

A

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Maxxon Home Health Care, LLC dba 1RX Central Pharmacy & Medical Supplies

Physical Address: 1550 NW Federal Hwy Stuart, FL 34994

Mailing Address: 8250 NW 27th Street Ste 304 Attn: Licensing

City: Doral State: FL Zip Code: 33122

Telephone: 866-222-8148 Fax: 866-635-0585

Toll Free Number: 866-222-8148 (Required per NAC 639.708)

E-mail: licensing@maxxon-rx.com Website: N/A

Managing Pharmacist: Jennifer Fernandez License Number: PS50615

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

93245

B

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: **PH 03273**)
Check box below for type of ownership and complete all required forms.

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

☐ Partnership - Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Acro Pharmaceutical Services LLC

Physical Address: 313 Henderson Drive, Sharon Hill, PA 19079-1034

Mailing Address: 313 Henderson Drive

City: Sharon Hill State: PA Zip Code: 19079-1034

Telephone: 484-494-8217 Fax: 484-494-8235

Toll Free Number: 800-906-7798 (Required per NAC 639.708)

E-mail: cduffy@acropharmacy.com Website: www.acropharmacy.com

Managing Pharmacist: Christopher Duffy License Number: RP438772

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

C

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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☒ New Pharmacy

☐ Ownership Change

(Please provide current license number if making changes: PH _____)

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

☐ Partnership - Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Riverside Pharmacy Associates (dba Apex Specialty Pharmacy)

Physical Address: 616 NW Platte Valley Drive

Mailing Address: 616 NW Platte Valley Drive

City: Riverside State: MO Zip Code: 64150

Telephone: 816.741.8844 Fax: 816.741.8849

Toll Free Number: 855.257.2584 (Required per NAC 639.708)

E-mail: darren@rxapex.com Website: www.Rxapex.com

Managing Pharmacist: Darren Lea Pharm.D. License Number: 45269

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds _____)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☒ Community

☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral **

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding **

☐ ☒ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding **

☐ ☒ Other Services: _____

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

93042

D

NEVADA STATE BOARD OF PHARMACY

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

GENERAL INFORMATION to be completed by all types of ownershipPharmacy Name: AVELLA OF DEER VALLEY, INC. #38Physical Address: 24416 N. 19th AVE.Mailing Address: 1606 W. WHISPERING WIND BVD. 2ND floorCity: PHOENIX State: AZ Zip Code: 85085Telephone: (877) 719-6349 Fax: (877) 719-6362Toll Free Number: (877) 719-6349 (Required per NAC 639.708)E-mail: teri.kintle@avella.com Website: www.avella.comManaging Pharmacist: CHRISTOPHER DIORFIA License Number: AZ: S016655**TYPE OF PHARMACY AND****SERVICES PROVIDED**

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

92945

E

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Wright Specialty Pharmacy and Diabetic Supply, LLC
OBA Benevere Specialty Pharmacy

Physical Address: 60 Market Center Dr. Ste. 103

Mailing Address: 60 Market Center Dr. Ste. 103

City: Collierville State: TN Zip Code: 38017

Telephone: 901-314-5752 Fax: 901-314-5760

Toll Free Number: 855-344-8724 (Required per NAC 639.708)

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

Managing Pharmacist: Erin Sego License Number: 27033

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

92980

F

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☐ Publicly Traded Corporation – Pages 1,2,3,7☐ Partnership – Pages 1,2,5,7☒ Non Publicly Traded Corporation – Pages 1,2,4,7☐ Sole Owner – Pages 1,2,6,7**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: CALIFORNIA SPECIALTY PHARMACY

Physical Address: 12466 E WASHINGTON BLVD

Mailing Address: 12466 E WASHINGTON BLVD

City: Whittier State: CA Zip Code: 90602

Telephone: 877-602-7779 Fax: 866-853-6555

Toll Free Number: 877-602-7779 (Required per NAC 639.708)

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

Managing Pharmacist: ETHAN HUYNH License Number: 58232

TYPE OF PHARMACY AND**SERVICES PROVIDED**

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

92853

G

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☐ Partnership – Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Fresenius USA Manufacturing, Inc. d/b/a Fresenius Medical Care North America

Physical Address: 371 S Royal Lane, Suite A DFW Airport, TX 75261-2008

Mailing Address: 920 Winter Street ATTN: Regulatory Affairs, Licensing

City: Waltham State: MA Zip Code: 02451

Telephone: 972-393-4000 Ext 4042 Fax: 972-393-4087

Toll Free Number: 866-577-8632 (Required per NAC 639.708)

E-mail: Frank.Petrillo@fmc-na.com Website: www.fmcna.com

Managing Pharmacist: Marilyn Flynn License Number: Texas Lic#30325

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

☐ ☒ Retail

☐ ☒ Hospital (# beds _____)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☒ Community

☒ ☐ Other: Closed Door Dialysis Pharmacy

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral **

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding **

☐ ☒ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding **

☐ ☒ Other Services: _____

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

92303

H

NEVADA STATE BOARD OF PHARMACY

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Medication Management Program
Physical Address: 921 Chatham Lane, Suite 100
Mailing Address: 921 Chatham Lane, Suite 100
City: Columbus State: OH Zip Code: 43221
Telephone: 614-292-1126 Fax: 614-688-2460
Toll Free Number: 844-866-3735 (Required per NAC 639.708)
E-mail: coleman.860@osu.edu Website: _____
Managing Pharmacist: Ashley Coleman License Number: RPH.03131875-1

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

93205

I

NEVADA STATE BOARD OF PHARMACY
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☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: MedShop Pharmacy, Incorporated
Physical Address: 7895 Highway 119 Suite 1
Mailing Address: 7895 Highway 119 Suite 1
City: Alabaster State: Alabama Zip Code: 35007
Telephone: 205-621-8407 Fax: 844-628-7569
Toll Free Number: 844-268-8500 (Required per NAC 639.708)
E-mail: Susan@medshoppharmacy.com Website: www.medshoppharmacy.com
Managing Pharmacist: Carla McEwen License Number: 13688

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

93045

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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

☐ Partnership – Pages 1,2,5,7

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

☒ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: PATE PATIENT DIRECT RX

Physical Address: 159 GIBRALTAR RD

Mailing Address: 159 GIBRALTAR RD

City: HORSNAM State: PA Zip Code: 19044

Telephone: 866-567-1642 Fax: 215-323-4106

Toll Free Number: 866-567-1642 (Required per NAC 639.708)

E-mail: EBORELL@patientdirectrx.com Website: X

Managing Pharmacist: ERIC BORELL License Number: AP036529 L PA

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

93235

K

NEVADA STATE BOARD OF PHARMACY

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: PREMIER HEALTH PHARMACY, INC. D/B/A PREMIER HEALTH PHARMACYPhysical Address: 20-07 127th St #312 College Point, NY. 11356Mailing Address: 20-07 127th St #312City: College Point State: NY Zip Code: 11356Telephone: 718-661-0872 Fax: 718-661-0873Toll Free Number: 844-859-5094 (Required per NAC 639.708)E-mail: SKolta@ismarthealthcare.com Website: N/AManaging Pharmacist: SAMANTHA LEE License Number: 052989

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

a3237

NEVADA STATE BOARD OF PHARMACY

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

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☐ New Pharmacy

☒ Ownership Change

(Please provide current license number if making changes: PH02510)

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

☐ Partnership - Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: R4R Compounding, DBA Talon Compounding

Physical Address: 2950 Thousand Oaks

Mailing Address: Same

City: San Antonio State: TX Zip Code: 78232

Telephone: 210 424 0025 Fax: 210 424 -0026

Toll Free Number: 800 250 6232 (Required per NAC 639.708)

E-mail: pharmacy@taloncompounding.com Website: taloncompounding.com

Managing Pharmacist: Rachel Pittman License Number: 51474

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

M

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

☐ Publicly Traded Corporation – Pages 1,2,3,7☐ Partnership – Pages 1,2,5,7☒ Non Publicly Traded Corporation – Pages 1,2,4,7☐ Sole Owner – Pages 1,2,6,7**GENERAL INFORMATION to be completed by all types of ownership**Pharmacy Name: Vickers Priority Care Pharmacy, LLC.Physical Address: 31040 1st Avenue Northeast, Suite 5Mailing Address: 31040 1st Avenue Northeast, Suite 5City: Carbon Hill State: Alabama Zip Code: 35549Telephone: (205) 924-9999 Fax: (205) 924-1998Toll Free Number: 888-333-1290 (Required per NAC 639.708)E-mail: Vickers@prioritycarerx.net Website: _____Managing Pharmacist: Hester Guy Able License Number: 10067**TYPE OF PHARMACY AND****SERVICES PROVIDED**

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

93043

N

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Walgreens #03707

Physical Address: 2100 Webster St., Room 105, San Francisco, CA 94115

Mailing Address: P.O. Box 901 Attn: Karina Lipnickas

City: Deerfield State: IL Zip Code: 60015

Telephone: (415) 441-5742 Fax: (415) 441-6915

Toll Free Number: 1-800-704-1137 (Required per NAC 639.708)

E-mail: rxm.03717@store.walgreens.com Website: www.walgreens.com

Managing Pharmacist: Michael Tse License Number: 62973

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

92944

0

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New Pharmacy or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: PH _____)	
Check box below for type of ownership and complete all required forms.	
<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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: 1 Stop Pharmacy

Physical Address: 11725 W. Belfort

Mailing Address: 11725 W. Belfort

City: Stafford State: TX Zip Code: 77477

Telephone: 832 328 5991 Fax: 832 328 9126

Toll Free Number: 844-676-8635 (Required per NAC 639.708)

E-mail: licensing@one-stoppharmacy.com Website: N/A

Managing Pharmacist: Collette Maria Scott License Number: 34813

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

93204

P

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: PH 03/09)
Check box below for type of ownership and complete all required forms.

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

☐ Partnership - Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: McDaniel Pharmacy

Physical Address: 1005 Market St., Port Gibson, MS 39150

Mailing Address: same

City: _____ State: _____ Zip Code: _____

Telephone: 601-437-5121 Fax: 601-437-5102

Toll Free Number: 855-810-0500 (Required per NAC 639.708)

E-mail: mcDanielpharmacy@bellsouth.net Website: N/A

Managing Pharmacist: Richard T Cole License Number: E-07864

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds _____)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☒ ☐ Community

☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral **

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☐ ☒ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding **

☒ ☐ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding **

☐ ☒ Other Services: _____

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

Q

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)

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

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

☐ Partnership - Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: SYNERGY Pharmacy, LLC

Physical Address: 101 E. G.T THAMES DR STARKVILLE MS 39759

Mailing Address: Same

City: _____ State: _____ Zip Code: _____

Telephone: 602-268-8226 Fax: 602-268-8288

Toll Free Number: 1(800)-719-7809 (Required per NAC 639.708)

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

Managing Pharmacist: JERRY F. REED, II License Number: T-010607

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

93017

R

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: The Diennet pharmacy

Physical Address: 9454 Wilshire Blvd M-6

Mailing Address: 9454 Wilshire Blvd M-6

City: Beverly Hills State: CA Zip Code: 90212

Telephone: 310-271-3621 Fax: 310-271-3708

Toll Free Number: 1-800-452-0279 (Required per NAC 639.708)

E-mail: diennet26@sbcbglobal.net Website: N/A

Managing Pharmacist: Afshin Shamooni License Number: rph 57014

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

93044

S

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☐ Publicly Traded Corporation – Pages 1,2,3,7☐ Partnership - Pages 1,2,5,7☒ Non Publicly Traded Corporation – Pages 1,2,4,7☐ Sole Owner – Pages 1,2,6,7**GENERAL INFORMATION to be completed by all types of ownership**Pharmacy Name: Walgreens #15331Physical Address: 500 Parnassus Avenue, Level J, Room MU-145, San Francisco, CA 94143Mailing Address: PO Box 901City: Deerfield State: IL Zip Code: 60015Telephone: 415 681 3394 Fax: 415 681 3984

* Toll Free Number: _____ (Required per NAC 639.708)

E-mail: rxm.15331@store.walgreens.com Website: N/AManaging Pharmacist: Jonathan Smith License Number: 63870**TYPE OF PHARMACY AND****SERVICES PROVIDED**

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

N/A

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

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

93236

T

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: Animas Corporation

Physical Address: 200 Lawrence Drive, West Chester, PA 19380

Mailing Address: 200 Lawrence Drive

City: West Chester State: PA Zip Code: 19380

Telephone: 877-937-7867 Fax: 484-885-2380

Toll Free Number: 877-937-7867

E-mail: cdorris@its.jnj.com Website: www.animas.com

Facility Manager: Christy P. Dorris

Professional qualifications and experience of facility manager: See Attachment C

Types of licensed outlets or authorized persons firm will serve:

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

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: _____

92855

U

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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<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: 5260 Naiman Parkway, Solon, OH 44139

Mailing Address: 7000 Cardinal Place, OCLC - QRA

City: Dublin State: OH Zip Code: 43017

Telephone: 440-248-7900 Fax: 614-652-0282

Toll Free Number: N/A

E-mail: GMB-Facility-Licensing@cardinalhealth.com Website: www.cardinal.com

Facility Manager: Geoff Gates

Professional qualifications and experience of facility manager: See Attached Resume

Types of licensed outlets or authorized persons firm will serve:

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

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

92981

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

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

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<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: Horizon Pharma Rheumatology LLC d/b/a Crealta Pharmaceuticals

Physical Address: 150 Saunders Rd. Ste 150

Mailing Address: _____

City: Lake Forest State: IL Zip Code: 60045

Telephone: 224-383-3000 Fax: 224-383-3001

Toll Free Number: _____

E-mail: statelicense@horizonpharma.com Website: www.horizonpharma.com

Facility Manager: Barry Moze

Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Long term care facilities

Type of Products to be handled or wholesaled be 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: _____	

W

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: Focus Health Group Inc.

Physical Address: 5802 Kingston Pike

Mailing Address: 5802 Kingston Pike

City: Knoxville State: Tennessee Zip Code: 37919

Telephone: (865) 567-6132 Fax: (865) 589-0635

Toll Free Number: (800) 249-1972

E-mail: fred@focushealthgroup.com Website: www.focushealthgroup.com

Facility Manager: Fred McBee

Professional qualifications and experience of facility manager: _____
Desinated Representative / 9 years

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: _____

VAWD

X

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: Horizon Pharma USA, Inc.

Physical Address: 150 Saunders Rd. Suite 400

Mailing Address: _____

City: Lake Forest State: IL Zip Code: 60045

Telephone: 224-383-3000 Fax: 224-383-3001

Toll Free Number: _____

E-mail: statelicense@horizonpharma.com Website: www.horizonpharma.com

Facility Manager: Barry Moze

Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled be 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: _____	

93047

Y

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

☒ New Wholesaler

☐ Ownership Change

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

☐ Publicly Traded Corporation ☐ Pages 1,2,3,4

☐ Partnership - Pages 1,2,3,6

☒ Non Publicly Traded Corporation ☐ Pages 1,2,3,5a,5b

☐ Sole Owner ☐ Pages 1,2,3,7

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

GENERAL INFORMATION

Facility Name: HZNP USA, Inc.

Physical Address: 150 Saunders Rd. Suite 200

Mailing Address: _____

City: Lake Forest

State: IL

Zip Code: 60045

Telephone: 224-383-3000

Fax: 224-383-3001

Toll Free Number: _____

E-mail: statelicense@horizonpharma.com

Website: www.horizonpharma.com

Facility Manager: Barry Moze

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 be firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Hypodermic Devices

☐ Poisons or Chemicals

☐ Veterinary Legend Drugs

☐ Controlled Substances (include copy of DEA)

☐ Other: _____

Z

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
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<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: Jacobus Pharmaceutical Company, Inc.

Physical Address: The IRL Building, 31 Schalks Crossing Road
Plainsboro, New Jersey 08536

Mailing Address: 37 Cleveland Lane, P.O. Box 5290
Princeton, New Jersey 08540

City: N/A State: N/A Zip Code: N/A

Telephone: 609 921-7447 Fax: 609 799-1176

Toll Free Number: N/A

E-mail: lrjacobus@aol.com Website: N/A

Facility Manager: Laura R. Jacobus

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: Government

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: _____

AA

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

☐ New Wholesaler☒ Ownership Change

(Please provide current license number if making changes: WH01590)

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

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

GENERAL INFORMATIONFacility Name: KEYSOURCE ACQUISITION, LLC DBA: KEYSOURCE MEDICALPhysical Address: 7820 PALACE DR.Mailing Address: 7820 PALACE DR.City: CINCINNATI State: OH Zip Code: 45249Telephone: 513-469-7881 Fax: 513-469-7886

Toll Free Number: _____

E-mail: RBARNES@KEYSOURCEMEDICAL.COM Website: WWW.KEYSOURCEMEDICAL.COMFacility Manager: R. TODD SZENCProfessional qualifications and experience of facility manager: KEYSOURCE MEDICAL, INC. CFO/CIO (2005-2006) and CFO/VP OF ADMINISTRATION (2012-2016)

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies☐ Practitioners☒ Hospitals☒ Wholesalers☒ Other: REPACKERS, PRM, MAIL-ORDER

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: _____

BB

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: Linde Gas North America LLC

Physical Address: ~~875 Almont~~ 875 National Dr., Suite 107, Sacramento CA 95834

Mailing Address: Attn: Matt Hertzfel 200 Somerset Corporate Blvd, Suite 7000

City: _____ State: _____ Zip Code: Bridgewater NJ 08807

Telephone: _____ Fax: _____

Toll Free Number: 800-232-4726

E-mail: matt.hertzfel@linde.com Website: www.linde.com

Facility Manager: Kevin Durings

Professional qualifications and experience of facility manager: Employed in medical gas manufacturing & distribution since 2010.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: MDEB Providers

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 gases & related equipment

CC

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

☒ New Wholesaler☐ Ownership Change

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

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

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

GENERAL INFORMATIONFacility Name: Linde LLCPhysical Address: 5858 88th St, Sacramento CA 95828Mailing Address: Attn: Matt Hertz, 200 Somerset Corporate Blvd, Suite 7000City: _____ State: _____ Zip Code: Bridgewater NJ 08807Telephone: 916-381-0773 Fax: 916-383-1155Toll Free Number: 800-232-4726 (24-hr-emergency)E-mail: matt.hertz@linde.com Website: www.linde.comFacility Manager: Stuart BeckerProfessional qualifications and experience of facility manager: 35+ years experience in compressed gas business

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies☐ Practitioners☒ Hospitals☒ Wholesalers☒ Other: medical gas retailers

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 gases

DD

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: Medsource Pharmaceuticals

Physical Address: 30336 Esperanza Rancho Santa Margarita CA 92688

Mailing Address: _____

City: Rancho Santa Margarita State: CA Zip Code: 92688

Telephone: 888-612-1965 Fax: 949-242-2861

Toll Free Number: 888-612-1965

E-mail: grace.gonzales@ymail.com Website: www.medsourcepharmaceuticals.com

Facility Manager: Grace Gonzales

Professional qualifications and experience of facility manager: California Designated Representative with 20 years of experience and owner, operator or Medsource for 8 years

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: _____

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EE

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

x

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

☐ New Wholesaler

☒ Ownership Change

(Please provide current license number if making changes: WH_01468_)

☐ Publicly Traded Corporation – Pages 1,2,3,4

☒ Partnership - Pages 1,2,3,6

☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b

☐ Sole Owner – Pages 1,2,3,7

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

GENERAL INFORMATION

Facility Name: Midwest Medical Supply Co., L.L.C.

Physical Address: 13400 Lakefront Drive

Mailing Address: 13400 Lakefront Drive

City: Earth City State: Missouri Zip Code: 63045

Telephone: 314-291-2900 Fax: 314-291-0206

Toll Free Number: 800-736-2115

E-mail: dan.rieman@mmsmedical.com Website: www.mmsmedical.com

Facility Manager: Daniel Rieman, Senior Vice-President

Professional qualifications and experience of facility manager: Designated representative responsible for compliance and regulation of company ERP system and system wide setting to control the distribution of Rx drugs and devices.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies

☒ Practitioners

☒ Hospitals

☒ Wholesalers

☒ Other: Educational institutions

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: _____

FF

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALE 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 02063)
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input checked="" 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: Midwest Medical Supply Co., L.L.C.

Physical Address: 2229 East Magnolia Street

Mailing Address: 2229 East Magnolia Street

City: Phoenix State: Arizona Zip Code: 85034

Telephone: 602-306-1722 Fax: 602-306-1787

Toll Free Number: 800-777-2634

E-mail: rocco.dicola@mmsmedical.com Website: www.mmsmedical.com

Facility Manager: Rooco DiCola

Professional qualifications and experience of facility manager: Responsible for cleanliness, safety, and security of facility. Understands license requirements for facility, customers and suppliers, and system controls orders for RX products.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Educational institutions

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: _____

GG

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 See Attachment C (Please provide current license number if making changes: WH <u>01861</u>)
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<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: Noramco, Inc.

Physical Address: 1440 Olympic Drive, Bldg 6, Athens, GA 30601

Mailing Address: 1440 Olympic Drive

City: Athens State: GA Zip Code: 30601

Telephone: 706-353-4400 Fax: 706-353-3205

Toll Free Number: N/A

E-mail: noramcoapi@its.jnj.com Website: www.noramco.com

Facility Manager: Amanda J. Haynes

Professional qualifications and experience of facility manager: See Attachment D

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: Manufacturers and Pharmaceutical Companies

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) See Attachment B
☐ Other: _____

HA

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 See Attachment C (Please provide current license number if making changes: WH_01802_)
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b Please check box for type of ownership and complete correct part of the application.	<input type="checkbox"/> Partnership - Pages 1,2,3,6 <input type="checkbox"/> Sole Owner – Pages 1,2,3,7
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GENERAL INFORMATION

Facility Name: Noramco, Inc.

Physical Address: 500 Swedes Landing Road, Wilmington, DE 19801

Mailing Address: 500 Swedes Landing Road

City: Wilmington State: DE Zip Code: 19801

Telephone: 302-652-3840 Fax: 302-888-4446

Toll Free Number: N/A

E-mail: noramcoapi@its.jnj.com Website: www.noramco.com

Facility Manager: Devon L. Ramsay

Professional qualifications and experience of facility manager: See Attachment D

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies
 ☐ Practitioners
 ☐ Hospitals
 ☐ Wholesalers
☒ Other: Manufacturers and Pharmaceutical Companies

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) See Attachment B
☐ Other: _____

11

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 01647)	

<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: Par Pharmaceutical, Inc.

Physical Address: 30 Dunnigan Drive, Montebello NY 10901

Mailing Address: Same as above

City: _____ State: _____ Zip Code: _____

Telephone: 845-573-5749 Fax: 845-425-8956

Toll Free Number: 1-800-927-5727

E-mail: Angela.Feniger@parpharm.com Website: _____

Facility Manager: Christopher Lau

Professional qualifications and experience of facility manager: 20+ years of experience in Operations,
Inventory control, Pharmaceutical Supply Chain and Logistics management.

Types of licensed outlets or authorized persons firm will serve:

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

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 checked="" type="checkbox"/> Controlled Substances (include copy of DEA)	
<input type="checkbox"/> Other: _____	

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

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

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

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

☒ Publicly Traded Corporation ☐ Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation ☐ Pages 1,2,3,5a,5b ☐ Sole Owner ☐ Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Puma Biotechnology, Inc.

Physical Address: 10880 Wilshire Blvd #2150

Mailing Address: _____

City: Los Angeles State: CA Zip Code: 90024

Telephone: (424)248-6500 Fax: (424)248-6501

Toll Free Number: _____

E-mail: pllc@pumabiotechnology.com Website: www.pumabiotechnology.com

Facility Manager: Steve Lo

Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: Specialty Distributors

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: _____

KK

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: RemedyRepack, Inc

Physical Address: 625 Kolter Drive Suite 4 Indiana Pa 15701

Mailing Address: 625 Kolter Drive Suite 4

City: Indiana State: Pa Zip Code: 15701

Telephone: (724) 465-8762 Fax: (724) 599-3678

Toll Free Number: N/A

E-mail: SScott@remedyrepack.com Website: www.remedyrepack.com

Facility Manager: Susan Scott

Professional qualifications and experience of facility manager: Member of ASG. Member of ISPE. She has successfully completed several courses through the Center for Professional Innovation and education.

Types of licensed outlets or authorized persons firm will serve:

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

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 checked="" type="checkbox"/> Controlled Substances (include copy of DEA)	
<input type="checkbox"/> Other: _____	

VAWD

93048

44

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

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

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

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

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership – Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Somerset Therapeutics, LLC
Physical Address: 475 Bernardsville Rd
Mailing Address: 475 Bernardsville Rd
City: Mendham State: NJ Zip Code: 07945
Telephone: 908-821-7777 Fax: 877-464-5403
Toll Free Number: 866-447-9758
E-mail: ilango@somersettherapeutics.co Website: www.somersettherapeutics.com
Facility Manager: Ilango Subramanian

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

Types of licensed outlets or authorized persons firm will serve:

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

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: _____

MM

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

☒ New Wholesaler☐ Ownership Change

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

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

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

GENERAL INFORMATIONFacility Name: Time-Cap Laboratories, Inc.Physical Address: 7 Michael AvenueMailing Address: 7 Michael AvenueCity: Farmingdale State: NY Zip Code: 11735Telephone: 631-753-9090 Fax: 631-753-2220Toll Free Number: 1-877-290-4008E-mail: bazzara@timecaplabs.com Website: www.timecaplabs.comFacility Manager: Robert Azzara, Chief operating officer

Professional qualifications and experience of facility manager: over 33 years in operations, manufacturing + Marketing (Sr VP operations + Business development, VP Operations, + Plant Manager)

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, dietary supplements

NN

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

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

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

☒ New Wholesaler

☐ Ownership Change

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

☐ Publicly Traded Corporation – Pages 1,2,3,4

☐ Partnership - Pages 1,2,3,6

☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b

☐ Sole Owner – Pages 1,2,3,7

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

GENERAL INFORMATION

Facility Name: ZO SKIN HEALTH, INC.

Physical Address: 5 TECHNOLOGY DRIVE, IRVINE, CA. 92618

Mailing Address: 5 TECHNOLOGY DRIVE,

City: IRVINE State: CA Zip Code: 92618

Telephone: (949) 988-7524 Fax: (949) 988-7544

Toll Free Number: N/A

E-mail: r castro @ zoskinhealth.com Website: www. zo skin health.com

Facility Manager: GIOVANNI FRANCO

Professional qualifications and experience of facility manager: SEE ATTACHED RESUME FOR GIOVANNI FRANCO.

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

☐ Poisons or Chemicals

☐ Controlled Substances (include copy of DEA)

☒ Other: COSMETICS

☐ Hypodermic Devices

☐ Veterinary Legend Drugs

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

<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: AZ Diabetic Supply Inc.
 Physical Address: 386 Maple Ave E suite 113
 (This must be a business address, we can not issue a license to a home address)

Mailing Address: _____

City: Vienna State: Va. Zip Code: 22180

Telephone: 703-356-5514 Fax: 703-356-5516

E-mail: azdiabetic@gmail.com Website: azmedicalsupply.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Sam Zaghal

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 Prosthetics |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>off the shelf/self fitting</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: _____

93240

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

FACILITY INFORMATION

Facility Name: Medline Industries, Inc.

1960 W. Miro Way, Rialto CA 92376

Physical Address: _____

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

Mailing Address: One Medline Place; Attn - Ian Kelly

City: Mudelein

State: IL

Zip Code: 60060

Telephone: 844-265-6512

Fax: 866-779-5827

E-mail: homecarecompliance@medline.com

Website: www.medline.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Manuel Delgadillo

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: Catheters, Tens Units, Incontinence Supplies, Manual Wheelchairs, Ostomy/ Urologicals

**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: _____

93202

QQ

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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<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: Neurotech NA, Inc.

Physical Address: 12400 Whitewater Drive, Suite 110
(This must be a business address, we can not issue a license to a home address)

Mailing Address: (same as above)

City: Minnetonka State: MN Zip Code: 55343

Telephone: 888-980-1197 Fax: 888-980-1195

E-mail: jvelure@neurotech.us Website: www.neurotechgroup.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Sheila Slowinski

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>NMES, TENS, Bone Growth & Supplies</u> |

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

Name: N/A

Telephone:

93239

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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<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: SPRINGFIELD DEVELOPMENT COMPANY d/b/a PRO OXYGEN PLUS

Physical Address: 5528 HAINES RD. N. ST. PETERSBURG, FL 33714
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5528 HAINES RD. N.

City: ST. PETERSBURG State: FL Zip Code: 33714

Telephone: (727) 321-6800 Fax: (727) 322-9500

E-mail: jgarcia@proxygenplus.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9a 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: JOHN C. GARCIA

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: _____ |

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

Name: _____ Telephone: _____

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR 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

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<input type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input checked="" type="checkbox"/> Location Change ^(Adding) ^(Additional)
(Please provide current license number if making changes: MP or MW <u>MP00064</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 to be completed by all types of ownership

MDEG Name: American Ancillaries, Inc d/b/a AA Medical

Physical Address: 9220 S. Eastern Ave, Suite 100, Las Vegas NV 89123
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4135 N Rancho Drive, Las Vegas, NV 89130

City: Las Vegas State: NV Zip Code: 89123

Telephone: 702-368-4477 Fax: 702-368-3543

E-mail: BSmith1@aamedicalonline.com Website: aamedicalonline.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8:30 to 5:00 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Karen S. Sanders

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Medical Gases** | <input checked="" type="checkbox"/> Assistive Equipment |
| <input checked="" type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input checked="" type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>Wheelchairs, Commodes, Walkers</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: Karen Sanders Telephone: 702-575-1958

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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

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<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input checked="" type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>1B02134</u>)			

<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: DVA Hospital Alliance, LLC d/b/a Desert View Hospital

Physical Address: 360 South Lola Lane, Parunph, NV 89048

Mailing Address: 360 South Lola Lane

City: Parunph State: NV Zip Code: 89048

Telephone: 775-751-7500 Fax: 775-751-7840

Toll Free Number: _____

E-mail: Helen.Losasso@dvrmc.org Website: n/a

Managing Pharmacist: Helen.Losasso License Number: 18443

Hours of Operation:

Monday thru Friday _____am _____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 checked="" type="checkbox"/> Hospital (# beds <u>25</u>)	<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

UU

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

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<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: Medical Development Company of Nevada, LLC

Physical Address: 10195 West. Twain Ave. Las Vegas, Nevada 89147

Mailing Address: 7315 Hudson Avenue

City: Hudson State: FL Zip Code: 34667

Telephone: (727) 868-9563 Fax: (727) 863-6914

Toll Free Number: (800) 330-4262

E-mail: Susan.Slade@donati.com Website: donati.com

Managing Pharmacist: Douglas Cammann License Number: 13340

Hours of Operation:

Monday thru Friday 8 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 checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

93244

VV

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

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<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change <small>(Please provide current license number if making changes: PH <u>ASC 024191</u>)</small>	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
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<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 (LLC)
<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: Quail Surgical and Pain Center

Physical Address: 6630 South McCarran Boulevard #25, Reno, NV 89509

Mailing Address: 6630 South McCarran Boulevard #25, Reno, NV 89509

City: Reno State: NV Zip Code: 89509

Telephone: 775-827-7555 Fax: _____

Toll Free Number: _____

E-mail: justfernandes@sbcglobal.com Website: _____

Managing Pharmacist: Ken Fernandez, Pharm.D. License Number: 07471

Hours of Operation:

Monday thru Friday 6 am 5 pm Saturday N/A am _____ pm

Sunday N/A am _____ pm 24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input type="checkbox"/> Out of State <input checked="" 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
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WW

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

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

☐ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b ☒ Partnership - Pages 1,2,5,7,8a,8b
☐ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b ☐ Sole Owner – Pages 1,2,6,7,8a,8b
 Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Red Rock Pain Surgery Center

Physical Address: 5915 S. Rainbow Blvd

Mailing Address: 5915 S. Rainbow Blvd

City: Las Vegas State: Nevada Zip Code: 89118

Telephone: (702) 227-7959 Fax: (702) 851-0392

Toll Free Number: _____

E-mail: BSchoonmaker@PromedNV.com Website: _____

Managing Pharmacist: Mary Grear License Number: 10687

Hours of Operation:

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

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

XX

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

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<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: Albertsons, LLC dba Sav-On Pharmacy #3207

Physical Address: 2910 Bicentennial Parkway Henderson, NV 89044

Mailing Address: 250 E. Parkcenter Blvd.

City: Boise State: ID Zip Code: 83706

Telephone: TBD Fax: TBD

Toll Free Number: NA

E-mail: rxlicenses@safeway.com Website: www.albertsons.com

Managing Pharmacist: Eric VanMeter License Number: 17356

Hours of Operation:

Monday thru Friday 9 am 9 pm Saturday 9 am 6 pm
 Sunday 10 am 6 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 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
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