

**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.

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH _____)	

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

**GENERAL INFORMATION**

Facility Name: APL Logistics Warehouse Mgt Services, Inc.

Physical Address: 610 W. Trinity Blvd.

Mailing Address: \_\_\_\_\_

City: Grand Prairie State: TX Zip Code: 75050

Telephone: 972-697-4616 Fax: 972-697-4670

Toll Free Number: \_\_\_\_\_

E-mail: jean\_spencer@apllogistics.com Website: www.apl.com

Facility Manager: Shawn Moore

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: OTC

61636

**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.

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH_____)	

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

**GENERAL INFORMATION**

Facility Name: Cardinal Health 200, LLC  
Physical Address: 2222 S. Stearman Drive, Chandler, AZ 85286  
Mailing Address: 7200 Cardinal Place W, Keegan Chamberlain  
City: Dublin State: OH Zip Code: 43017  
Telephone: 480-786-2700 Fax: 614-652-0282  
Toll Free Number: N/A  
E-mail: gmb-facility-licensing@cardinalhealth.com Website: www.cardinal.com  
Facility Manager: Trina Snyder  
Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

Pharmacies       Practitioners       Hospitals       Wholesalers  
 Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

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

61472



**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.

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH_____)	

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

**GENERAL INFORMATION**

Facility Name: HERCON PHARMACEUTICALS, LLC

Physical Address: 101 Sinking Springs Lane, P.O. Box 467, Emigsville, PA 17318

Mailing Address: c/o State License Servicing, 321 Route 94, Warwick, NY 10990

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: 845-544-2482 Licensing      845-544-2481 Licensing  
717-764-1191 Facility      Fax: 717-764-5394 Facility

Toll Free Number: 1-800-510-3401

E-mail: HER@slny.com      Website: www.herconlabs.com

Facility Manager: Scott Moore

Professional qualifications and experience of facility manager: Please see attached resume

**Types of licensed outlets or authorized persons firm will serve:**

<input checked="" type="checkbox"/> Pharmacies	<input type="checkbox"/> Practitioners	<input type="checkbox"/> Hospitals	<input checked="" type="checkbox"/> Wholesalers
<input checked="" type="checkbox"/> Other: <u>Medical Supply Chains</u>			

**Type of Products to be handled or wholesaled by firm:**

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input type="checkbox"/> Hypodermic Devices
<input type="checkbox"/> Poisons or Chemicals	<input type="checkbox"/> Veterinary Legend Drugs
<input type="checkbox"/> Controlled Substances (include copy of DEA)	
<input type="checkbox"/> Other: _____	

61329

**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.

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH _____)	

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

**GENERAL INFORMATION**

Facility Name: Medical Purchasing Solutions, LLC

Physical Address: 15021 N. 74th Street, #300 Scottsdale, AZ 85260

Mailing Address: 15021 N. 74th Street, #300

City: Scottsdale State: AZ Zip Code: 85260

Telephone: 602-476-1595 Fax: 800-351-0834

Toll Free Number: 888-894-2487

E-mail: service@medicalpurchasingsolutions.com Website: www.medicalpurchasingsolutions.com

Facility Manager: John Discerni

Professional qualifications and experience of facility manager: I am a pharmacist, with over 20 years  
of experience in owning, running and managing wholesale drug distribution businesses.

**Types of licensed outlets or authorized persons firm will serve:**

Pharmacies       Practitioners       Hospitals       Wholesalers  
 Other: \_\_\_\_\_

**Type of Products to be handled or wholesaled be firm:**

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

61474

**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.

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH_____)	

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

**GENERAL INFORMATION**

Facility Name: OZBURN-HESSEY LOGISTICS, LLC D/B/A OHL

Physical Address: 2780 MC DONOUGH STREET, JOLIET, IL 60436

Mailing Address: STATE LICENSE SERVICING, 321 ROUTE 94 SOUTH

City: WARWICK State: NY Zip Code: 10990

Telephone: 815-207-4060 Fax: 815-744-6653

Toll Free Number: N/A

E-mail: OHL@SLSNY.COM Website: WWW.OHL.COM

Facility Manager: OREST PETROWSKY

Professional qualifications and experience of facility manager: PLEASE REFER TO ATTACHED RESUME

**Types of licensed outlets or authorized persons firm will serve:**

Pharmacies       Practitioners       Hospitals       Wholesalers  
 Other: DISTRIBUTORS, RETAIL PHARMACY OR MEDICAL SUPPLY CHAINS, & RETAILERS

**Type of Products to be handled or wholesaled be firm:**

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

61326

**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.

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH _____)	

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

**GENERAL INFORMATION**

Facility Name: PharmaLink, INC.

Physical Address: 11211-69TH STREET NO.

Mailing Address: SAME

City: LARGO State: FL. Zip Code: 33773

Telephone: 800-257-3527 Fax: 727-669-8327

Toll Free Number: \_\_\_\_\_

E-mail: TBECKERS@Pharmalinkinc.com Website: www.Pharmalinkinc.com

Facility Manager: THIERRY BECKERS

Professional qualifications and experience of facility manager: \_\_\_\_\_  
MASTERS IN BUSINESS MGMT.

Types of licensed outlets or authorized persons firm will serve:

<input checked="" type="checkbox"/> Pharmacies	<input checked="" type="checkbox"/> Practitioners	<input checked="" type="checkbox"/> Hospitals	<input checked="" type="checkbox"/> Wholesalers
<input checked="" type="checkbox"/> Other: <u>VETERINARY</u>			

Type of Products to be handled or wholesaled by firm:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input checked="" type="checkbox"/> Hypodermic Devices
<input checked="" type="checkbox"/> Poisons or Chemicals	<input checked="" type="checkbox"/> Veterinary Legend Drugs
<input checked="" type="checkbox"/> Controlled Substances (include copy of DEA)	
<input type="checkbox"/> Other: _____	

61473

**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.

<input checked="" type="checkbox"/> New Wholesaler <input type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH _____ )
--

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

**GENERAL INFORMATION**

Facility Name:                     Respironics, Inc.                    

Physical Address:                     Building 101, Avenue A, Buncher Commerce Park                    

Mailing Address:                     Attn: General Counsel, 1010 Murry Ridge Lane, Murrysville, PA 15668                    

City:                     Youngwood                     State:                     PA                     Zip Code:                     15697                    

Telephone:                     724-755-8100                     Fax:                     724-755-8160                    

Toll Free Number:                     None                    

E-mail:                     philip.bolalek@philips.com                     Website:                     www.respironics.com                    

Facility Manager:                     Philip J. Bolalek, Director of Global Logistics                    

Professional qualifications and experience of facility manager:                     Managed logistics and distribution centers for over 20 years, 7 years of which have been in medical device operations. Holds a U.S. Customs House Brokers license.                    

Types of licensed outlets or authorized persons firm will serve:

Pharmacies                       Practitioners                       Hospitals                       Wholesalers  
 Other:                     DME and homecare dealers and distributors                    

Type of Products to be handled or wholesaled be firm:

Legend Pharmaceuticals, Supplies or Devices                       Hypodermic Devices  
 Poisons or Chemicals                       Veterinary Legend Drugs  
 Controlled Substances (include copy of DEA)  
 Other:                     See Attachment A                    

61328

**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.

<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: <u>WH01616</u> )	

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

**GENERAL INFORMATION**

Facility Name: Rising Pharmaceuticals, Inc

Physical Address: 3 Pearl Court, Suite A/B, Allendale, NJ 07401

Mailing Address: 3 Pearl Court, Suite A/B

City: Allendale State: NJ Zip Code: 07401

Telephone: 201-961-9000 Fax: 201-961-1234

Toll Free Number: \_\_\_\_\_

E-mail: bbarnett@risingpharma.com Website: www.risingpharma.com

Facility Manager: Benjamin Barnett

Professional qualifications and experience of facility manager: more than 30 years experience in pharmaceutical industry, including executive management and operations

Types of licensed outlets or authorized persons firm will serve:

Pharmacies       Practitioners       Hospitals       Wholesalers  
 Other: national chains

Type of Products to be handled or wholesaled be firm:

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

**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.

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH _____)	

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

**GENERAL INFORMATION**

Facility Name: Salix Pharmaceuticals, Inc.

Physical Address: 8510 Colonnade Center Drive

Mailing Address: 8510 Colonnade Center Drive

City: Raleigh State: NC Zip Code: 27615

Telephone: 919-862-1000 Fax: 919-862-1095

Toll Free Number: n/a

E-mail: \_\_\_\_\_ Website: www.salix.com

Facility Manager: Patrick Henderson

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: \_\_\_\_\_

61327



**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.

<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH_00501 )	

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

**GENERAL INFORMATION**

Facility Name: Southern Anesthesia & Surgical, Inc.

Physical Address: One Southern Court, West Columbia, SC 29169

Mailing Address: One Southern Court

City: West Columbia State: SC Zip Code: 29169

Telephone: (803) 739-4457 Fax: (803) 739-2605

Toll Free Number: N/A

E-mail: vbostic@southernanesthesia.com Website: www.southernanesthesia.com

Facility Manager: Gregg Erickson

Professional qualifications and experience of facility manager: 9+ years in the Pharmaceutical Industry  
See attached Resume

**Types of licensed outlets or authorized persons firm will serve:**

- Pharmacies       Practitioners       Hospitals       Wholesalers  
 Other: Veterinarians, Dentists

**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: OTC, Medical Devices, Pseudoephedrine, Dental, Vaccines, List 1&2 Chemicals, Solid Dose, Injectables, Ophthalmic, Liquids (oral), Topical & Vitami

28139



**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.

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH _____)	

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

**GENERAL INFORMATION**

Facility Name: UPS Supply Chain Solutions, Inc.  
Physical Address: 2260 Owen Loop Road, Louisville Ky 40219  
Mailing Address: 211 Lake Driv. Suite F  
City: Newark State: DE Zip Code: 19702  
Telephone: 502-961-4409 Fax: 302-631-5238  
Toll Free Number: N/A  
E-mail: Rosanna.bernard@ups.com Website: N/A  
Facility Manager: John Bertrand Gross III  
Professional qualifications and experience of facility manager: see attachment

**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: Medical Devices

PT

61527

**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.

<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH <u>00847</u> )	

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

**GENERAL INFORMATION**

Facility Name: VWD Acquisition Corp. dba Valley Wholesaler  
Physical Address: 1401 West Fremont Street Drug Co.  
Mailing Address: 1401 West Fremont Street  
City: Stockton State: CA Zip Code: 95203  
Telephone: 217-753-1688 Fax: 217-467-8282  
Toll Free Number: \_\_\_\_\_  
E-mail: lori.kirbach@hdsmith.com Website: \_\_\_\_\_  
Facility Manager: Daniel Matteoli  
Professional qualifications and experience of facility manager: CA Designated Ref  
Exc 10372

**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 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.

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input checked="" type="checkbox"/> 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: CBAS Pharmacy

Physical Address: 3631 W. Sahara Ave, Las Vegas, NV, 89102

Mailing Address: 5897 Noble Stand St

City: Las Vegas State: NV Zip Code: 89148

Telephone: 702-234-8105 Fax: N/A

Toll Free Number: N/A

E-mail: nin3@hotmail.com Website: N/A

Managing Pharmacist: Alejandro Becerra License Number: 15184

**Hours of Operation:**

Monday thru Friday 9 am 7 pm                      Saturday 10 am 4 pm  
 Sunday Closed am        pm                      24 Hours N/A

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input checked="" type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
--	---

61694

**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.

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> 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: PAHRUMP VALLEY PHARMACY LLC

Physical Address: 1266 E. CALVADA BLVD #2, PAHRUMP, NV, 89048

Mailing Address: 7855 MOHICAN CANYON ST

City: LAS VEGAS State: NEVADA Zip Code: 89113

Telephone: 702-224-4290 Fax: N/A

Toll Free Number: N/A

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

Managing Pharmacist: EMANUEL SAS License Number: 17490

**Hours of Operation:**

Monday thru Friday <u>9:00</u> am <u>8:00</u> pm	Saturday <u>10:00</u> am <u>4:00</u> pm
Sunday <u>closed</u> am <u>closed</u> pm	24 Hours <u>N/A</u>

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input type="checkbox"/> Mail Service <input type="checkbox"/> 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.

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

<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> 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: Wal-Mart Pharmacy 10-5864

Physical Address: 1511 Grant Ave.

Mailing Address: 702 SW 8th Street Bentonville, AR. 72716-0230

City: GARDNERVILLE State: Nevada Zip Code: 89410

Telephone: NA Fax: NA

Toll Free Number: NA

E-mail: lisa.banzhaf@wal-mart.com Website: NA

Managing Pharmacist: Aaron Camp License Number: 18087

**Hours of Operation:**

Monday thru Friday	<u>9</u> am	<u>9</u> pm	Saturday	<u>9</u> am	<u>7</u> pm
Sunday	<u>10</u> am	<u>6</u> pm	24 Hours	<u>NA</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

Blank

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

NOTICE OF INTENDED ACTION  
AND ACCUSATION

v.

SIEU LONG, R.PH.

Case No. 12-050-R.PH.-N

Certificate of Registration No. 16340

SCOLARI'S PHARMACY #26

Case No. 12-050-PH-N

Certificate of Registration No. PH01081

Respondents:

\_\_\_\_\_ /

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 these Respondents because Respondent Sieu Long (Certificate Number 16340) is a registered pharmacist with the Board and Respondent Scolari's Pharmacy (Scolari's #26) is a pharmacy licensed by the Board, located at 1300 Disc Drive, Sparks, Nevada.

II.

On or about June 26, 2012, Robert Cecchini was seen by his Advanced Nurse Practitioner (APN) who prescribed a quantity of fourteen levofloxacin 500 mg. tablets with instructions to take one tablet by mouth daily for the treatment of a sinus infection. The prescription was electronically prescribed and transmitted to Scolari's Pharmacy #26, filled and picked up by Mr. Cecchini's wife the same day. Pharmacist Long counseled Mr. Cecchini's wife at the time of purchase.

III.

Per the instructions on the prescription label, Mr. Cecchini ingested two levofloxacin tablets per day for the next seven days. During his follow-up appointment on July 2, 2012, the APN discovered that the dispensed prescription was filled with

fourteen levofloxacin 500 mg. tablets and mislabeled with directions to take one tablet by mouth twice daily rather than one tablet by mouth once daily. She instructed Mr. Cecchini to discontinue the medication. Mr. Cecchini had ingested thirteen of the fourteen tablets by then and was suffering from diarrhea. On or about July 5, 2012, Mr. Cecchini allegedly experienced chest pain and was transported by ambulance to a hospital where he was kept overnight for observation.

#### IV.

During the investigation of this matter, a review of the Scolari's Transaction Report and biometric inputs detailing the production sequence indicated that the original prescription was input into the pharmacy computer system by an intern pharmacist. A pharmaceutical technician completed the processing of the prescription prior to staging it for pharmacist Long's verification. During verification, pharmacist Long failed to heed a high dosage alert on the DUR Conflict Description window and also failed to identify the dosing error on the prescription label. Pharmacist Long believes that when she was verifying the prescription, she was comparing the data on the prescription label and not with the actual electronic prescription. Pharmacist Long also failed to identify the incorrect dosing instructions when counseling Ms. Cecchini.

#### V.

A new pharmacy computer system at Scolari's #26 was installed in April of 2012. The only functions of the filling sequence captured in the Transaction Detail Report for Mr. Cecchini's prescription were insurance adjudication and label printing. Scanning and initial data entries were not listed as separate functions nor were they captured biometrically or otherwise. The identity of the employee responsible for the transcription error could therefore not be determined. Counseling was not indicated on the Transaction Detail Report and was not recorded biometrically which appears to be a training issue related to unfamiliarity with the new computer system. Pharmacist Long did affix and initial a counseling sticker in the hard copy log but failed to indicate counseling was completed with a biometric scan at the counseling screen.



**FIRST CAUSE OF ACTION**

VI.

In failing to strictly follow the directions of Robert Cecchini's APN by mislabeling his prescription for levofloxacin 500 mg. tablets with incorrect dosing instructions, namely "take two tablets by mouth daily" rather than take one tablet by mouth daily, Ms. Long violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i).

**SECOND CAUSE OF ACTION**

VII.

By not being able to identify the employee responsible for the transcription error on the Transaction Detail Report because the scanning and initial data entries were not listed as separate functions nor were they captured biometrically for Mr. Cecchini's prescription for levofloxacin 500 mg. tablets, Scolari's #26 violated NRS 639.210(4) and/or NAC 639.945(1)(i) and/or (2).

**THIRD CAUSE OF ACTION**

VIII.

In owning and operating the pharmacy in which Ms. Long committed the above violations, Scolari's #26 violated NRS 639.210(4) and/or NAC and/or 639.945(1)(d) and/or (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 9<sup>th</sup> day of October, 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,**

**v.**

**STATEMENT TO THE RESPONDENT  
NOTICE OF INTENDED ACTION  
AND ACCUSATION  
RIGHT TO HEARING**

**SIEU LONG, R.PH.  
Certificate of Registration No. 16340  
Respondent.**

**Case No. 12-050-R.PH.-N**

\_\_\_\_\_ /

**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, December 5, 2012, as the date for a hearing on this matter at the Hyatt Place, 1790 East Plumb Lane, 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 9<sup>th</sup> day of October, 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**

**SIEU LONG, R.PH.**  
**Certificate of Registration No. 16340**  
**Respondent.**

**Case No. 12-050-R.PH.-N**

\_\_\_\_\_ /

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.

---

Sieu Long, R.PH.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**  
**v.**

**ANSWER AND NOTICE  
OF DEFENSE**

**SCOLARI'S PHARMACY #26  
Certificate of Registration No. PH01081  
Respondent.**

**Case No. 12-050-PH-N**

\_\_\_\_\_ /

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.

---

Type or print name

---

For Scolari's #26





### III.

During the investigation of this matter it was found that one pharmaceutical technician had input the prescription information and generated a label set. A second pharmaceutical technician pulled the stock bottle, counted and filled the prescription. It was then verified by Mr. Estrin. The label set did not accurately reflected the prescriber's order and it was assumed the error took place during the counting and filling production process. The label set was for diclofenac potassium 50 mg not diclofenac sodium 75 mg. Although the pharmacy's computer system does not provide exact times for prescription fills it was discovered that another patient had a prescription for 50 mg. amitriptyline tablets and 10 mg. lisinopril tablets filled at CVS #4691 that same day. The refill log showed only the label for lisinopril and not the label for amitriptyline for the other patient and Ms. Childs label for diclofenac potassium, even though it is CVS's policy to put all labels, new and refill, in the refill log. It is assumed that the amitriptyline prescription and the diclofenac potassium prescriptions were being filled at the same time and that the stock bottles were switched during the filling process.

### IV.

On February 15, 2012, Ms. Childs discovered that the prescription label stated the drug should be a white tablet imprinted with M D5 on it. The pills in the bottle were red and said M 36 on them. A friend of Ms. Childs researched on line the identification of the drug that had been dispensed to Ms. Childs and suspected the pills that had been dispensed were amitriptyline 50 mg. Ms. Childs returned to the pharmacy to ask questions about the drug she had been dispensed. Mr. Estrin confirmed that the wrong drug had been dispensed, namely amitriptyline 50 mg. tablets. Mr. Estrin threw the amitriptyline 50 mg. tablets away. He read the label on the bottle, not realizing that the label was incorrect, and he then dispensed diclofenac potassium 50 mg. tablets to Ms. Childs, not the diclofenac sodium 75 mg. tablets that were prescribed by her physician.

**FIRST CAUSE OF ACTION**

V.

In failing to strictly follow the instructions of Ms. Child's physician by verifying and dispensing her prescription for 75 mg. tablets of diclofenac sodium with 50 mg. tablets of amitriptyline, Mr. Estrin violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

**SECOND CAUSE OF ACTION**

VI.

In failing to strictly follow the instructions of Ms. Child's physician by dispensing her prescription for 75 mg. tablets of diclofenac sodium with 50 mg tablets of diclofenac potassium, Mr. Estrin violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

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 30<sup>th</sup> day of October, 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,

v.

STATEMENT TO THE RESPONDENT  
NOTICE OF INTENDED ACTION  
AND ACCUSATION  
RIGHT TO HEARING

ELBION ESTRIN, R.Ph.,  
Certificate of Registration #03573,

Case No. 12-015-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, December 5, 2012 as the date for a hearing on this matter at the Hyatt Place, 1790 East Plumb Lane, 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 30<sup>th</sup> day of October, 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**

**ELBION ESTRIN, R.Ph.,**  
**Certificate of Registration #03573,**

**Case No. 12-015-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.

\_\_\_\_\_  
Elbion Estrin, R.Ph.



**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**NOTICE OF INTENDED ACTION  
AND ACCUSATION**

**v.**

**ANTENEH WOLDETSADIK, R.PH  
Certificate of Registration No. 17801**

**Case No. 11-042-RPH-S**

**CVS #8780  
Certificate of Registration No. PH01619  
Respondents.**

**Case No. 11-042-PH-S**

---

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 these Respondents because Respondent Anteneh Woldetsadik, RPh, (Certificate Number 17801) is a registered pharmacist with the Board and Respondent CVS #8780 is a pharmacy licensed by the Board, located at 10400 West Charleston Boulevard, Las Vegas, Nevada.

II.

On or about April 13, 2011 Board staff received a complaint from Dr. Brian Le on behalf of his patient T.K. Dr. Le alleged that he prescribed #20 Xanax 1 mg. tablets with directions to take 0.5 tablet by mouth twice a day as needed for anxiety. Patient K had taken Xanax before this prescription was written by Dr. Le, however the physician Patient K had been seeing for her treatment had his license suspended by the DEA. Dr. Le was a new physician and he reduced the dosage for Patient K from one tablet twice a day to 0.5 tablet twice a day.

III.

During the investigation of this matter it was learned that a pharmaceutical technician generated the fill for Patient K from the old prescription that still had a refill rather than from Dr. Le's new prescription and she did not notice the change in dosing directions. The pharmaceutical technician did not scan the new prescription into the pharmacy computer system. When Mr. Woldetsadik verified the prescription he did not have the original prescription written by Dr. Le to view, and he verified from the patient profile, confident that Patient K was receiving the correct medication, just a lesser quantity.

**FIRST CAUSE OF ACTION**

IV.

By verifying and dispensing a prescription for Xanax 1 mg. tablets with incorrect dosing instructions for Patient K, Mr. Woldetsadik violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(i).

**SECOND CAUSE OF ACTION**

IX.

By failing to research why the original new prescription was not scanned into the CVS computer system so he could verify that the pharmaceutical technician's work was accurate, Mr. Woldetsadik violated NRS 639.210(4) and/or NAC 639.702 and/or 639.945(1)(i).

**THIRD CAUSE OF ACTION**

X.

In owning and operating the pharmacy in which Mr. Woldetsadik committed the above violations, CVS #8780 violated NRS 639.210(4) and/or NAC 639.702 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 11<sup>th</sup> day of April, 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,**

**v.**

**STATEMENT TO THE RESPONDENT  
NOTICE OF INTENDED ACTION  
AND ACCUSATION  
RIGHT TO HEARING**

**ANTENEH WOLDETSADIK, R.PH  
Certificate of Registration No. 17801**

**Case No. 11-042-RPH-S**

**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, July 18, 2012 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, 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 11<sup>th</sup> day of April, 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

ANTENEH WOLDETSADIK, R.PH  
Certificate of Registration No. 17801

Case No. 11-042-RPH-S

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 26<sup>th</sup> day of April, 2012.

  
\_\_\_\_\_  
Anteneh Woldetsadik, R.Ph

Blank



**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.

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> 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: Superior Biologics NV, Inc.

Physical Address: 4010 W. Ali Baba Lane, Ste F

Mailing Address: Same

City: Las Vegas State: NV Zip Code: 89118

Telephone: 702-483-4230 Fax: 702-483-4611

Toll Free Number: 855-888-4230

E-mail: info@superiorbiologics.com Website: www.superiorbiologics.com

Managing Pharmacist: Christy Lee Dumais License Number: 17639

**Hours of Operation:**

Monday thru Friday 9 am 5 pm Saturday On call \_\_\_\_\_ pm

Sunday On call \_\_\_\_\_ am \_\_\_\_\_ pm 24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

61690

# APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

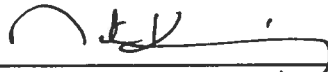
Within the last five (5) years:

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

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized 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

Mark Kovinsky  
Print Name of Authorized Person

11/6/12  
Date

Board Use Only

Received: NOV 14 2012 Amount: 500.00

**APPLICATION FOR NEVADA PHARMACY LICENSE**

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: Nevada  
Parent Company if any: Superior Biologics, Inc  
Corporation Name: Superior Biologics NV, Inc  
Mailing Address: 4010 Ali Baba Ln, Ste F  
City: Las Vegas State: NV Zip: 89118  
Telephone: 702-483-4230 Fax: 702-483-4250  
Contact Person: Mark Kovinsky

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
  - a) Mark Kovinsky 2210 Blue Mont, ManKton, MD 21111  
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. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

- 2) Provide the number of shares issued by the corporation. 20
- 3) What was the price paid per share? \$1.00
- 4) What date did the corporation actually receive the cash assets? 5/17/12
- 5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.  
Name: None %: \_\_\_\_\_  
Name: \_\_\_\_\_ %: \_\_\_\_\_

STATEMENT OF RESPONSIBILITY - Pharmacy  
For Corporations, Partnership or Sole Owners

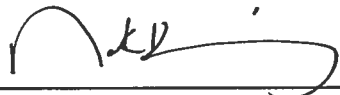
I, Mark Kovinsky  
Responsible Person of Superior Biologics NV, Inc.

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 company.

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 or operation of a pharmacy in Nevada.

I further acknowledge and understand that upon the change of managing pharmacist in the pharmacy, the owners must assure that an accountability audit of all controlled substances shall be performed jointly by the departing managing pharmacist and the new managing pharmacist.

  
Original Signature, no stamps or copies

11/6/12  
Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Christy Lee Dumais

License #: 17639

Pharmacy Name: Superior Biologics NV, Inc.

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action:	State: _____	Date: _____ Case #: _____
And/or Criminal Action:	State: _____	Date: _____ Case #: _____
	County: _____	Court: _____

Blank

**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.

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH_____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> 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: Advanced Pharma Incorporated

Physical Address: 9265 Kirby Drive

Mailing Address: 9265 Kirby Drive

City: Houston State: Texas Zip Code: 77054

Telephone: (713) 794-0404 Fax: (713) 794-0707

Toll Free Number: (877) 794-0404 (Required per NAC 639.708)

E-mail: babboud@advancedpharma.net Website: www.advancedpharma.com

Managing Pharmacist: Bourjois S. Abboud License Number: 36724

**Hours of Operation:**

Monday thru Friday 08:00am 05:00pm Saturday \_\_\_\_\_am \_\_\_\_\_pm  
 Sunday \_\_\_\_\_am \_\_\_\_\_pm 24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input checked="" type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

60988

# APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

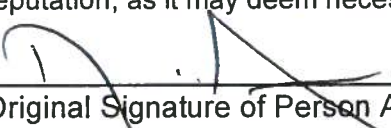
Within the last five (5) years:

- 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

Bourjois S. Abboud  
Print Name of Authorized Person

August 1, 2012  
Date

<b>Board Use Only</b>	Received: <u>SEP 11 2012</u>	Amount: <u>500-</u>
-----------------------	------------------------------	---------------------



APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE  
**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: Texas  
Parent Company if any: None  
Corporation Name: Advanced Pharma Incorporated  
Mailing Address: 9265 Kirby Drive  
City: Houston State: Texas Zip: 77054  
Telephone: (713) 794-0404 Fax: (713) 794-0707  
Contact Person: Bourjois S. Abboud

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

- a) Micheline Abboud (100%) 23 Sanctuary Trl, Missouri City, TX 77459  
Name Address
- b) \_\_\_\_\_  
Name Address
- c) \_\_\_\_\_  
Name Address
- d) \_\_\_\_\_  
Name Address

2) Provide the number of shares issued by the corporation. 100 Shares

3) What was the price paid per share? \$500/Share

4) What date did the corporation actually receive the cash assets? April 5, 2005

✓ 5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: None %: \_\_\_\_\_

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

Bourjois S. Abboud (President) Page 4

CORPORATE STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

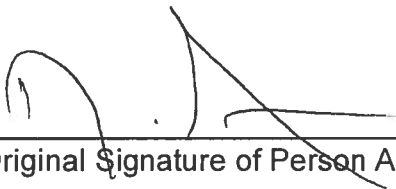
I, Bourjois S. Abboud, RPh, MBA

Responsible Person of Advanced Pharma Incorporated

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

Bourjois S. Abboud

Print Name of Authorized Person

August 1, 2012

Date



## TEXAS STATE BOARD OF PHARMACY

---

**Re:** Advanced Pharma Inc.  
**Address:** 9265 Kirby Dr.  
Houston, TX 77054  
**License No.:** 24119  
**Date Issued:** May 13, 2005  
**Licensure Status:** Active  
**Expiration Date:** April 30, 2013  
**Type of Pharmacy:** Community – Class A  
**Prior Disciplinary Orders:** No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. As of the date of the receipt of the request for license verification (August 20, 2012), Advanced Pharma Inc., (Texas Pharmacy License #24119) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Allison Benz, R.Ph., M.S.  
Director of Professional Services  
Texas State Board of Pharmacy

August 24, 2012  
Date



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



**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.

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> 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: Crescent Healthcare, Inc.

Physical Address: 2010 Iowa Ave., Suite 110

Mailing Address: PO Box 377 Deerfield, IL 60015

City: Riverside State: CA Zip Code: 92507

Telephone: (951) 774-1844 Fax: (951) 774-1849

Toll Free Number: (800) 735-4872 (Required per NAC 639.708)

E-mail: michele.mazzenga@walgreens.com Website: www.walgreenshealth.com

Managing Pharmacist: Dhruvisha Patel License Number: RPH55029 (CA)

**Hours of Operation:**

Monday thru Friday 8 am 6 pm      Saturday \_\_\_\_\_ am \_\_\_\_\_ pm  
 Sunday \_\_\_\_\_ am \_\_\_\_\_ pm      24 Hours on call 24/7

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Out of State	<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

61333

**APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE**

This page must be submitted for all types of ownership.

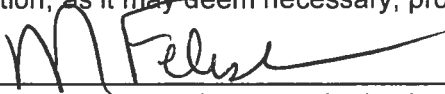
Within the last five (5) years:

- 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

Michael Felish, Treasurer

Print Name of Authorized Person

10/1/12  
Date

Board Use Only

Received:

OCT 08 2012

Amount:

500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE  
**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: CA

Parent Company if any: CHI Holdings, Inc.

Corporation Name: Crescent Healthcare, Inc.

Mailing Address: PO Box 377

City: Deerfield State: IL Zip: 60015

Telephone: (847)527-4905 Fax: (847)368-6583

Contact Person: MARY LEONARD

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) CHI Holdings, Inc. owns 100% of Crescent Healthcare, Inc.

Name Address

b) Option Care Enterprises, Inc. owns 100% of CHI Holdings, Inc.

Name Address

c) Walgreens Infusion Services, Inc. owns 100% of Option Care Enterprises, Inc.

Name Address

d) Walgreen Co. owns 100% of Walgreens Infusion Services, Inc.

Name Address

2) Provide the number of shares issued by the corporation. 25,500

3) What was the price paid per share? \$220.59/sh

4) What date did the corporation actually receive the cash assets? 10/2/96

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: None %: \_\_\_\_\_

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

CORPORATE STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

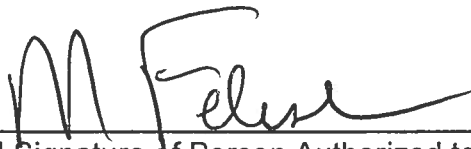
I, Michael Felish

Responsible Person of Crescent Healthcare, 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

Michael Felish, Treasurer

Print Name of Authorized Person

10/1/12

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.

June 8, 2012

Indiana Board of Pharmacy  
Professional Licensing Agency  
402 W. Washington Street, Room W072  
Indianapolis, Indiana 46204

**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:** CRESCENT HEALTHCARE INC

**License Type:** PHARMACY

**License Number:** PHY 50844

**Status:** ACTIVE

**Issue Date:** 02/01/12

**Expiration Date:** 07/31/12

**Address of Record:** 2010 IOWA AVE STE 110 RIVERSIDE CA 92507

**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



**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.

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH_____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> 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: Kabafusion

Physical Address: 11818 Rosecrans Avenue, No. A

Mailing Address: 11818 Rosecrans Avenue, No. A

City: Norwalk State: CA Zip Code: 90650

Telephone: (877) 577-4844 Fax: (877) 445-8821

Toll Free Number: (877) 577-4844 (Required per NAC 639.708)

E-mail: info@kabafusion.com Website: www.kabafusion.com

Managing Pharmacist: Michael Rigas License Number: (A) 36708

**Hours of Operation:**

Monday thru Friday 9:00 am 1:00 pm Saturday \_\_\_\_\_ am \_\_\_\_\_ pm

Sunday \_\_\_\_\_ am \_\_\_\_\_ pm 24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Out of State	<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

61240

# 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

Sohail Masood  
Print Name of Authorized Person

Sept 10, 2012  
Date

<b>Board Use Only</b>	Received: <u>9/25/12</u>	Amount: <u>500.00</u>
-----------------------	--------------------------	-----------------------

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A PARTNERSHIP (LLC)**    General N/A    Limited N/A

Partnership Name: Kabafusion, LLC

Mailing Address: 2433 Thomas Drive, PMB #159

City, State Zip Code: Panama City Beach, FL 32408

Telephone Number: (781) 257-5044    Fax Number: \_\_\_\_\_

Contact Person: Stacie Neroni (310) 551-8124

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership  
Use separate sheet if necessary

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
<u>See Attached</u>	_____	_____
_____	_____	_____
_____	_____	_____

List names of 4 largest partners and percentage of ownership:

- Name: See Attached %: \_\_\_\_\_
- Name: \_\_\_\_\_ %: \_\_\_\_\_
- Name: \_\_\_\_\_ %: \_\_\_\_\_
- Name: \_\_\_\_\_ %: \_\_\_\_\_

List any physician shareholders and percentage of ownership.

- Name: N/A %: \_\_\_\_\_
- Name: \_\_\_\_\_ %: \_\_\_\_\_
- Name: \_\_\_\_\_ %: \_\_\_\_\_
- Name: \_\_\_\_\_ %: \_\_\_\_\_

CORPORATE STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, **Sohail Masood**

Responsible Person of **Kabafusion, LLC**

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

**Sohail Masood**

Print Name of Authorized Person

**Sept 10, 2012**

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.

August 6, 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:** KABAFUSION

**License Type:** PHARMACY

**License Number:** PHY 50360

**Status:** ACTIVE

**Issue Date:** 12/29/10

**Expiration Date:** 12/01/12

**Address of Record:** 11818 ROSECRANS AVE #A NORWALK CA 90650

**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





**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.

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> 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: MY WEIGHT DOCTOR PHARMACY, LLC

Physical Address: 1701 ROCKVILLE PIKE, SUITE A12

Mailing Address: 1701 ROCKVILLE PIKE, SUITE A12

City: ROCKVILLE State: MD Zip Code: 20850-6376

Telephone: 240-430-2503 Fax: 240-430-2505

Toll Free Number: 888-526-2240 (Required per NAC 639.708)

E-mail: pharmacy@myweightdoctor.com Website: mwdpharmacy.com

Managing Pharmacist: ABOLANLE K. JOHNSON, PHARM.D License Number: 18966 (MD)

**Hours of Operation:**

Monday thru Friday 7 am 7 pm                      Saturday 8 am 5 pm  
 Sunday N/A am N/A pm                              24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input checked="" type="checkbox"/> Internet	<input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input checked="" type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Out of State	<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

60345

**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

YASEMIN A. SALMAN  
Print Name of Authorized Person

6/7/2012  
Date

Board Use Only	Received: <u>JUN 19 2012</u>	Amount: <u>500-</u>
----------------	------------------------------	---------------------

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE  
**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: MARYLAND

Parent Company if any: \_\_\_\_\_

Corporation Name: MY WEIGHT DOCTOR, LLC

Mailing Address: 1701 ROCKVILLE PIKE, SUITE A12

City: ROCKVILLE State: MD Zip: 20850-6376

Telephone: 240-430-2503 Fax: 240-430-2504

Contact Person: SHAWN SHABAN, BUSINESS MANAGER

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) YASEMIN A. SALMAN 13811 BISON CT. SILVER SPRING, MD 20906  
Name Address

b) \_\_\_\_\_  
Name Address

c) \_\_\_\_\_  
Name Address

d) \_\_\_\_\_  
Name Address

2) Provide the number of shares issued by the corporation. N/A (No stock)

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: \_\_\_\_\_

Name: N/A %: \_\_\_\_\_

**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

CORPORATE STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

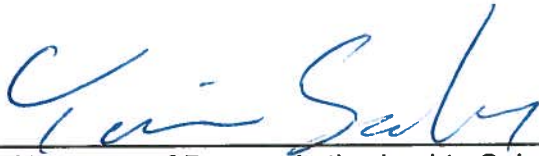
I, YASEMIN A. SALMAN

Responsible Person of MY WEIGHT DOCTOR PHARMACY, LLC

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

YASEMIN A. SALMAN  
Print Name of Authorized Person

6/7/12  
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.

<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> 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: Wells Pharmacy Network, LLC

Physical Address: 450 US Hwy 51 Bypass N

Mailing Address: 450 US Hwy 51 Bypass N

City: Dyersburg State: TN Zip Code: 38024

Telephone: 731 882 7000 Fax: 731 882 ~~7000~~ 7100

Toll Free Number: 800-852-5689 (Required per NAC 639.708)

E-mail: JShapiro@wellspharm.com Website: www.wellspharmacynetwork.com

Managing Pharmacist: Clint Myers License Number: 29371

**Hours of Operation:**

Monday thru Friday 8 am 5 pm      Saturday on call am \_\_\_\_\_ pm

Sunday on call am \_\_\_\_\_ pm      24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input checked="" type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
--	--

61525

**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.

*Colleen S Shapiro*

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

COLLEEN S SHAPIRO

Print Name of Authorized Person

10/1/12

Date

Board Use Only

Received: 10/23/12

Amount: 500.00



APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE  
OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

Limited Liability Company

State of Incorporation: Florida

Parent Company if any: \_\_\_\_\_

Corporation Name: Wells Pharmacy Network, LLC

Mailing Address: 450 US Hwy 51 Bypass N

City: Dyersburg State: TN Zip: 38024

Telephone: 731-882-7000 Fax: 731-882-7000

Contact Person: Colleen Stacy Shapiro

For any corporation non publicly traded, disclose the following:

membership interests

Limited Liability Company

1) List top 4 persons to whom the shares were issued by the corporation?

a) Nemomon LLC 12405 Equine Lane Wellington, FL 33414  
Name Address

b) Shapiro Family D-3 Trust 12405 Equine Lane Wellington, FL 33414  
Name Address

c) Colleen Stacy Shapiro 2010 Trust 12405 Equine Lane Wellington, FL 33414  
Name Address

d) OB Joyful Trust 364 Woodbine Rd Stanford, CT 06703  
Name Address

membership interests Limited Liability Company

2) Provide the number of shares issued by the corporation. A-Z Preferred units - 1 million  
membership interests Common units - 1 million

3) What was the price paid per share? A-Z preferred units \$1.00, Common units - \$0.00

4) What date did the LLC corporation actually receive the cash assets? Sept 2011

5) Provide a copy of the LLC's corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership. None

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

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

CORPORATE STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Colleen S Shapiro

Responsible Person of Wells Pharmacy Network, LLC

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.

Colleen S Shapiro

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

Colleen S Shapiro

Print Name of Authorized Person

10/1/12

Date





STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
BUREAU OF HEALTH LICENSURE AND REGULATION  
DIVISION OF HEALTH RELATED BOARDS  
227 French Landing, Suite 300  
Heritage Place Metro Center  
Nashville, TN 37243  
[tennessee.gov/health](http://tennessee.gov/health)

Tennessee Board of Pharmacy  
(800) 778-4123 or Fax (615) 741-2722

August 30, 2012

Wells Pharmacy Network  
11120 S. Crown Way, Suite 11  
Wellington, FL 33414

TO WHOM IT MAY CONCERN:

This verification can be considered primary source. To expedite the verification process, this is the standard format used by the Tennessee Board of Pharmacy. We are pleased to furnish the following information from our files:

PROFESSION: Pharmacy  
NAME: Wells Pharmacy Network, LLC  
ADDRESS: 450 US Hwy 51 Bypass N.  
Dyersburg, TN 38024  
LICENSE NUMBER: 5058  
ISSUE DATE: 08/30/2012  
EXPIRATION DATE: 08/31/2014  
CURRENT STATUS: Active – Controlled Substance Qualified  
STATUS DATE: 09/06/2012

COMMENTS: There is no derogatory information in our files concerning this facility. The State of Tennessee only provides the above information. Any other information needed must be obtained from the licensee.

Sincerely,  
*Lakita Taylor*  
Administrative Assistant II  
Tennessee Board of Pharmacy





NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

Form with checkboxes: New MDEG, Ownership Change, Name Change, Location Change (checked). Includes instruction: (Please provide current license number if making changes: MP or MW \_\_\_\_\_)

Form with checkboxes: Publicly Traded Corporation (checked), Non Publicly Traded Corporation, Partnership, Sole Owner. Includes instruction: Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Hanger Prosthetics & Orthotics West, Inc.

Physical Address: 403 West Nye Lane, Ste B. (This must be a business address, we can not issue a license to a home address)

Mailing Address: Same

City: Carson City State: NV Zip Code: 89706

Telephone: 775-882-2232 Fax: 775-882-4047

E-mail: 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 (MDEG administrator application required)

Name: Charlotte Sturgess

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 (checked)
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:

**APPLICATION FOR NEVADA MDEG LICENSE**

This page must be submitted for all types of ownership.

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

_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

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

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

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

**APPLICATION FOR NEVADA MDEG LICENSE**

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

*Kelly Alltucker*

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

*Kelly Alltucker*

Print Name of Authorized Person

*4/15/12*

Date

Board Use Only	Received: <u>11-5-12</u>	Amount: <u>500 -</u>
----------------	--------------------------	----------------------

Blank

# **DISCUSSION AND DETERMINATION – DECEMBER 2012**

## **PHARMACY TECHNICIAN DIVERSION**

With respect to the ongoing tech diversion issue, Board Member Gandhi has asked for a discussion regarding the following two thoughts:

- 1) Since most of the concealment of stolen drugs takes place in the restroom, should the pharmacy restroom be off limits to pharmacy technicians and clerks in pharmacies that have public restrooms? If so, how do we handle pharmacies that do not have public restrooms available? Another thought, should we create a regulation that would make it illegal for any pharmacy employee to take a drug into the restroom?
- 2) Should mandatory filing of a police report for diversion of drugs from a pharmacy be in regulation?

TEMPORARY LICENSES  
(Issued since last board meeting)

Scolari's

Rachel Carr

Renown

Sharon Shiraga





# 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](mailto:pharmacy@pharmacy.nv.gov) • Website: [bop.nv.gov](http://bop.nv.gov)

## NEVADA STATE BOARD OF PHARMACY

### ACTIVITIES REPORT

#### OCTOBER 17-18, 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 October, 2012 Board meeting.

#### Licensing Activity:

- 11 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 3 licenses were granted for Nevada MDEG companies pending inspection.
- 9 licenses were granted for Out-of-State pharmacies.
- 11 licenses were granted for Out-of-State wholesalers.
- 2 applications were approved for Nevada pharmacies pending inspection.
- 1 application was approved for a Nevada wholesaler.
- 2 registrations were granted for pharmacy technician in training licenses and 1 denied.

#### Disciplinary Action:

- Pharmacists ML, IA & FT, all who failed to complete their 30 continuing education hours and indicated that they had on their renewal applications, were fined \$500; ordered to make up the 30 CEU's required as well as complete an additional 75 CEU's including a class on Ethics; was ordered to take and pass a written law exam within 60 days and will be audited next renewal period.
- Pharmacist RD was fined \$1000 and ordered into remedial training for misfilling an omeprazole prescription with levothyroxine.
- Pharmacist KN, who failed to report all of her CE hours, was dismissed after presenting the required hours at the Board meeting.
- Pharmacy technician CO, asking for reinstatement, was continued until further evaluated by PRN-PRN.
- Pharmacy technicians JZ & AV were both revoked for diversion of controlled substances.

- Physician JD stipulated to a change in his practice for dispensing prescription drugs without a dispensing registration.
- Pharmacist SS and Pharmacy GV were fined \$2500 each; ordered into remedial training; and ordered to make policy & procedure improvements approved by Board staff, for the misfilling of a baclofen injection that injured the patient.

**Other Activity:**

- The usual Board business reports were given, including recent and future speaking engagements.
- Discussions were held regarding the delivery of prescriptions by other than an employee of a pharmacy.

**Workshop**

A. **Amendment of Nevada Administrative Code 639.725** Use of mechanical counting device for dispensing medication to be taken orally.

B. **Amendment of Nevada Administrative Code 453.510** Schedule I. Because of abuse of un-regulated products containing synthetic cannabinoids, law enforcement has requested that the Board of Pharmacy add additional compounds to Schedule 1.

**PROPOSED REGULATION OF THE  
STATE BOARD OF PHARMACY**

**LCB File No. R175-12**

September 27, 2012

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §§1 and 2, NRS 639.070 and 639.1371.

A REGULATION relating to pharmacy; revising provisions governing the requirements for registration as a pharmaceutical technician; and providing other matters properly relating thereto.

**Section 1.** NAC 639.240 is hereby amended to read as follows:

639.240 1. No person may perform the duties of a pharmaceutical technician until the person has been issued a certificate of registration.

2. An applicant for registration as a pharmaceutical technician must:

- (a) Be 18 years of age or older;
- (b) Be a high school graduate or the equivalent;
- (c) Not have been convicted of any felony or a misdemeanor involving moral turpitude, dishonesty or the unlawful possession, sale or use of drugs;
- (d) Have no history of drug abuse; and
- (e) Have complied with one of the following requirements:

(1) The successful completion of a program of training for pharmaceutical technicians, including, but not limited to, a program of training offered by a postsecondary school, that is approved by the Board pursuant to NAC 639.256.

(2) Registration in another state as a pharmaceutical technician, if the requirements for registration in that state are equivalent to the requirements of this State ~~and~~, *and the successful completion of at least 240 hours of employment as a pharmaceutical technician in a pharmacy in that state, which must be verified by the managing pharmacist of the pharmacy.*

(3) If the state in which the applicant has been employed does not offer registration, licensure or certification as a pharmaceutical technician:

(I) The successful completion of at least 1,500 hours of experience in a pharmacy in that state performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371 during the 3 years immediately preceding the date on which his or her application was submitted;

(II) The successful completion of at least 350 hours of employment in a pharmacy in this State; and

(III) The acquisition of a written statement to the Board from the managing pharmacist of the pharmacy referred to in sub-subparagraph (II) stating that the applicant, during his or her employment, demonstrated competence to perform the tasks assigned to him or her.

↪ Such an applicant must register as a pharmaceutical technician in training before he or she completes the requirements of sub-subparagraph (II).

(4) The successful completion of at least 1,500 hours of training and experience as a pharmaceutical technician in training. A pharmaceutical technician in training may accumulate certified hours of training from each place of employment.

(5) The successful completion of a program of training for pharmaceutical technicians conducted by a branch of the Armed Forces of the United States ~~and~~, *the Indian Health Service of the United States Department of Health and Human Services or the United States Department of Veterans Affairs.*

(6) Certification by the Pharmacy Technician Certification Board or the ~~Institute for the Certification of Pharmacy Technicians~~ *National Healthcareer Association* as a pharmacy technician if:

(I) The applicant successfully completes a program of training for pharmaceutical technicians conducted by a postsecondary school in another state; ~~and~~

(II) The program is accredited or otherwise approved by the appropriate regulatory authority in that state ~~and~~; *and*

*(III) The applicant successfully completes at least 240 hours of employment as a pharmaceutical technician in training in a pharmacy in another state, which must be verified by the managing pharmacist of the pharmacy.*

3. An applicant who attended a school outside the United States must submit to an organization which evaluates educational credentials a copy of the transcript of his or her academic record from that school for a determination of whether the grades the applicant received are substantially equivalent to the grades required for an applicant who attended a school, or a program of training for pharmaceutical technicians that is accredited by the American Society of Health-System Pharmacists, in the United States. The applicant must ensure that a copy of the organization's evaluation of the transcript is submitted to the Board.

4. Upon receipt of an application and the required fee, the Executive Secretary shall, unless he or she has good cause to deny the registration, issue a certificate of registration to the pharmaceutical technician.

**Sec. 2.** NAC 639.254 is hereby amended to read as follows:

~~639.254~~ 1. The owner and managing pharmacist of a pharmacy shall provide training for pharmaceutical technicians working in or for the pharmacy that ensures the continuing competency of those technicians. Except as otherwise provided in this section, the training must consist of initial training upon employment and at least 12 hours of in-service training during the 2-year period immediately preceding the renewal of the registration of the pharmaceutical technician. One of the 12 hours of in-service training must be a jurisprudence program approved or presented by the Board that relates to the practice of pharmacy or the law concerning pharmacy in this State.

2. The managing pharmacist shall maintain a written record of the initial training and the annual training completed by each pharmaceutical technician working in or for the pharmacy that contains:

- (a) The name and signature of the person receiving the training;
- (b) The date or dates on which the training was received;
- (c) The number of hours of training received;
- (d) A general description of the topics covered; and
- (e) The name of the person or provider conducting the training.

3. A pharmaceutical technician may substitute the completion of the continuing education necessary for recertification by the Pharmacy Technician Certification Board or the ~~Institute for~~

~~4. Upon receipt of an application and the required fee, the Executive Secretary shall, unless he or she has good cause to deny the registration, issue a certificate of registration to the pharmaceutical technician.~~

**Sec. 2.** NAC 639.254 is hereby amended to read as follows:

639.254 1. The owner and managing pharmacist of a pharmacy shall provide training for pharmaceutical technicians working in or for the pharmacy that ensures the continuing competency of those technicians. Except as otherwise provided in this section, the training must consist of initial training upon employment and at least 12 hours of in-service training during the 2-year period immediately preceding the renewal of the registration of the pharmaceutical technician. One of the 12 hours of in-service training must be a jurisprudence program approved or presented by the Board that relates to the practice of pharmacy or the law concerning pharmacy in this State.

2. The managing pharmacist shall maintain a written record of the initial training and the annual training completed by each pharmaceutical technician working in or for the pharmacy that contains:

- (a) The name and signature of the person receiving the training;
- (b) The date or dates on which the training was received;
- (c) The number of hours of training received;
- (d) A general description of the topics covered; and
- (e) The name of the person or provider conducting the training.

3. A pharmaceutical technician may substitute the completion of the continuing education necessary for recertification by the Pharmacy Technician Certification Board or the Institute for

~~the Certification of Pharmacy Technicians}~~ *National Healthcareer Association* for the biennial in-service training required by subsection 1.







**REVISED PROPOSED REGULATION OF  
THE STATE BOARD OF PHARMACY**

**LCB File No. R176-12**

October 22, 2012

EXPLANATION – Matter in *italics* is new; matter in brackets [~~OMITTED MATERIAL~~] is material to be omitted.

AUTHORITY: §§1 and 2, NRS 639.070 and 639.0745.

A REGULATION relating to pharmacy; removing the general prohibition against the electronic transmission of prescriptions for schedule II controlled substances; revising provisions relating to the electronic transmission of prescriptions for controlled substances; providing that the State Board of Pharmacy may suspend the privilege of a practitioner to transmit prescriptions electronically in certain circumstances; and providing other matters properly relating thereto.

**Section 1.** NAC 639.7102 is hereby amended to read as follows:

639.7102 1. ~~{Except as otherwise provided in subsection 8. a)}~~ A practitioner may:

- (a) Issue a prescription using a computer system approved by the Board; and
- (b) Transmit the prescription using that computer system to a pharmacy specified by the

patient for whom the practitioner issues the prescription.

2. The Board will approve the computer system of a practitioner if the computer system:

- (a) Requires a fingerprint scan, retinal scan, personal identification number or other unique identification of the practitioner to activate the computer system by which a prescription will be entered and to reactivate the computer system if the computer system has not been in use for 15 minutes or longer;

(b) Maintains a record of:

- (1) Each prescription that the practitioner issues using the computer system; and
- (2) Each pharmacy to which the practitioner submits the prescription;

(c) Is able to print a written prescription that complies with NRS 639.2353 and NAC 453.440;

(d) Places on the face of the prescription, if it is printed from the computer system of the practitioner or the pharmacy to which the practitioner transmits the prescription, or if it is displayed on the monitor of the computer of the pharmacy, a mark that uniquely identifies the practitioner, including, without limitation, the practitioner's signature or a security code which is known to or verifiable by the pharmacy;

(e) Requires the practitioner, before the computer system places the words "Dispense As Written" on the face of the prescription, to make a specific entry into the computer system for the prescription; and

(f) Except as otherwise provided in subsection 3, transmits to the pharmacy specified by the patient the prescription and any other confidential information relating to the patient in a manner that ensures that the prescription or other confidential information may not be altered by a person other than the pharmacist.

3. The provisions of paragraph (f) of subsection 2 do not prohibit a practitioner from using a routing company to transmit a prescription pursuant to this section. A routing company:

(a) May, for the purpose of verifying an audit conducted of the routing company, store any prescription or other confidential information it receives or transmits pursuant to this subsection in a form that is secure and ensures the confidentiality of the information.

(b) May not add a provision to, delete a provision from or otherwise modify a prescription or any other confidential information that it receives or transmits pursuant to this subsection.

4. A pharmacy that receives a prescription from a practitioner using a computer system which is approved by the Board may fill that prescription if:

(a) The pharmacy prints a copy of the prescription and files the copy in the same manner in which the pharmacy files any other prescription maintained by it; or

(b) The computer system of the pharmacy:

(1) Maintains the prescription in a manner that ensures that the prescription is numbered consecutively in accordance with NAC 639.914;

(2) Is able to print a copy of the prescription; and

(3) Prohibits the modification of the prescription unless the computer system:

(I) Automatically prepares a notation within the records of the computer system indicating that the pharmacy has modified the prescription and automatically records the modification; and

(II) Requires the pharmacy to prepare a record indicating the identity of the person who modified the prescription.

5. If a pharmacy fills a prescription pursuant to paragraph (b) of subsection 4, a pharmacist employed by the pharmacy shall, each day:

(a) Store the prescription or cause the prescription to be stored on a tape, disc or other device that is used for the storage of information by a computer; and

(b) Store the tape, disc or device:

(1) At a location other than the pharmacy; or

(2) In any other manner that:

(I) Protects the tape, disc or device from loss or damage; and

(II) Ensures that any confidential information included in the tape, disc or device

remains confidential.

6. If a practitioner prints a prescription using a computer system that is approved pursuant to this section, the practitioner shall:

(a) Except as otherwise provided in paragraph (b), manually sign the printed prescription; or

(b) If the prescription includes a mark that uniquely identifies the practitioner in accordance with paragraph (d) of subsection 2, print the prescription on security paper.

7. ~~Except as otherwise provided in subsection 8. a)~~ A practitioner may transmit a prescription or any other confidential information relating to a patient to an insurer or any entity other than a pharmacy pursuant to this section if, before transmitting the prescription or confidential information:

(a) The practitioner submits a written notice to the patient:

(1) Identifying the insurer or entity; and

(2) Indicating that the practitioner intends to transmit the prescription or confidential information to the insurer or entity; and

(b) The patient consents in writing to the transmission of the prescription or confidential information to:

(1) The insurer or entity; and

(2) The pharmacy specified by the patient pursuant to this section.

~~8. A prescription for a controlled substance set forth in schedule II may not be transmitted using a computer system pursuant to this section.~~

~~9. The provisions of this section do not prohibit a computer system that is approved pursuant to this section from being used to transmit:~~

(a) An ICD-9-CM code set forth in the *International Classification of Diseases, 9th Revision, Clinical Modification*; or

(b) Any other information that is not related to the issuance, filling or transmission of a prescription for a patient or the transmission of any confidential information relating to the patient pursuant to this section.

~~10. As used in this section:~~

(a) "Routing company" means any business that:

(1) Receives a prescription or any other confidential information from a practitioner in accordance with a contract between:

(I) The routing company and the practitioner or a company that provides computer software for the management of the practitioner's practice; or

(II) A patient of the practitioner and a third-party payor; and

(2) Transmits the prescription or confidential information:

(I) Directly to the pharmacy specified by the patient; or

(II) Through the company that provides computer software for the management of the business operations of the pharmacy.

(b) "Security paper" means any paper that is approved by the staff of the Board and that includes features which ensure that the paper:

(1) May not be duplicated without creating an indication on the paper that the paper has been duplicated; and

(2) May be authenticated as having been issued by a practitioner or the office of the practitioner.

~~Sec. 2.~~ NAC 639.7105 is hereby amended to read as follows:

~~639.7105~~ 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 of 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 *prescribing* practitioner;~~



~~(1) May not be duplicated without creating an indication on the paper that the paper has been duplicated; and~~

~~(2) May be authenticated as having been issued by a practitioner or the office of the practitioner.~~

**Sec. 2. NAC 639.7105 is hereby amended to read as follows:**

639.7105 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 of 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 *prescribing* practitioner;~~

~~{(e)}~~ (b) The time and date of the transmission; and

~~{(d)}~~ (c) The name of the pharmacy to which the prescription is sent.

4. *In addition to the requirements set forth in subsection 3 and NRS 639.2353 and 639.2589, a prescription for a controlled substance that is transmitted electronically to a pharmacy must include:*

*(a) The registration number from the Drug Enforcement Administration of the prescribing practitioner; and*

*(b) If the technological capability exists to transmit such information electronically:*

*(1) The controlled substance registration number of the prescribing practitioner;*

*(2) The indication for use or the diagnosis code; and*

*(3) The date of the last physical examination of the patient.*

5. 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 pharmacist receives the prescription.

~~{5.}~~ 6. 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.

~~{6.}~~ 7. A prescription that is transmitted electronically and complies with the provisions of this section shall be deemed an original prescription.

8. *The Board may suspend the privilege of a practitioner to transmit prescriptions electronically if the Board reasonably suspects that the practitioner has transmitted a prescription electronically that is:*

- (a) Unlawful;*
- (b) Fraudulent; or*
- (c) Not for a legitimate medical purpose.*

Blank