

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: Allcare Specialty Pharmacy, LLCPhysical Address: 10620 Colonel Glenn Rd Ste. 300Mailing Address: same as aboveCity: Little Rock State: AR Zip Code: 72204Telephone: 501-217-8880 Fax: 501-217-8885Toll Free Number: 855-780-5500 (Required per NAC 639.708)E-mail: mark@allcarepharmacy.comWebsite: www.allcarepharmacy.comManaging Pharmacist: Ashley Crawley License Number: PD10802**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

☐ ☒☐ ☒ 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,

E-MAILED

92485

B

NEVADA STATE BOARD OF PHARMACY

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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: Baytree Pharmacy, LLCPhysical Address: 19005 Sky Park Circle Suite EMailing Address: 19005 Sky Park Circle Suite ECity: Irvine State: CA Zip Code: 92614Telephone: 949-344-2624 Fax: 949-344-2625Toll Free Number: 855-693-9099 (Required per NAC 639.708)E-mail: pharmacist@baytreepharmacy.com Website: N/AManaging Pharmacist: Sheida Guilak License Number: 52058**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,**

92527

C

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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: BeneVi Health LLC

Physical Address: 13000 Weston Parkway, Suite 105

Mailing Address: 11800 Weston Parkway

City: Cary State: NC Zip Code: 27513

Telephone: 919-377-1300 Fax: 919-377-1319

Toll Free Number: 800-914-0694 (Required per NAC 639.708)

E-mail: pharmacists@benevihealth.com Website: www.benevihealth.com

Managing Pharmacist: Phyllis M. Smith License Number: NC-07382

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,**

D

NEVADA STATE BOARD OF PHARMACY

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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: Cottrill's Pharmacy, Inc.Physical Address: 255 Main Street Arcade, NY 14009Mailing Address: 4919 Ellicott Road Orchard Park, NY 14127City: Orchard Park State: NY Zip Code: 14127Telephone: (716) 508-8481 Fax: (716) 508-8482Toll Free Number: 1-844-268-8745 (Required per NAC 639.708)E-mail: patientcare@cottrillspharmacy.com Website: cottrillspharmacy.comManaging Pharmacist: Michelle Dominessy License Number: 031040**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,

E-MAILED
 4126

92264

E

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
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<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Medicine Man Pharmacy

Physical Address: 13737 Artesia Blvd Suite 202

Mailing Address: 13737 ARTESIA BLVD SUITE 202 CERRITOS CA 90703

City: Cerritos State: CA Zip Code: 90703

Telephone: 562-404-3100 Fax: 562-404-4100

Toll Free Number: _____ (Required per NAC 639.708)

E-mail: info@medicinemanpharmacy.org Website: www.medicinemanpharmacy.org

Managing Pharmacist: Neina Ghasseman License Number: 71819

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,**

E-MAILED

92333

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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: MED2DIRECT INC.

Physical Address: 1065 NE 125TH STREET Suite 207, N. Miami, FL 33161

Mailing Address: 1065 NE 125TH STREET Suite 207

City: NORTH MIAMI State: FLORIDA Zip Code: 33161

Telephone: 786-347-0365 Fax: 786-347-0321

Toll Free Number: 1-800-562-1934 (Required per NAC 639.708)

E-mail: MED2DIRECTRX@COMPASS.MD Website: WWW.MED2DIRECTRX.COM

Managing Pharmacist: Valliammai Natarajan License Number: 7848808

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: Will be Mailing to Nevada if given license.

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

E-MAILED
4/26

92263

G

NEVADA STATE BOARD OF PHARMACY

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GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Chronic Care, Inc. dba MH Express Pharmacy

Physical Address: 112 E Huntington Dr., Monrovia, CA 91016

Mailing Address: 112 E. Huntington Dr.

City: Monrovia State: CA Zip Code: 91016

Telephone: 877-820-2667 Fax: 800-435-1992

Toll Free Number: 877-820-2667 (Required per NAC 639.708)

E-mail: ecox@expresscci.com Website: www.expresscci.com

Managing Pharmacist: Elaine Cox License Number: 28489

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: _____

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E-MAILED

A/26

92262

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GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Mylan Health Management LLC (dba Mylan Health Management)

Physical Address: Mezzanine Floor, Suite 100 2898 Manufacturers Rd

Mailing Address: Mylan, c/o Deneen Fumich, 781 Chestnut Ridge Road, Morgantown, WV 26505

City: Greensboro State: NC Zip Code: 27406

Telephone: 336-291-1402 Fax: 336-291-1482

Toll Free Number: 1-844-832-2690 (Required per NAC 639.708)

E-mail: mylanhealthmanagement@mylan.com Website: Not Applicable

Managing Pharmacist: Mitesh G. Prajapati License Number: NC 16027

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: _____

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I

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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: Optime Care, Inc.

Physical Address: 4060 Wedgeway Court

Mailing Address: same

City: Earth City State: MO Zip Code: 63045

Telephone: 314-731-6900 Fax: 314-731-6901

Toll Free Number: 888-287-2017 (Required per NAC 639.708)

E-mail: help@optimecare.com Website: N/A

Managing Pharmacist: Michael Schultz License Number: 030062-MO

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: _____

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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: Pinnacle Pharmacy

Physical Address: 17255 N 82nd St, Ste 130

Mailing Address: same

City: Scottsdale State: AZ Zip Code: 85255

Telephone: 877-509-5050 Fax: 480-247-4022

Toll Free Number: 877-509-5050 (Required per NAC 639.708)

E-mail: bpetronzio@fshsrx.com Website: _____

Managing Pharmacist: Chidinma Nnorum License Number: AZ-S011679

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,**

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: Kremco Pharmacy
Physical Address: 10815 Beechnut St. #125
Mailing Address: 10815 Beechnut St. #125
City: Houston State: TX Zip Code: 77072
Telephone: 281 564 7500 Fax: 281 564 7501
Toll Free Number: 844 218 5827 (Required per NAC 639.708)
E-mail: licensing@kremcopharmacy.com Website: N/A
Managing Pharmacist: Jerry fu License Number: 49339

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,**

L

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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: LLC Patient Services, Inc.

Physical Address: 1829 West Drake Drive, Suite 101, Tempe, AZ 85283

Mailing Address: 1829 West Drake Drive, Suite 101

City: Tempe State: AZ Zip Code: 85283

Telephone: (866) 889-5489 Fax: (888) 885-1938

Toll Free Number: (866) 889-5489 (Required per NAC 639.708)

E-mail: shanna.nyberg@llcpatientservices.com Website: n/a

Managing Pharmacist: Shanna Nyberg License Number: 016512

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: _____

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E-MAILED
4/26

92403

11

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GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Medtain Pharmacy
 Physical Address: ~~13256~~ 2256 W. Roscoe St Chicago, IL 60618
 Mailing Address: 13117 Irving Ave Blue Island, IL 60406
 City: Chicago State: IL Zip Code: 60618
 Telephone: 773-857-1600 Fax: 773-857-1745
 Toll Free Number: 855-562-9206 (Required per NAC 639.708)
 E-mail: adonis.ducire@hrxhealth.com Website: www.heritageroxoevillage.com
 Managing Pharmacist: Adonis Ducire License Number: 054019607

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No
☒ ☐ Retail
☐ ☒ Hospital (# beds ____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: N/A

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: A/A

All boxes must be checked
 For the application to be complete

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

E-MAILED
4/26

92341

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: MT OLYMPUS COMPOUNDING, LLCPhysical Address: 392 E 12300 S, SUITE A, DRAPER, UT 84020Mailing Address: PO BOX 1344, DRAPER, UT 84020-1344City: DRAPER State: UT Zip Code: 84020Telephone: 801-278-9008 Fax: 801-849-0399Toll Free Number: 855-891-2132 (Required per NAC 639.708)E-mail: layne@mtolympusrx.com Website: www.mtolympusrx.comManaging Pharmacist: Layne Kilpatrick, RPh License Number: UTAH
151154-1701

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,

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: PH 03334)
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: Pagosa Specialty Pharmacy

Physical Address: 426 Pagosa Street

Mailing Address: P.O. Box 120

City: Pagosa Springs State: CO Zip Code: 81471

Telephone: 970.264.4166 Fax: 970.264.3289

Toll Free Number: 800.961.4082 (Required per NAC 639.708)

E-mail: info@pagosa.srx.com Website: www.pagosa.srx.com

Managing Pharmacist: Linda W. Kutsko, Pharm D. License Number: PHA.CO19922

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,**

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____)
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: Pill Stat, dba Safe Dose
Physical Address: 6970 Corporate Dr
Mailing Address: 6970 Corporate Dr
City: Indianapolis State: IN Zip Code: 46278
Telephone: 317 829 0550 Fax: 888 881 8585
Toll Free Number: 888 696 9595 (Required per NAC 639.708)
E-mail: vllotzow@safedose.com Website: Safe dose.com
Managing Pharmacist: Victoria Lotzow License Number: 26018564A
Indiana

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

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

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: SP2, L.L.C.

Physical Address: 3740 Saint Johns Bluff Road S. Suite 19

Mailing Address: 3740 Saint Johns Bluff Road S. Suite 19

City: Jacksonville State: Florida Zip Code: 32224

Telephone: 904-361-3861 Fax: 904-361-3866

Toll Free Number: 1-877-811-6337 (Required per NAC 639.708)

E-mail: compliance@smartpharmacy.com Website: www.smartpharmacy.com

Managing Pharmacist: Gregory Balotin License Number: PS33362

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,**

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Studio Pharmacy

Physical Address: 11309 Ventura Blvd. Studio City, CA 91604

Mailing Address: 11309 Ventura Blvd.

City: Studio City State: CA Zip Code: 91604

Telephone: 818-506-0776 Fax: 818-506-9055

Toll Free Number: 818-506-0776 (Required per NAC 639.708)

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

Managing Pharmacist: Fauzia Riasat Khan License Number: 16901

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,**

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 03478)
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 ownershipPharmacy Name: Thies Lombard Pharmacy IncPhysical Address: 805 S Main Street Lombard, IL 60148Mailing Address: 805 S Main StreetCity: Lombard State: IL Zip Code: 60148Telephone: 630-495-2333 Fax: 630-495-2355Toll Free Number: 844-232-9920 (Required per NAC 639.708)E-mail: info@lombardpharmacy.com Website: www.lombardpharmacy.comManaging Pharmacist: Clarke Kuelto License Number: 051.292628**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,**

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: UNIVERSITY OF COLORADO HOSPITAL ATRIUM PHARMACY

Physical Address: 12605 E 16TH AVE ROOM 1054

Mailing Address: 12605 E 16TH AVE MAIL STOP A027

City: AURORA State: CO Zip Code: 80045

Telephone: 720 848 4083 Fax: 720-848-4084

Toll Free Number: 800-941-2207 (Required per NAC 639.708)

E-mail: anne.wells@uchealth.org Website: WWW.UCHEALTH.ORG

Managing Pharmacist: ANDREW A DAVIS PHARM License Number: 14795

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,**

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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

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

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

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

GENERAL INFORMATION

Facility Name: AngioDynamics, Inc.

Physical Address: 603 Queensbury Avenue, Queensbury, NY 12804

Mailing Address: 14 Plaza Drive

City: Latham State: NY Zip Code: 12110

Telephone: 518-795-1400 Fax: 518-795-1401

Toll Free Number: 800-772-6446

E-mail: skuykendall@angiodynamics.com Website: www.angiodynamics.com

Facility Manager: Rodney S. Kuykendall

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 and Clinics.

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: _____	

Page 1

E-MAILED
4/26

92534



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

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

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

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

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

GENERAL INFORMATION

Facility Name: Becton, Dickinson and Company

Physical Address: Route 7 & Grace Way

Mailing Address: PO Box 749

City: Canaan State: CT Zip Code: 06018

Telephone: 860-824-5487 Fax: 860-824-4526

Toll Free Number: _____

E-mail: Paul_A_Sullivan@BD.com Website: WWW.BD.com

Facility Manager: Paul A Sullivan

Professional qualifications and experience of facility manager: SEE RESUME ENCLOSED

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:

<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: _____	

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.

☐ New Wholesaler ☒ Ownership Change and name - See Attachment A
(Please provide current license number if making changes: WH 01623)

☐ 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: Cangene bioPharma LLC

Physical Address: 1111 South Paca Street, Baltimore, MD 21230

Mailing Address: 1111 South Paca Street

City: Baltimore State: MD Zip Code: 21230

Telephone: 410-843-5000 Fax: 410-843-4414

Toll Free Number: N/A

E-mail: mingog@ebsi.com Website: http://emergentbiosolutions.com

Facility Manager: Gregory K. Mingo

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: distributors, manufacturers, and clinics.

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: _____

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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

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

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

<input checked="" type="checkbox"/> Publicly Traded Corporation	<input type="checkbox"/> Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation	<input type="checkbox"/> 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: Dynavax Technologies Corporation

Physical Address: 2929 Seventh Street Suite 100

Mailing Address: _____

City: Berkeley State: CA Zip Code: 94710

Telephone: 5108485100 Fax: 5108481327

Toll Free Number: _____

E-mail: contact@dynavax.com Website: www.dynavax.com

Facility Manager: Michael Ostrach

Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

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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

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: Eli Lilly and Company

Physical Address: 1223 S. Harding Street, Indianapolis, IN 46221

Mailing Address: Lilly Corporate Center - Attn: Gregory Roberts, Maildrop 3530

City: Indianapolis State: IN Zip Code: 46285

Telephone: 317-276-2000 Fax: 317-276-2347

Toll Free Number: 800-545-5979

E-mail: Roberts_gregory_d@lilly.com Website: www.lilly.com

Facility Manager: David L. Mayse

Professional qualifications and experience of facility manager: See Attachment B

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☒ Other: Clinics, Distributors and Nursing Home Pharmacies

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: _____

E-MAILED
4/26

92434

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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.

☐ New Wholesaler ☒ Ownership Change
(Please provide current license number if making changes: WH 02002)

☐ 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: EPIC Fulfillment, Inc

Physical Address: 8835 W. 116th Circle, Suite F, Broomfield, CO 80021

Mailing Address: 8835 W. 116th Circle, Suite F

City: Broomfield State: CO Zip Code: 80021

Telephone: 720-633-8900 Fax: 303-665-3060

Toll Free Number: N/A

E-mail: Dan.harmon@bexr.com Website: www.epicfulfillment.com

Facility Manager: Jim Stotz

Professional qualifications and experience of facility manager: Please See Attachment A

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Manufacturer's Sales Representative's

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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4/26

AA

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 checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH _____)
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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: Life-Assist, Inc.
 Physical Address: 11277 Sunrise Park Drive
 Mailing Address: same
 City: Rancho Cordova State: CA Zip Code: 95742
 Telephone: 916-635-3832 Fax: 916-638-3002
 Toll Free Number: 800-824-6016
 E-mail: linda@life-assist.com Website: www.life-assist.com
 Facility Manager: Ramona Davis

Professional qualifications and experience of facility manager: California Designated Representative in Charge; 36 years experience in Industry/Company

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: Emergency medical providers - Fire Depts & Ambulances

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 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: Merit Medical Systems, Inc.

Physical Address: 65 Great Valley Parkway, Malvern, PA 19355

Mailing Address: 65 Great Valley Parkway

City: Malvern State: PA Zip Code: 19355

Telephone: 610-651-5000 Fax: 610-651-5003

Toll Free Number: N/A

E-mail: timothy.stoudt@merit.com Website: www.merit.com

Facility Manager: Peter Rapp

Professional qualifications and experience of facility manager: Responsible for manufacturing operations, quality systems, shipping, production planning, facilities, warehouse, customer service, manufacturing engineering

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:

<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: _____	

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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.

<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 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: Miller Veterinary Supply Co., Inc

Physical Address: 201 S. Adams

Mailing Address: P.O. Box 470 Fort Worth, TX 76101

City: Fort Worth State: TX Zip Code: 76101

Telephone: 817 335-5487 Fax: 817-334-0891

Toll Free Number: 800-880-1920

E-mail: CindyW@MillerVetSupply.com Website: www.millerVETsupply.com

Facility Manager: Cindy Keefer

✓ 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: Veterinarians

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: _____

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.

☒ 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: Owens & Minor Distribution, Inc.

Physical Address: 5755 Fedex Lane, Ste 100, Olive Branch, MS 38654

Mailing Address: C/O State License Servicing, 1751 State Route 17A, Ste 3, Florida, NY

City: (of facility) Olive Branch State: MS Zip Code: 38654

Telephone: 662-893-7232 Fax: 662-893-7819

Toll Free Number: N/A

E-mail: OWM@SLSNY.COM Website: www.owens-minor.com

Facility Manager: Chris Dittman

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: distributors within organization, US government, physicians

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 devices

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

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.	

* LLC

GENERAL INFORMATION

Facility Name: Purdue Gmp Center LLC ①

Physical Address: 3070 Kent Ave

Mailing Address: 3070 Kent Ave

City: west Lafayette State: IN Zip Code: 47906

Telephone: 765-464-8414 Fax: 765-464-8408

Toll Free Number: N/A

E-mail: ewbankdl@thechao-center.com Website: http://www.thechao-center.com

Facility Manager: David L. Ewbank

Professional qualifications and experience of facility manager: see attached resume for David L. Ewbank

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

GENERAL INFORMATION

Facility Name: Qualgen, LLC

Physical Address: 14844 Bristol Park Blvd.

Mailing Address: 14844 Bristol Park Blvd

City: Edmond State: OK Zip Code: 73013

Telephone: 405-551-8216 Fax: 405-286-3755

Toll Free Number: 877-780-3369

E-mail: sriney@qualgen.us Website: www.Qualgen.us

Facility Manager: Shaun Riney

Professional qualifications and experience of facility manager: He has managed the company 3 years. Experience with cGMP, FDA regulations, DEA requirements & Board of Pharmacy in OKla. Has experience as owner
Types of licensed outlets or authorized persons firm will serve: to start ups

☐ 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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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: TOLMAR, Inc.

Physical Address: 701 Centre Avenue

Mailing Address: _____

City: Fort Collins State: CO Zip Code: 80526

Telephone: 970-212-4500 Fax: 970-494-0241

Toll Free Number: 877-986-5627

E-mail: sdewar@tolmar.com Website: www.tolmar.com

Facility Manager: Edward Adrian

Professional qualifications and experience of facility manager: 15+ years experience working in manufacturing for TOLMAR, Inc in Supervisory role plus Masters Degree in Industrial Engineering.

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 be firm:

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

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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

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 019071)

☐ 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: VistaPharm, Inc.
Physical Address: 7265 Ulmerton Road, Largo, Florida 33771
Mailing Address: 7265 Ulmerton Road
City: Largo State: FL Zip Code: 33771
Telephone: 727-530-1633 Fax: 727-531-5427
Toll Free Number: n/a
E-mail: rlandau@verticepharma.com Website: www.vistapharm.com
Facility Manager: Ralph N. Landau
Professional qualifications and experience of facility manager: Ph.D.

Types of licensed outlets or authorized persons firm will serve:

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

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

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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

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: Yiling Pharmaceutical, INC

Physical Address: 8050 Beckett Center STE 120

Mailing Address: 8050 Beckett Center STE 120

City: West Chester State: OH Zip Code: 45069

Telephone: 858-705-5331 Fax: N/A

Toll Free Number: N/A

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

Facility Manager: Robert Kwok Wan Wan

Professional qualifications and experience of facility manager: CEO

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

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

FACILITY INFORMATION

Facility Name: A3E Home Supply, Inc.

Physical Address: 10554 US Highway 1
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 10554 US Highway 1

City: Port St. Lucie State: FL Zip Code: 34952

Telephone: 855-848-1084 Fax: 855-218-6373

E-mail: aehomesupplyinc@gmail.com Website: www.aehomesupply.net

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00^{AM} to 4:00^{PM} Tue: 9:00^{AM} to 4:00^{PM} Wed: 9:00^{AM} to 4:00^{PM} Thu: 9:00^{AM} to 4:00^{PM}
Fri: 9:00^{AM} to 1:00^{PM} Sat: Closed to Sun: Closed to Holidays: 9:00^{AM} to 4:00^{PM}

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Elaine Rhonda Freedman

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: _____ |

**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: _____

KK

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: Airgas USA, LLC

Physical Address: 400 N Overland Ave, Burley, ID 83318
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same as above

City: _____ State: _____ Zip Code: _____

Telephone: 208-678-7141 Fax: _____

E-mail: Brandon.Gee@airgas.com Website: www.airgas.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00am to 5:00pm Tue: 8:00am to 5:00pm Wed: 8:00am to 5:00pm Thu: 8:00am to 5:00pm
Fri: 8:00am to 5:00pm Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Brandon Gee

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

- | | |
|--|---|
| <input checked="" 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 Prosethics |
| <input type="checkbox"/> Diabetic Supplies | Other: _____ |

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

Name: Kennedy West Telephone: 440-384-7820

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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: ALLCARE MEDICAL EQUIPMENT, INC.

Physical Address: 77-79 WASHINGTON ST, Bloomfield, NJ 07003-2414
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 210 KNIGHTSBRIDGE LANE

City: MORGANVILLE State: NJ Zip Code: 07751

Telephone: 888-453-3890 Fax: 888-920-2110

E-mail: NLEVIT@ALLCAREDME.NET Website: www.allcaredme.net

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5:30 Tue: 9 to 5:30 Wed: 9 to 5:30 Thu: 9 to 5:30
Fri: 9 to 5:30 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Aaron Williamsky

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

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

MM

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: DJO, LLC

Physical Address: 1430 Decision St, Vista, California 92081

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

Mailing Address: 1430 Decision St

City: Vista State: CA Zip Code: 92081

Telephone: 800-321-9549 Fax: 800-936-6569

E-mail: Gmb-Facility-Licensing@cardinalhealth.com Website: Djoglobal.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: Closed to Sun: Closed to Holidays: Closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Tom Flessor

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: Osteogenesis Stimulators

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

Name: N/A

Telephone: N/A

NN

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

Application must be printed legibly or typed

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

New MDEG ☒ Ownership Change
(Please provide current license number if making changes: MP or MW 01070)

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

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

Facility Name: Excelsior Medical, LLC

Physical Address: 1933 Heck Avenue Neptune NJ 07753

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

Mailing Address: 1933 Heck Ave

City: Neptune State: NJ Zip Code: 07753

Telephone: 732.776.7525 Fax: 732.776.7600

E-mail: nwarkessel@excelsiormedical.com Website: excelsiormedical.com

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

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Nancy Warmkessel

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

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

Other: Medical Devices

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

Name: _____

Telephone: _____

E-MAILED
4/26

00

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: Medline Industries, Inc.

Physical Address: 5701 Promontory Parkway Suite 100, Tracy CA 95377

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

Mailing Address: One Medline Place

City: Mundelein State: IL Zip Code: 60060

Telephone: 847-643-3864

Fax: _____

E-mail: homecarecompliance@medline.com

Website: www.medline.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7a to 6p Tue: 7a to 6p Wed: 7a to 6p Thu: 7a to 6p

Fri: 7a to 6p Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Scott Saling

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: CPAPS, Catheters, TENS Units, Incontinence Supplies, Manual

Wheelchairs, Compression Stockings, Ostomy/Urological

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

Name: _____

Telephone: _____

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

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<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: National Biological Corporation

Physical Address: 23700 Mercantile Road Beachwood, OH 44122

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

Mailing Address: 23700 Mercantile Road

City: Beachwood State: OHIO Zip Code: 44122

Telephone: 216-831-0600 Fax: 216-765-0274

E-mail: info@phototherapyexperts.com Website: www.natbiocorp.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8:30 to 5 Sat: none Sun: none Holidays: none

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Kenneth Oif

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>Phototherapy Equipment</u> |

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

Name: N/A

Telephone: N/A

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E-MAILED
4/26

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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

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

FACILITY INFORMATION

Facility Name: National Durable Medical

Physical Address: 102 N. Broadway St.
(This must be a business address, we can not issue a license to a home address)

Mailing Address: _____

City: SKiatook State: OK Zip Code: 74070

Telephone: 918-396-2590 Fax: 888-492-4134

E-mail: dora@specialty.mgt.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm
Fri: 8am to 5pm Sat: closed Sun: closed Holidays: closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Melinda Miller

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

FACILITY INFORMATION

Facility Name: Praxair, Inc. #579

Physical Address: 5270 N. Tom Murray
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same

City: Glendale State: AZ Zip Code: 85301

Telephone: 623-930-0102 Fax: 801-252-2110

E-mail: John.Talbot@praxair.com Website: www.praxair.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8^a to 5^p Tue: 8^a to 5^p Wed: 8^a to 5^p Thu: 8^a to 5^p
Fri: 8^a to 5^p Sat: - to - Sun: - to - Holidays: - to -

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: John Talbot

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

- | | |
|--|---|
| <input checked="" 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: _____ |

**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: Praxair, Inc. Telephone: 800-621-7100

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

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

FACILITY INFORMATION

Facility Name: Praxair, Inc #935

Physical Address: 2000 Loveridge Road
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same

City: Pittsburg State: CA Zip Code: 94565

Telephone: 925-427-3955 Fax: 925-427-3922

E-mail: Jerrad-Stager@Praxair.com Website: www.praxair.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: _____ to _____ Tue: _____ to _____ Wed: _____ to _____ Thu: _____ to _____

Fri: _____ to _____ Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

24/7
365 days yr

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jerrad Stager

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

- | | |
|--|---|
| <input checked="" 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: _____ |

**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: Praxair, Inc. Telephone: 800-621-7100

EMAILED
4/26

92358

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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: Specialty Medical Equipment, Inc.

Physical Address: 52040 Van Dyke Ave. Shelby Township, MI 48314
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 52040 Van Dyke Ave.

City: Shelby Township State: MI Zip Code: 48314

Telephone: 877-622-3023 Fax: 586-803-3855

E-mail: info@specialtyhme.com Website: http://www.shopspecialtymed.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 9 to 3 Sat: 0 to 0 Sun: 0 to 0 Holidays: 0 to 0

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Robin Soblick

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

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

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

Name: Robin Soblick Telephone: 561-441-1623

Page 1

E-MAILED
4/26

92260



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

FACILITY INFORMATION

Facility Name: Rapid Respiratory Services, LLC dba The Home DME Company

Physical Address: 21540 W. Eleven Mile Road, Ste. 100, Southfield, MI 48076-3843
(This must be a business address, we can not issue a license to a home address)

Mailing Address: same - 21540 W. Eleven Mile Road, Ste. 100,

City: Southfield State: MI Zip Code: 48076-3843

Telephone: (877) 296-3330 Fax: (248) 299-3332

E-mail: sherry.krug@TheHomeDME.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon 9:00 am to 5:00pm Tue 9:00 am to 5:00pm Wed 9:00 am to 5:00pm Thu 9:00 am to 5:00pm

Fri 9:00 am to 5:00pm Sat: XX to _____ Sun: XX to _____ Holidays: XX to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Sherry Krug, Sr. VP/Authorized Official/Managing Employee

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

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

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

Name: N/A

Telephone: _____

W

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: The Richmond Light Co.

Physical Address: 9840 Oxbridge Place Ste. 200 North Chesterfield, VA 23236
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 9840 Oxbridge Place Ste. 200

City: North Chesterfield State: Virginia Zip Code: 23236

Telephone: 888-276-0559 Fax: 804-276-5378

E-mail: sales@trlc.com Website: www.trlc.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8:30 to 5 Sat: none Sun: none Holidays: none

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: ~~Kenneth Oif~~ Michael Kaufman

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>Phototherapy Equipment</u> |

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

Name: N/A

Telephone: N/A
Page 1

E-MAILED
4/26

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WW

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

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

FACILITY INFORMATION

Facility Name: WILMINGTON ISLAND DMS, INC DBA WI Medical

Physical Address: 1890 W. Bay Drive Ste W-4
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1890 W. Bay Drive Ste W-4

City: LI9260 State: FL Zip Code: 33370

Telephone: 877-854-9363 Fax: 877-854-9362

E-mail: patw@wimedical.info Website: www.wimedical.info

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 4:30pm Tue: 8AM to 4:30pm Wed: 8AM to 4:30pm Thu: 8AM to 4:30pm

Fri: 8am to 4:30pm Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Ruth Guzman

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

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

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

Name: N/A

Telephone: N/A

E-MAILED
4/26

92356

XX

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

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

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

Application must be printed legibly or typed

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Advanced Care Rx Pharmacy 2 LLC

Physical Address: 4161 South Eastern Avenue Suite A-3

Mailing Address: 4161 South Eastern Avenue Suite A-3

City: Las Vegas State: Nevada Zip Code: 89119

Telephone: 702-331-0284 Fax: 702-331-0291

Toll Free Number: 1-855-331-0278

E-mail: jerry@acrpharmacy.com Website: acrpharmacy.com

Managing Pharmacist: Eghe Jerry Igbinovia License Number: 16316

Hours of Operation:

Monday thru Friday 9 am 7 pm

Saturday 10 am 4 pm

Sunday N/A am N/A 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

YY

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

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

Application must be printed legibly or typed

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: First Class Rx Pharmacy #2
 Physical Address: 1331 S RAINBOW BLVD #101, LAS VEGAS, NV, 89146
 Mailing Address: 8846 S EASTERN AVE #100 LAS VEGAS, NV, 89123
 City: LAS VEGAS State: NV Zip Code: _____
 Telephone: (702) 534 0325 Fax: (702) 534 0336
 Toll Free Number: (844) 551 4753
 E-mail: FIRSTCLASSRXPHARMACY@GMAIL.COM Website: FIRSTCLASSRXPHARMACY.COM
 Managing Pharmacist: Hyung JOON KIM License Number: 18445

Hours of Operation:

Monday thru Friday 9.00 am 6.00 pm Saturday close am close pm
 Sunday close am close pm 24 Hours O/A.

TYPE OF PHARMACY

SERVICES PROVIDED

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

22

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

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

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

Application must be printed legibly or typed

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Valley Health System LLC d.b.a Henderson Hospital

Physical Address: 1050 West Galleria Drive

Mailing Address: PO Box 91326 Henderson NV 89009

City: Henderson State: NV Zip Code: 89014

Telephone: 102-580-5914 Fax: 702-369-7506

Toll Free Number: N/A

E-mail: evelyn.chu@vhsinc.com Website: http://www.valleyhealthsystemlv.com

Managing Pharmacist: Evelyn Chu License Number: 10535

Hours of Operation:

Monday thru Friday _____am _____pm

Saturday _____am _____pm

Sunday _____am _____pm

24 Hours X

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input checked="" type="checkbox"/> Hospital (# beds <u>142</u>)	<input checked="" 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

AAA

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 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: Nevada Infusion (Next Generation Strategies DBA Nevada Infusion)

Physical Address: 5401 Longley Ln Reno NV, 89511

Mailing Address: 5401 Longley Ln

City: Reno State: NV Zip Code: 89511

Telephone: 775-544-8873 Fax: ~~At~~ Pending

Toll Free Number: _____

E-mail: Pending garybrooksmba@gmail.com Website: Pending

Managing Pharmacist: Gary Brooks License Number: 16506

Hours of Operation:

Monday thru Friday <u>8</u> am <u>4</u> pm	Saturday <u>X</u> am <u>X</u> pm
Sunday <u>X</u> am <u>X</u> pm	24 Hours <u>X</u> NO

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

BBB

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 type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>03470</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: REFILL PHARMACY

Physical Address: 8536 DEL WEBB BLVD

Mailing Address: 8536 DEL WEBB BLVD

City: LAS VEGAS State: NEVADA Zip Code: 89134

Telephone: 702 - 476 - 5888 Fax: N/A

Toll Free Number: N/A

E-mail: SALLYXCHIA@GMAIL.COM Website: N/A

Managing Pharmacist: SALLY CHIA License Number: 18013

Hours of Operation:

Monday thru Friday <u>9</u> am <u>6</u> pm	Saturday <u>9</u> am <u>1</u> pm
Sunday _____ am _____ pm	24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

CCC

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: Southern Nevada Health District Pharmacy

Physical Address: 280 S. Decatur Blvd, Las Vegas, NV 89107

Mailing Address P.O. Box 3902

City: Las Vegas State: NV Zip Code: 89152-3902

Telephone: 702-759-1201 Fax: 702-759-1422

Toll Free Number: N/A

E-mail: iser@snhdmil.org Website: www.southernnevadahealthdistrict.org

Managing Pharmacist: Diana L. Bond License Number: 6348

Hours of Operation:

Monday thru Friday 8 am 4:30 pm Saturday am pm
Sunday am pm 24 Hours

TYPE OF PHARMACY

SERVICES PROVIDED

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

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