

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 PHARMACY, INC.

Physical Address: 12 PLYMOUTH STREET, SUITE 100

Mailing Address: 12 PLYMOUTH STREET, SUITE 100

City: WORCESTER

State: MASSACHUSETTS

Zip Code: 01608-2121

Telephone: 508-754-8800

Fax: 508-754-8878

Toll Free Number: 1-855-716-3563

(Required per NAC 639.708)

E-mail: AREN.LEIGHTON@RXALLCARE.COM

Website: HTTPS://WWW.RXALLCARE.COM

Managing Pharmacist: PAUL LENZ

License Number: PH25313

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,

93518

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: Global Medical TherapeuticsPhysical Address: 1890 south 3850 west #121AMailing Address: 1890 south 3850 west #121ACity: Salt Lake City State: Utah Zip Code: 84104-4909Telephone: 801-935-4305 Fax: 801-953-0908Toll Free Number: 844-498-2517 (Required per NAC 639.708)E-mail: info@gmthealth.com Website: www.gmthealth.comManaging Pharmacist: Syed Maysam Mortazavi License Number: 5560080-1701**TYPE OF PHARMACY AND****SERVICES PROVIDED**

Yes/No

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

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: N/A

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

93581

C

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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: Heritage Biologics, Inc

Physical Address: 255 NW Victoria Drive

Mailing Address: 255 NW Victoria Drive

City: Lee's Summit State: MO Zip Code: 64086

Telephone: 816-875-5101 Fax: 844-878-6917

Toll Free Number: 855-937-7273 (Required per NAC 639.708)

E-mail: hskelton@heritagebiologics.com Website: www.heritagebiologics.com

Managing Pharmacist: Holly S Skelton License Number: 2010023011

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

93384

D

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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: Paragon Healthcare SpecialtyPhysical Address: 17111 Preston Rd., Ste 100Mailing Address: 17111 Preston Rd., Ste 100City: Dallas State: TX Zip Code: 75248-1234Telephone: 888-588-1072 Fax: 866-388-1488Toll Free Number: 888-588-1072 (Required per NAC 639.708)E-mail: eh@paragonhealthcare.com Website: www.paragonspecialty.comManaging Pharmacist: Eric Dustin Ho License Number: SI6668(TX)**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: Hemophilia

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

93711

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: Pioneer Pharmaceuticals, LLC

Physical Address: 5101 Avenue H, #18

Mailing Address: 5101 Avenue H, #18

City: Rosenberg State: TX Zip Code: 77471

Telephone: 832.759.5114 Fax: 832.759.5115

Toll Free Number: 8779261650 (Required per NAC 639.708)

E-mail: christinap@pharmlicensing.com N/A

Managing Pharmacist: Joseph Hall License Number: 16754

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: DME

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

93579

F

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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: Priority Care Pharmacy Services, LLC

Physical Address: 11000 Highland Drive

Mailing Address: 11000 Highland Drive

City: Amory State: MS Zip Code: 38821

Telephone: 888-333-1290 Fax: (877)828-4330

Toll Free Number: 888-333-1290 (Required per NAC 639.708)

E-mail: pharmacy@prioritycarerx.net Website: _____

Managing Pharmacist: William H. Austin License Number: E-07344

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

- ☐ ☒ Other: _____
☐ ☒ 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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93417

G

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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: ProCare Pharmacy Care, LLC

Physical Address: 3891 Commerce Parkway

Mailing Address: 3891 Commerce Parkway

City: Miramar State: FL Zip Code: 33025

Telephone: 800-662-0586 Fax: 800-662-0590

Toll Free Number: 800-662-0586 (Required per NAC 639.708)

E-mail: dsawh@procarerx.com Website: www.procarerx.com

Managing Pharmacist: Daven Sawh License Number: PS47900

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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93646

H

NEVADA STATE BOARD OF PHARMACY

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Recept Pharmacy #1
Physical Address: 800 8th Ave., Ste. 130 Fort Worth, TX 76104
Mailing Address: 1620 W. Northwest Hwy, Ste. 100
City: grapevine State: TX Zip Code: 76051
Telephone: 817-335-5712 Fax: 817-332-5363
Toll Free Number: 866-326-1425 (Required per NAC 639.708)
E-mail: tammie@receptrx.com Website: receptrx.com
Managing Pharmacist: Wesley Skalak License Number: 43221/23060

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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93603

I

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: VALLEY CAMPUS PHARMACY, INC. dba TNH PHARMACY 2

Physical Address: 15211 VANOWEN STREET SUITE 301 VAN NUYS, CA 91405

Mailing Address: ATTN: LICENSING 4100 S. SAGINAW ST.

City: FLINT State: MI Zip Code: 48507

Telephone: 818-988-1288 Fax: 855-356-1096

Toll Free Number: 877-849-9591 (Required per NAC 639.708)

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

Managing Pharmacist: HAGOP SIMITYAN License Number: RPH 65882

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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☐ 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: WeCare Pharmaceutical Services Inc.

Physical Address: 2121 North D Street San Bernardino CA 92405

Mailing Address: 2121 North D Street

City: San Bernardino State: CA Zip Code: 92405

Telephone: (909) 693-3376 Fax: (909) 494-5582

Toll Free Number: (877) 301-0636 (Required per NAC 639.708)

E-mail: Erik Tran@Rxwecare.com Website: www.rxwecare.com

Managing Pharmacist: Hong Tran License Number: 52824

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,

93602

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 LLC

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Farre's Baytown Pharmacy

Physical Address: 620 Blue Meadow Rd., Bay St. Louis, MS 39520

Mailing Address: Same

City: _____ State: _____ Zip Code: _____

Telephone: 228-220-1050 Fax: 228-467-4638

Toll Free Number: 855-853-9390 (Required per NAC 639.708)

E-mail: bmarcia@baytownpharmacy.com Website: _____

Managing Pharmacist: William A. Marcia License Number: T-010844

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,

93418

L

NEVADA STATE BOARD OF PHARMACY

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<input checked="" type="checkbox"/> New Pharmacy or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: PH _____)	
Check box below for type of ownership and complete all required forms.	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership – Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: HYVACS, LLC d//b/a Hy-Vee Pharmacy Solutions

Physical Address: 10004 So. 152nd Street Ste. C

Mailing Address: 10004 So. 152nd Street Ste. C

City: Omaha State: Nebraska Zip Code: 68138-3931

Telephone: 402-861-4938 Fax: 402-861-4941

Toll Free Number: 877-794-9833 (Required per NAC 639.708)

E-mail: info@hvrxsolutions.com Website: https://www.hvrxsolutions.com/

Managing Pharmacist: Amy Nicole Adams License Number: NE 12025

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

93538

M

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Paragon Infusion Care, Inc.

Physical Address: 17111 Preston Road, STE 160B

Mailing Address: - See above -

City: Dallas State: TX Zip Code: 75248

Telephone: 972-588-1000 Fax: 972-588-1001

Toll Free Number: 866-972-5888 (Required per NAC 639.708)

E-mail: mfulton@paragonhealthcare.com Website: paragonhealthcare.com

Managing Pharmacist: Matthew Fulton License Number: 53045

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,**

93858

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: Portland Professional PharmacyPhysical Address: 11717 NE GUSTON STMailing Address: 11717 NE GUSTON STCity: Portland State: OR Zip Code: 97220Telephone: 503-477-6256 Fax: 503-477-6166Toll Free Number: 866-660-2626 (Required per NAC 639.708)E-mail: professionalpharmacy@plyrx.com Website: N/AManaging Pharmacist: DAWN SASSE License Number: RPH-0608271

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,

93517

D

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: **PH02180**)
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: Prescription Dispensing Laboratories, Inc.

Physical Address: 101 Commercial Parkway, Cedar Park, TX. 78613

Mailing Address: 101 Commercial Parkway

City: Cedar Park State: TX Zip Code: 78613

Telephone: 800-687-9014 Fax: 866-687-2217

Toll Free Number: 800-687-9014 (Required per NAC 639.708)

E-mail: dvolney@legisym.com Website: www.pdlabs.net

Managing Pharmacist: ~~Audrey A. Berrettini~~ Sheneil Roberts License Number: ~~28550~~ 44597

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,**

93580

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 02615)

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 [LLC]

☐ 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: Propac Pharmacy

Physical Address: 12606 NE 95th Street

Mailing Address: 12606 NE 95th Street

City: Vancouver State: Washington Zip Code: 98682

Telephone: (360) 260-7156 Fax: (360) 260-7237

Toll Free Number: (800) 839-9836 (Required per NAC 639.708)

E-mail: shancock@propacpharmacy.com Website: www.propacpharmacy.com

Managing Pharmacist: Tracy Zarling License Number: PH00019446

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

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 – (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: Advanced Accelerator Applications USA, Inc.

Physical Address: 57 E. Willow Street

Mailing Address: Same as Physical Address

City: Millburn State: NJ Zip Code: 07041

Telephone: 862-263-0820 Fax: 212-235-2381

Toll Free Number: 844-DOSE-AAA

E-mail: bill.diamantopoulos@adacap.com Website: www.adacap.com

Facility Manager: Bill Diamantopoulos

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: Distributors

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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R

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: Aesculap, INC.

Physical Address: 615 Lambert Pointe Drive Hazelwood, MO 63042

Mailing Address: 3773 Corporate Parkway

City: Center Valley State: PA Zip Code: 18034

Telephone: 610-984-9007 Fax: 610-791-6882

Toll Free Number: 1-800-258-1946 Contact: Robin Fatzinger

E-mail: Robin.Fatzinger@aesculap.com Website: www.aesculapusa.com

Facility Manager: Michael Phoney

Professional qualifications and experience of facility manager: BS degree, MBA
15 yrs. in pharmaceutical & medical device management

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

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93778

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 INFORMATIONFacility Name: Aesculap Implant Systems, LLCPhysical Address: 615 Lambert Pointe Drive Hazelwood, MD 63042Mailing Address: 3773 Corporate ParkwayCity: Center Valley State: PA Zip Code: 18034Telephone: 610-984-9067 Fax: 610-791-6882Toll Free Number: 1-800-258-1946 Contact: Robin FatzingerE-mail: Robin.Fatzinger@aesculap.com Website: www.aesculapimplantsystems.comFacility Manager: Michael PhoneyProfessional qualifications and experience of facility manager: BS degree, MBA
15 yrs in pharmaceutical & medical device management

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: Attain MED, Inc.

Physical Address: 5825 Glenridge Drive, Bldg 4 Ste. 106, Atl, GA 30328

Mailing Address: Same as above

City: Atlanta State: GA Zip Code: 30328

Telephone: 770 288 2466 Fax: 888 288 2181

Toll Free Number: —

E-mail: lenny.rodriguez@attainmod.com Website: Attainmod.com

Facility Manager: Leonardo Rodriguez

Professional qualifications and experience of facility manager: SEE RESUME

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: N/A

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: N/A

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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: Bloodworth Wholesale Drugs

Physical Address: 2128 Yank Lamb Drive

Mailing Address: PO Box 1849

City: Tifton State: Georgia Zip Code: 31793

Telephone: 229-382-8925 Fax: 229-382-6312

Toll Free Number: 1-800-841-8700

E-mail: joyceg@bloodworthwholesale.com Website: WWW.BLOODWORTHWHOLESALE.COM

Facility Manager: Kevin Forehand

Professional qualifications and experience of facility manager: 16 years experience

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

VAWD

93777

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

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

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

<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change	<input checked="" type="checkbox"/> Name Change
(Please provide current license number if making changes: WH 01548)		

<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.	
<input checked="" type="checkbox"/> LLC	

GENERAL INFORMATION

Facility Name: PuraCap Laboratories LLC, D/B/A Blu Pharmaceuticals

Physical Address: 301 Robey Street, Franklin, KY 42134

Mailing Address: 301 Robey Street

City: Franklin State: KY Zip Code: 42134

Telephone: (270) 586-6386 Fax: (270) 586-6389

Toll Free Number: 1-877-264-0258

E-mail: BLU@SLSNY.COM Website: _____

Facility Manager: Sharon Bigay Luster

Professional qualifications and experience of facility manager: Over 10 years of experience directly managing the distribution, supply chain and compliance functions in pharmaceutical industry.

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

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
(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: JCB Laboratories, LLC

Physical Address: 7335 W 33rd Street North, Wichita, KS, 67205

Mailing Address: Same as above

City: _____ State: _____ Zip Code: _____

Telephone: 316-773-0405 Fax: 316-773-0506

Toll Free Number: 877-405-8066

E-mail: greg@jcblabs.com Website: www.jcblabs.com

Facility Manager: Jason Syring

Professional qualifications and experience of facility manager: Licensed KS Pharmacist

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☐ Other: surgery centers, hospital pharmacy

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: Ephedrine

manu

93647

X

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

☒ 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: Kenco Logistic Services, LLC

Physical Address: 4309 Distribution Drive

Mailing Address: (Same)

City: Chattanooga State: TN Zip Code: 37419

Telephone: (423) 648-9393 Fax: (423) 648-9391

Toll Free Number: N/A

E-mail: Amy.Blevins@kencogroup.com Website: N/A

Facility Manager: Richard E. Horne, Jr.

Professional qualifications and experience of facility manager: See Resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies

☒ Practitioners

☒ Hospitals

☒ Wholesalers

☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Hypodermic Devices

☐ Poisons or Chemicals

☐ Veterinary Legend Drugs

☒ Controlled Substances (include copy of DEA)

☐ Other: _____

4

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 <u>3PL Distributor</u>	<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: Kuehne + Nagel Inc.

Physical Address: 9040 Orly Road, Suite 200, Indianapolis, IN 46241

Mailing Address: Attn: Compliance, 10 Exchange Place, 19th fl

City: Jersey City State: NJ Zip Code: 07302

Telephone: 317-714-4449 Fax: 201-332-6324

Toll Free Number: _____

E-mail: Joe.Gillis@Kuehne-nagel.com
margaret.genet@Kuehne-nagel.com Website: www.kuehne-nagel.com

Facility Manager: Joseph Gillis

Professional qualifications and experience of facility manager: Over 7 years professional experience in medical device and pharma distribution and operations management. Please see attached resume.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

VAWD

93727

2

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: Larken Laboratories, Inc.

Physical Address: 276 Nissan Parkway, Bldg. A, Suite 200

Mailing Address: 276 Nissan Parkway, Bldg A., Suite 200

City: Canton State: MS Zip Code: 39046

Telephone: 601-855-7678 Fax: 601-855-7676

Toll Free Number: _____

E-mail: Sallen@larkenlabs.com Website: www.larkenlabs.com

Facility Manager: Scott Allen

Professional qualifications and experience of facility manager: Scott Allen - owner - CPA.

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: _____

manu

AA

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

☒ New Wholesaler ☐ Ownership Change
(Please provide current license number if making changes: 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: Merit Medical Systems, Inc

Physical Address: 837 Liberty Way, Chester, VA ~~238736~~ 23876

Mailing Address: 12701 Kingston Ave

City: Chester State: VA Zip Code: 23836

Telephone: 804-416-1030 Fax: 804-316-6698

Toll Free Number: N/A

E-mail: jbraxton@merit.com Website: www.merit.com

Facility Manager: Clay Creamer

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: Clinicians, doctors

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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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.

☒ New Wholesaler☐ Ownership Change

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

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

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

GENERAL INFORMATIONFacility Name: Midwest Veterinary Supply, Inc.Physical Address: 11240 Grader Street Suite 300Mailing Address: SameCity: Dallas State: TX Zip Code: 75238Telephone: 214-253-4327 Fax: 214-253-4343Toll Free Number: 1-877-507-6531E-mail: Compliance@Midwestvet.net Website: www.MidwestVet.netFacility Manager: Holly HayworthProfessional qualifications and experience of facility manager: See Attachment (Resume)Types of licensed outlets or authorized persons firm will serve:☐ Pharmacies☐ Practitioners☐ Hospitals☐ Wholesalers☒ Other: VeterinariansType 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: _____

CC

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

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

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

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

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

GENERAL INFORMATION

Facility Name: _____ Reliable Pharmaceutical Returns, LLC
Physical Address: _____ 1420 Donelson Pike, Suite B-10
Mailing Address: _____ PO Box 171042
City: _____ Nashville _____ State: _____ TN _____ Zip Code: _____ 37217
Telephone: _____ 615-361-8856 _____ Fax: _____ 615-361-8859
Toll Free Number: _____ 888-361-8856 _____
E-mail: _____ jason@rpretuns.com _____ Website: _____ www.rpretuns.com
Facility Manager: _____ Jason Lee Hime

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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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 INFORMATIONFacility Name: Smith Medical Partners, LLCPhysical Address: 195 E. Elk Trail

Mailing Address: _____

City: Carol StreamState: ILZip Code: 60188Telephone: 217-529-0211 ext. 1255Fax: 217-467-8282Toll Free Number: n/aE-mail: LICENSING@HDSMITH.COMWebsite: WWW.SMPSPECIALTY.COMFacility Manager: Jed FortunaProfessional qualifications and experience of facility manager: See AttachedTypes of licensed outlets or authorized persons firm will serve:☒ Pharmacies☒ Practitioners☒ Hospitals☒ Wholesalers☒ Other: Specialty Distributors, Specialty Pharmacies, Retailers, Long Term CareType 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: _____

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

GENERAL INFORMATION

Facility Name: Ster RX LLC
Physical Address: 141 Idaho Avenue
Mailing Address: _____
City: Plattsburgh State: NY Zip Code: 12903
Telephone: (518) 324-7879 Fax: (518) 324-7886
Toll Free Number: 1-844-319-7799
E-mail: admin@sterrx.com Website: _____
Facility Manager: Sarah McCoy
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: 503b compounded items

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FF

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: Technomed, Inc.

Physical Address: 465 Route 17 South, Ramsey, New Jersey, 07446

Mailing Address: 465 Route 17 South

City: Ramsey State: New Jersey Zip Code: 07446

Telephone: 201 488 1174 Fax: 201 488 0983

Toll Free Number: 800-828-6941

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

Facility Manager: Jerrold B. Grossman

Professional qualifications and experience of facility manager: 36 years experience as president of the company and facility manager

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled be firm:

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

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GG

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

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

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

☒ 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: Unit Dose Solutions, Inc
 Physical Address: 860 Aviation Parkway Suite 400A Morrisville, NC 27560
 Mailing Address: 860 Aviation Parkway Suite 400A
 City: Morrisville State: NC Zip Code: 27560
 Telephone: 919-439-7285 Fax: 919-468-8251
 Toll Free Number: 866-649-1145
 E-mail: bing.li@unitdoseinc.com Website: www.unitdoseinc.com
 Facility Manager: Stephen B Getz
 Professional qualifications and experience of facility manager: Steve Getz has 29 years
Managing experience see attachment 1

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: _____

HH

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: 790 Columbia Rd, Plainfield, IN 46168

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

Mailing Address: 7000 Cardinal Place, OCLC - QRA

City: Dublin State: OH Zip Code: 43017

Telephone: 614-553-3076 Fax: 614-652-0282

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Roger Tull

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>Orthopedic Supplies</u> |

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

Name: N/A Telephone: N/A

II

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: OrthoTek, Inc.

Physical Address: 9379 Swanson Blvd Ste C
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same

City: Des Moines State: Ia Zip Code: 50325

Telephone: 515 255 0952 Fax: 515 255 1617

E-mail: mark@orthotekinc.com Website: orthotekinc.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 830 to 5 Tue: 830 to 5 Wed: 830 to 5 Thu: 830 to 5
Fri: 830 to 5 Sat: ON CALL Sun: ON CALL Holidays: ON CALL

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Mark Steenhoek

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** | Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>CPM, Bone Stem, OTS</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: _____

3

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: OWENS & MINOR DISTRIBUTION INC

Physical Address: 437 TOWER BLVD., CAROL STREAM, IL, 60188

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

Mailing Address: C/O STATE LICENSE SERVICING, 1751 STATE ROUTE 17A, SUITE 3

City: FLORIDA State: NY Zip Code: 10921

Telephone: 630-588-2800 Fax: 630-588-2801

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 24 HRSto Tue: 24 HRSto Wed: 24 HRSto Thu: 24 HRSto

Fri: 24 HRSto Sat: 24 HRSto Sun: 24 HRSto Holidays: 24 HRSto

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: CHRISTIAN KELLY

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>Legend Medical Devices & Wound Care</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: CHRISTIAN KELLY

Telephone: 630-588-2800

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: Respironics, Inc.

Physical Address: 174 Tech Center Drive, Suite 100, Mt. Pleasant, PA 15666
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Philips Healthcare, Attn: Connie Marchany, 3000 Minuteman Road

City: Andover State: MA Zip Code: 01810

Telephone: 724-387-5200 Fax: 724-755-8160

E-mail: Jennifer.paliscak@philips.com Website: www.philips.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 12:00 AM to 11:59 PM Tue: 12:00 AM to 11:59 PM Wed: 12:00 AM to 11:59 PM Thu: 12:00 AM to 11:59 PM
Fri: 12:00 AM to 11:15 PM Sat: closed to closed Sun: 11:00 PM to 11:59 PM Holidays: closed to closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jennifer V. Paliscak

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

- | | |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input checked="" type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | <input checked="" type="checkbox"/> Other <u>Prescription and Non-Prescription Medical Devices</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: Jennifer V. Paliscak Telephone: 724-755-8107

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LL

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 (LLC)	<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: Respironics Logistics Services, LLC

Physical Address: 174 Tech Center Drive, Suite 200, Mt. Pleasant, PA 15666

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

Mailing Address: Philips Healthcare, Attn: Connie Marchany, 3000 Minuteman Road

City: Andover State: MA Zip Code: 01810

Telephone: 724-387-5200 Fax: 724-925-2607

E-mail: Robert.gritzer@philips.com Website: www.philips.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10:00 AM to 6:00 PM Tue: 10:00 AM to 6:00 PM Wed: 10:00 AM to 6:00 PM Thu: 10:00 AM to 6:00 PM

Fri: 10:00 AM to 6:00 PM Sat: closed to closed Sun: closed to closed Holidays: closed to closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Robert Gritzer

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

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

Telephone: 724-640-5232

MM

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: Southern Hills Medical Center, LLC d/b/a ER at the Lakes, a department of Southern Hills Hospital and Medical Center +

Physical Address: 3325 South Fort Apache Road

Mailing Address: 9300 West Sunset Road

City: Las Vegas State: NV Zip Code: 89117

Telephone: 702-880-2199 Fax: 702-880-2197

Toll Free Number: None

E-mail: daniel.kim1@hcahealthcare.com Website: http://www.southernhillshospital.com

Managing Pharmacist: Daniel Kim License Number: 15620

Hours of Operation:

Monday thru Friday _____am _____pm

Saturday _____am _____pm

Sunday _____am _____pm

24 Hours ☒

TYPE OF PHARMACY

SERVICES PROVIDED

☐ Retail
☒ Hospital (# beds 12)

☐ Internet

☐ Nuclear

☐ Out of State

☐ Ambulatory Surgery Center

☐ Off-site Cognitive Services

☐ Parenteral

☐ Parenteral (outpatient)

☐ Outpatient/Discharge

☐ Mail Service

☐ Long Term Care

NN

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

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

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

Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Vesper Specialty Pharmacy LLC

Physical Address: 4225 S. Eastern Ave #16 Las Vegas, NV 89119

Mailing Address: 4225 S. Eastern Ave #16

City: Las Vegas State: Nevada Zip Code: 89119

Telephone: 702-333-4377 Fax: 702-333-0998

Toll Free Number: 844-728-1899

E-mail: vesperpharmacy@gmail.com Website: www.vesperRx.com

Managing Pharmacist: Joshua Anthony Koroghli License Number: 18397

Hours of Operation:

Monday thru Friday <u>9</u> am <u>7</u> pm	Saturday <u>n/a</u> am <u>n/a</u> pm
Sunday <u>n/a</u> am <u>n/a</u> pm	24 Hours <u>n/a</u>

TYPE OF PHARMACY

SERVICES PROVIDED

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