

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: The Vons Companies, Inc. DBA Albertsons-Safeway Pharmacy #4705  
 Physical Address: 12874 E Florence Ave  
 Mailing Address: same  
 City: Santa Fe Springs State: CA Zip Code: 90670  
 Telephone: (800)834-8778 Fax: (888)834-4333  
 Toll Free Number: (800)834-8778 (Required per NAC 639.708)  
 E-mail: pete.cangialosi@safeway.com Website: none  
 Managing Pharmacist: Pete Cangialosi License Number: 41019 CA

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No

- ☐ ☒ Retail
- ☐ ☒ Hospital (# beds \_\_\_\_)
- ☐ ☒ Internet
- ☐ ☒ Nuclear
- ☐ ☒ Ambulatory Surgery Center
- ☐ ☒ Community
- ☒ ☐ Other: mail order

All boxes must be checked  
 For the application to be complete

Yes/No

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

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

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B

## NEVADA STATE BOARD OF PHARMACY

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LLC

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Benevi Health LLC

Physical Address: 13000 Weston Parkway, Suite 105 Cary, NC 27513

Mailing Address: 11800 Weston Parkway

City: Cary State: NC Zip Code: 27513

Telephone: 919-377-1330 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 #07302

**TYPE OF PHARMACY AND****SERVICES PROVIDED**

Yes/No

- ☒ ☐ Retail
- ☐ ☒ Hospital (# beds \_\_\_\_\_)
- ☐ ☒ Internet
- ☐ ☒ Nuclear
- ☐ ☒ Ambulatory Surgery Center
- ☐ ☒ Community
- ☒ ☐ Other: patient assistance  
and free drug fulfillment

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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### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: CADUCEUS PHARMACY II, LLC

Physical Address: 4361 N STATE RD 7

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

City: LAUDERDALE LAKES State: FL Zip Code: 33319

Telephone: 954-484-4509 Fax: 954-797-8099

Toll Free Number: 888-748-9991 (Required per NAC 639.708)

E-mail: INFO@TCADRX.COM Website: \_\_\_\_\_

Managing Pharmacist: SANDRA A. REELE License Number: SANDRA PS 31822  
Pharmacy PH 22299

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

All boxes in this section 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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(A Maryland LLC)

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Factor One Source Pharmacy LLC

Physical Address: 308 Virginia Avenue

Mailing Address: 308 Virginia Avenue

City: Cumberland State: MD Zip Code: 21502

Telephone: 844-773-6779 Fax: 301-876-4395

Toll Free Number: 844-773-6779 (Required per NAC 639.708)

E-mail: sroy@fosrx.com Website: www.fosrx.com

Managing Pharmacist: Sajal Roy PharmD License Number: NV 19175

MD 20596

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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E

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

☐ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: OCEAN BREEZE HEALTHCARE

Physical Address: 235 DONGAN HILLS AVE SUITE 2B Staten Is NY 10305

Mailing Address: SAME

City: Staten Island State: Ny Zip Code: 10305

Telephone: 800 219 5920 Fax: 800 219 5921

Toll Free Number: 800 219 5920 (Required per NAC 639.708)

E-mail: drspada@oceanbreezehealthcare.com Website: www.oceanbreezehealthcare.com

Managing Pharmacist: Dominick Spada License Number: 041741(NY)

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail  
☐ ☒ Hospital (# beds \_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☒ ☐ Other: Mail Order/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: \_\_\_\_\_

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F

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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: Ocean Breeze Pharmacy

Physical Address: 1817 Hylan Blvd. Staten Island NY 10305

Mailing Address: 1817 Hylan Blvd. Staten Island NY 10305

City: Staten Island State: NY Zip Code: 10305

Telephone: 718-987-2525 Fax: 718-987-4316

Toll Free Number: 800-495-6112 (Required per NAC 639.708)

E-mail: S.Patel@OceanBreezePharmacy.com Website: OceanBreezePharmacy.com

Managing Pharmacist: Suketu T. Patel License Number: 051031

### 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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G

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**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: OptiMed Specialty Pharmacy

Physical Address: 154 South Kalamazoo Mall

Mailing Address: Same

City: Kalamazoo State: Michigan Zip Code: 49007

Telephone: 269-250-8000 Fax: 269-250-8020

Toll Free Number: 1-877-385-0535 (Required per NAC 639.708)

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

Managing Pharmacist: Andrew Reeves License Number: 5302028169

**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: \_\_\_\_\_

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91285

H

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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: Rx.com Community Pharmacy.

Physical Address: 401 S Jim Wright Fwy Ste 102

Mailing Address: Same

City: Fort Worth State: Tx Zip Code: 76108

Telephone: 817-367-4251 Fax: 866-361-5900

Toll Free Number: 866-361-0300 (Required per NAC 639.708)

E-mail: Jfields@rx.com

Website: \_\_\_\_\_

Managing Pharmacist: Charles Frank Best License Number: 28534

### 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: \_\_\_\_\_

91189

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



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: Owl Specialty Pharmacy

Physical Address: 1011 W. San Bernardino Rd. Covina, CA 91722

Mailing Address: 1011 W. San Bernardino Rd.

City: Covina State: CA Zip Code: 91722

Telephone: (626)209-8169 Fax: (626)209-8171

Toll Free Number: 800-430-0714 (Required per NAC 639.708)

E-mail: mikeg@owlspecialty.com Website: www.owlspecialty.com

Managing Pharmacist: Waleed Messiah License Number: 66975

**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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91114

# NEVADA STATE BOARD OF PHARMACY

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### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Walgreens Specialty Pharmacy, #04563-2

Physical Address: 9505 SW Gemini Drive, Beaverton, OR 97008

Mailing Address: PO Box 901

City: Deerfield State: IL Zip Code: 60015

Telephone: 866-202-4014 Fax: 866-579-4546

Toll Free Number: 866-202-4014 (Required per NAC 639.708)

E-mail: clay.parkel@walgreens.com Website:

Managing Pharmacist: Clay Parkel License Number: RPH-0007707

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

91366

# NEVADA STATE BOARD OF PHARMACY

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### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: AFFORDABLE PHARMACY

Physical Address: 8030 FM 1765 SUITE A104, TEXAS CITY, TX 77591

Mailing Address: 8030 FM 1765 SUITE A104

City: TEXAS CITY State: TEXAS Zip Code: 77591

Telephone: 409-229-4636 Fax: 409-229-4639

Toll Free Number: 888-514-7874 (Required per NAC 639.708)

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

Managing Pharmacist: JOZIPH TADROUS License Number: 51139

### 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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☐ 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: Emerald Pharmacy LLC

Physical Address: 12863 Gulf Freeway Houston, TX 77034

Mailing Address: 12863 Gulf Freeway

City: Houston

State: TX

Zip Code: 77034

Telephone: 281-484-7100

Fax: 281-484-2600

Toll Free Number: 844-693-6372

(Required per NAC 639.70(8))

E-mail: MKleinhans@ghcm.com

Website: no active website yet

Managing Pharmacist: Sharon Martin

License Number: 29664

### 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,

91289

M

## 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 1,2,6,7GENERAL INFORMATION to be completed by all types of ownershipPharmacy Name: Encompass RxPhysical Address: 1190 West Druid Hills Dr., Suite 135 Atlanta GA 30329Mailing Address: 1190 West Druid Hills Dr., Suite 135City: Atlanta State: Georgia Zip Code: 30329Telephone: 404.367.9111 Fax: 404.367.9199Toll Free Number: 855.443.9944 (Required per NAC 639.708)E-mail: john.olsen@encompassrx.com Website: encompassrx.comManaging Pharmacist: John Olsen License Number: RPH 021722TYPE OF PHARMACY ANDSERVICES 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,

91187



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)

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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: Farma Pharmacy  
Physical Address: 5240 San Fernando Road Glendale, CA 91203  
Mailing Address: 4570 Van Nuys Blvd., P.O. Box  
City: Sherman Oaks State: CA Zip Code: 91403  
Telephone: (818) 649-3690 Fax: (818) 638-3136  
Toll Free Number: 844-230-3776 (Required per NAC 639.708)  
E-mail: Stephen@farmapharmaceuticals.com Website: www.farmapharmaceuticals.com  
Managing Pharmacist: Sara Mkhaleli License Number: RPH 72242

**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,

91232

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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)

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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: Minnis Drug Store, Inc.

Physical Address: 1035 South Cumberland Street Morristown, TN. 37813

Mailing Address: P.O. Box 369

City: Morristown State: TN Zip Code: 37815

Telephone: 423-586-4562 Fax: 423-587-5537

Toll Free Number: 1-877-339-3354 (Required per NAC 639.708)

E-mail: rx@minnisdrug.com Website: minnisdrug.com

Managing Pharmacist: George W Harrington JR License Number: 0000033999

### 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,**

91283

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: PRO MED RX PLLC

Physical Address: 13134 DAIRY ASHFORD RD STE 900, SUGAR LAND, TX 77478-3766

Mailing Address: 13134 DAIRY ASHFORD RD STE 900

City: Sugar Land State: TX Zip Code: 77478

Telephone: 281-313-0730 Fax: 281-313-0737

Toll Free Number: 1-844-326-7930 (Required per NAC 639.708)

E-mail: **Sbetts**  
sibetts@pro-medrx.com Website: www.pro-medrx.com

Managing Pharmacist: Sacha Betts License Number: 43823

### 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: \_\_\_\_\_

91281

**\*\*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

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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: United Apothecary, Inc. dba Riddle Drugs #3

Physical Address: 1050 Oak Ridge Turnpike

Mailing Address: 1050 Oak Ridge Turnpike

City: Oak Ridge State: TN Zip Code: 37830

Telephone: 865-425-1260 Fax: 865-435-4060

Toll Free Number: 844-268-3276 (Required per NAC 639.708)

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

Managing Pharmacist: Jared Grant Riddle License Number: 27441

### 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,

91116

R

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

☐ Partnership - Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Sentrix Pharmacy and Discount, LLC

Physical Address: 3285 W. McNab Road, Pompano Beach FL 33069

Mailing Address: 3285 W. McNab Road

City: Pompano Beach State: FL Zip Code: 33069

Telephone: 954-519-2900 Fax: 954-362-7718

Toll Free Number: 855-472-1894 (Required per NAC 639.708)

E-mail: license@vividus.com Website: N/A

Managing Pharmacist: Cynthia Jean License Number: PS49713

### 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)

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☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: PH 19677  
Check box below for type of ownership and complete all required forms. **1838**

☐ 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: Veterinary Pharmacies of America

Physical Address: 2854 Antoine Dr Houston, TX, 77092

Mailing Address: 2854 Antoine Dr

City: Houston State: TX Zip Code: 77092

Telephone: 877-838-7979 Fax: 877-838-7979

Toll Free Number: 877-838-7979 (Required per NAC 639.708)

E-mail: pharmacy@vparx.com

Website: ~~www.vparx.com~~ VETPARX.COM

Managing Pharmacist: James Mayo License Number: 19677

### TYPE OF PHARMACY

AND

### SERVICES PROVIDED

Yes/No

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

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,**

T

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

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

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

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

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

**GENERAL INFORMATION**

Facility Name: AMNEAL PHARMACEUTICALS LLC

Physical Address: 40 ABERDEEN DRIVE, GLASGOW, KY 42141

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

City: Florida State: NY Zip Code: 10921

Telephone: 270-629-6393 Fax: 270-629-6395

Toll Free Number: N/A

E-mail: APL@SLSNY.COM Website: www.amneal.com

Facility Manager: David Groce

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

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies      ☐ Practitioners      ☒ Hospitals      ☒ Wholesalers  
☒ Other: US GOVERNMENT

Type of Products to be handled or wholesaled by firm:

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

91121

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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: Aprecia Pharmaceuticals Company

Physical Address: 89 Twin Rivers Drive, East Windsor, NJ 08520

Mailing Address: 10901 Kenwood Road

City: Blue Ash State: OH Zip Code: 45242

Telephone: 215-359-3394 Fax: N/A

Toll Free Number: N/A

E-mail: jeff.baisley@aprecia.com Website: www.aprecia.com

Facility Manager: Jeff Baisley

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: \_\_\_\_\_

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

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

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<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH 01786 )
---	--

<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: Dendreon Pharmaceuticals, Inc.

Physical Address: 6715 Oakley Industrial Blvd.

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

City: Union City State: GA Zip Code: 30291

Telephone: 678.834.1223 Fax: 678.834.1189

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

E-mail: licensing@valeant.com Website: www.dendreon.com

Facility Manager: Theresa Leng

Professional qualifications and experience of facility manager: See Attached

**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 be firm:**

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

W

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

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

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

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

**GENERAL INFORMATION**

Facility Name: Exel Inc.  
Physical Address: 201 Greenwood Court  
Mailing Address: 2711 Centerville Rd, Suite 400, Wilmington, DE 19808  
City: Mc Donough State: GA Zip Code: 30253  
Telephone: 614-865-8956 Fax: 614-865-8842  
Toll Free Number: \_\_\_\_\_  
E-mail: Christine.Iverson@exel.com Website: www.exel.com  
Facility Manager: Susan Leman  
Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☒ Veterinary Legend Drugs  
☐ Controlled Substances (Include copy of DEA)  
☒ Other: OTC / Pharma List 1 (DEA pending)

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# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

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

### GENERAL INFORMATION

Facility Name: Fagron Sterile Services, LLC

Physical Address: 8710 E 34th St N, Wichita, KS, 67226

Mailing Address: 8710 E 34th St N

City: Wichita State: KS Zip Code: 67226

Telephone: 316-773-0405 Fax: 316-773-0406

Toll Free Number: 877-405-8066

E-mail: dlawn@jcblabs.com Website: www.fagronsterileservices.us

Facility Manager: David Lawn

Professional qualifications and experience of facility manager: See resume attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers  
☒ Other: Ambulatory Surgery Centers ; Dialysis 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: \_\_\_\_\_

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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: Galen US Incorporated

Physical Address: 25 Fretz Road

Mailing Address: 25 Fretz Road

City: Souderton                      State: PA                      Zip Code: 18964

Telephone: 2156608500                      Fax: 2156608501

Toll Free Number: n/a

E-mail: galenusagent@almacgroup.com                      Website: www.galen.co.uk

Facility Manager: Alan Armstrong

Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies                      ☐ Practitioners                      ☒ Hospitals                      ☒ Wholesalers  
☒ Other: Specialty Pharmacy & Distribution

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: \_\_\_\_\_

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)

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☒ New Wholesaler

☐ Ownership Change

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

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

☐ Partnership - Pages 1,2,3,6

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

☐ Sole Owner – Pages 1,2,3,7

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

#### GENERAL INFORMATION

Facility Name: GM Pharmaceuticals, Inc.

Physical Address: 3501 S. Fuller Rd Arlington, Texas 76015

Mailing Address: PO Box 150312 Arlington, Texas 76015

City: Arlington State: Texas Zip Code: 76015

Telephone: 817-303-3800 Fax: 817-801-5341

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

E-mail: gmp@odes17.com Website: \_\_\_\_\_

Facility Manager: Odes W. Mitchell

Professional qualifications and experience of facility manager: He has been in business as a distributor since 1991

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies

☐ Practitioners

☐ Hospitals

☒ Wholesalers

☐ Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Poisons or Chemicals

☒ Controlled Substances (include copy of DEA)

☐ Other: \_\_\_\_\_

☐ Hypodermic Devices

☐ Veterinary Legend Drugs

AA

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

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(non-refundable and not transferable money order or cashier's check only)  
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☒ New Wholesaler                      ☐ Ownership Change  
(Please provide current license number if making changes: WH \_\_\_\_\_)

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

**GENERAL INFORMATION**

Facility Name: HLS Therapeutics (USA), Inc.

Physical Address: 919 Conestoga Road, Building Three, Suite 310

Mailing Address: 919 Conestoga Road, Building Three, Suite 310

City: Rosemont                      State: PA                      Zip Code: 19010

Telephone: 484-232-3400                      Fax: 610-525-3820

Toll Free Number: N/A

E-mail: r.gattuso@hlstherapeutics.com                      Website: www.hlstherapeutics.com

Facility Manager: Gilbert Godin

Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies                      ☐ Practitioners                      ☒ Hospitals                      ☒ Wholesalers  
☒ Other: Specialty Distributors, Military, Retailers, Long-term care/Assisted Living

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: \_\_\_\_\_

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

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Application must be printed legibly or typed

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☒ New Wholesaler☐ Ownership Change

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

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

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

GENERAL INFORMATIONFacility Name: Kuehne + Nagel Inc.Physical Address: 4265 Trade Center Drive, Bldg G., Suite 100, Grapevine, TX 76051Mailing Address: Attn: Compliance, 10 Exchange Place, 19th FlCity: Jersey CityState: NJZip Code: 07302Telephone: 214-705-4787Fax: 201-332-6324

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

Facility's E-mail: Jasminka.Dernisevic@kuehne-nagel.comWebsite: www.kuehne-nagel.comCorporate E-mail: Margaret.Geneau@kuehne-nagel.com

Facility Manager: \_\_\_\_\_

Jasminka DernisevicProfessional qualifications and experience of facility manager: with Kuehne + Nagel since 2007working with pharmaceutical accounts (distribution) as CSR, Quality Manager, warehouse supervisor and operations manager. oversees operations for all pharma

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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



CC

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

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(non-refundable and not transferable money order or cashier's check only)  
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<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH_____)	

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

**GENERAL INFORMATION**

Facility Name: MD Logistics, Inc.

Physical Address: 2150 Stanley Rd.

Mailing Address: 2150 Stanley Rd.

City: Plainfield State: IN Zip Code: 46168

Telephone: 317-707-3226 Fax: 317-707-3226

Toll Free Number: (800)551-5734

E-mail: lawyer@mdlogistics.com Website: www.mdlogistics.com

Facility Manager: Tim Lawyer

Professional qualifications and experience of facility manager: 5 years of Pharmaceutical Wholesale distribution manager 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:

<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: _____	

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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

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

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

GENERAL INFORMATIONFacility Name: Oculus Innovative Sciences, Inc.Physical Address: 1129 N. McDowell BlvdMailing Address: 1129 N. McDowell Blvd.City: Petaluma State: CA Zip Code: 94954Telephone: 707-559-7190 Fax: 707-283-0551Toll Free Number: N/AE-mail: Siliff@oculusis.com Website: www.oculusis.comFacility Manager: Shannon Pino-MejiaProfessional qualifications and experience of facility manager: Designated Representative, 10yrs experience, Masters Degree Business ManagementTypes 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**

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input 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: Solubiomix, LLC

Physical Address: 1519 West Highway 22, Madisonville Center Suite 1

Mailing Address: 1519 West Highway 22, Madisonville Center Suite 1

City: Madisonville State: LA Zip Code: 70447

Telephone: 985-792-2786 Fax: 877-783-366

Toll Free Number: 844-551-9911

E-mail: kladner@solubiomix.com Website: www.solubiomix.net

Facility Manager: Darren M. Martin

Professional qualifications and experience of facility manager: see attached resume

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

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

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

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

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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**

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☒ New Wholesaler☐ Ownership Change

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

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

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

**GENERAL INFORMATION**Facility Name: Supernus Pharmaceuticals, Inc.Physical Address: 1550 East Gude Dr

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

City: RockvilleState: MDZip Code: 20850Telephone: 301-838-2500Fax: 301-424-1364Toll Free Number: n/aE-mail: licensing@supernus.comWebsite: www.supernus.comFacility Manager: Gary EllexsonProfessional qualifications and experience of facility manager: See AttachedTypes of licensed outlets or authorized persons firm will serve:☐ Pharmacies☐ Practitioners☐ Hospitals☒ Wholesalers☐ Other: n/aType 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

GG

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
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☒ New Wholesaler                      ☐ Ownership Change  
(Please provide current license number if making changes: WH \_\_\_\_\_)

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

**GENERAL INFORMATION**

Facility Name: PharmaGenetica, LLC  
Physical Address: 17806 IH10 Suite 300 San Antonio, TX 78257  
Mailing Address: \_\_\_\_\_

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

Telephone: 210-819-7446 Fax: \_\_\_\_\_

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

E-mail: Kubaz@pharmaGenetica.Com Website: \_\_\_\_\_

Facility Manager: Mary Clark

Professional qualifications and experience of facility manager: Please see attachment for Mary Clark Employment

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

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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: Alliance Medical Supply  
12601 San Fernando Rd. Suite F Sylmar CA 91342  
 Physical Address: \_\_\_\_\_  
 (This must be a business address, we can not issue a license to a home address)  
12601 San Fernando Rd. Suite F  
 Mailing Address: \_\_\_\_\_  
 City: Sylmar State: CA Zip Code: 91342  
 Telephone: 818-833-7000 Fax: 818-514-2447  
 E-mail: Miriam@myalliancemedical.com Website: myalliancemedical.com

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

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

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

Name: Miriam Rodriguez or Kenneth Brodhagen

### 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: Miriam Rodriguez Telephone: 818-422-0394

91117



# NEVADA STATE BOARD OF PHARMACY

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

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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: Bedard Medical, Inc

Physical Address: 359 Minor Avenue, Auburn, ME 04210  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same as above

City: Auburn State: ME Zip Code: 04210

Telephone: 207-784-3700 Fax: 207-784-7992

E-mail: customer.service@bedardmedical.com Website: www.bedardmedical.com

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

Mon: 8 to 6 Tue: 8 to 6 Wed: 8 to 6 Thu: 8 to 6 All times eastern

Fri: 8 to 6 Sat: 9 to 1 Sun: N/A to N/A Holidays: N/A to N/A

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

Name: Sean Andrews

### 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: other class 2 medical devices / legend 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. N/A

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

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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: Competitive Medical Solutions

Physical Address: 15207 W 75th St Suite 111, Scottsdale, AZ 85260  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same as above

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

Telephone: 877-254-7838 Fax: 877-254-7684

E-mail: Smacleod@compmedicalsolutions.com Website: N/A

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

Mon: Appt only to \_\_\_\_\_ Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5  
Fri: 9 to 5 Sat: closed to \_\_\_\_\_ Sun: closed to \_\_\_\_\_ Holidays: closed to \_\_\_\_\_

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

Name: Sara Macleod

#### 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: \_\_\_\_\_

KK

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<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 checked="" 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: Cumberland Medical Equipment Inc.

Physical Address: 498-1150 Wando Park Blvd, Mt. Pleasant, SC 29464  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 498-1150 Wando Park Blvd

City: Mt. Pleasant State: SC Zip Code: 29464

Telephone: 844-345-2036 Fax: 844-315-5102

E-mail: Andrew@cumberlanddme.com Website: cumberlanddme.com

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

Mon: 7:30 AM to 4:30 PM Tue: 7:30 AM to 4:30 PM Wed: 7:30 AM to 4:30 PM Thu: 7:30 AM to 4:30 PM  
Fri: 7:30 AM to 4:30 PM Sat: to CLOSED Sun: to CLOSED Holidays: to CLOSED

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

Name: Andrew Chmiel

### 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: \_\_\_\_\_

91118

## NEVADA STATE BOARD OF PHARMACY

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

# APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

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

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

### FACILITY INFORMATION

Facility Name: Diabetic DME Supplies, LLC DBA: DDME Supplies, LLC

Physical Address: 77 Mack Walters Rd Ste 301 B Shelbyville, KY 40065

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

Mailing Address: 77 Mack Walters Rd Ste 301 B

City: Shelbyville State: Kentucky Zip Code: 40065

Telephone: (502) 437-0523 Fax: (866) 611-3602

E-mail: jacob@ddmesupplies.com Website: www.ddmesupplies.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

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

Name: Jacob Soldat

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

- ☐ Medical Gases\*\*  
☐ Respiratory Equipment\*\*  
☐ Life-sustaining equipment\*\*  
☐ Diabetic Supplies  
☐ Assistive Equipment  
☐ Parenteral and Enteral Equipment\*\*  
☒ Orthotics and Prosthesis  
 Other:

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

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

9/1/20



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)

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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: EXPRESS RX INC

Physical Address: 1711 W. TEMPLE ST #100, LOS ANGELES, CA 90026  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1711 W. TEMPLE ST #100

City: LOS ANGELES State: CA Zip Code: 90026

Telephone: 213-353-0552 Fax: 213-353-0562

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

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

Mon: 9:00 to 5:00pm Tue: 9am to 5pm Wed: 9am to 5pm Thu: 9am to 5pm  
Fri: 9am to 5pm Sat: CLOSED to CLOSED Sun: CLOSED to CLOSED Holidays: CLOSED to CLOSED

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

Name: BORIS GRINSHTEYN

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

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

91119

NN

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

### FACILITY INFORMATION

Facility Name: NxStage Medical, Inc.

Physical Address: 350 Merrimack Street, Lawrence, MA 01843  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 350 Merrimack Street

City: Lawrence State: MA Zip Code: 01843

Telephone: 978-687-4700 Fax: 978-687-4800

E-mail: alapinskas@nxstage.com Website: www.nxstage.com

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

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

Fri: 9 to 5 Sat: N/A to Sun: N/A to Holidays: N/A to

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

Name: Thomas Shea, Chief Operations Officer

### 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>Hemodialysis machines and disposables</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: \_\_\_\_\_

91184



60

# 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 checked="" 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: Prism Medical Products, LLC

Physical Address: 4705 N. Sonora Ave., Suite 110, Fresno, CA 93722-3947  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: P. O. Box 476, Elkin, NC 28621-0476

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

Telephone: (888) 244-6421 Fax: (800) 975-6321

E-mail: info@prism-medical.com Website: www.prism-medical.com

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

Mon: 10 to 7 Tue: 10 to 7 Wed: 10 to 7 Thu: 10 to 7  
Fri: 10 to 7 Sat: Closed to Sun: Closed to Holidays: to Closed for major holidays

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

Name: David Butterfield

### 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>Wound care, ostomy, urological supplies, LVAD kits, 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: \_\_\_\_\_

91290

PP

# 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: Volcano Corporation

Physical Address: 2451 Mercantile Drive, Rancho Cordova, CA 95742  
(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: 800-228-4728 Fax: 916-638-8112

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

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

Mon: 8:00 AM - 5:00 PM Tue: 8:00 AM - 5:00 PM Wed: 8:00 AM - 5:00 PM Thu: 8:00 AM - 5:00 PM

Fri: 8:00 AM - 5:00 PM Sat: Closed Sun: Closed Holidays: Closed

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

Name: Melissa J. Pieplow

### 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           | <input checked="" type="checkbox"/> Other Prescription Medical Devices |

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

Name: N/A Telephone: N/A

91288

22

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

### FACILITY INFORMATION

Facility Name: WR Specialists, LLC

Physical Address: 3755 Varsity Dr., Ann Arbor, MI 48108  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: same

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

Telephone: 734-929-2160 Fax: 888-829-0065

E-mail: kevin@wrspecialists.com Website: www.wrspecialists.com

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

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5  
Fri: 8 to Sat: N/A to Sun: N/A to Holidays: N/A to

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

Name: Kevin Odle

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

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Gases**             | <input checked="" 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>cdd-compression therapy</u>                       |

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

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

RR

**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR NEVADA 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    ☐ Name Change    ☐ Location Change  
 (Please provide current license number if making changes: WHC0363)

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

**GENERAL INFORMATION**

Facility Name: Boehringer Ingelheim Pharmaceuticals, Inc.  
 Physical Address: 4689 Air Center Circle, Reno, NV 89502  
 Mailing Address: P.O. Box 28398,  
 City: Columbus State: OH Zip Code: 43228  
 Telephone: 775-826-2233 Fax: 775-826-2580  
 Toll Free Number: N/A  
 E-mail: Jennifer.peck@boehringer-ingelheim.com Website: N/A  
 Facility Manager: Dennis Damron

Professional qualifications and experience of facility manager: Please See Attached Resume

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

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

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

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

SS

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

\$500.00 (non-refundable and not transferable money order or cashier's check only)  
Application must be printed legibly or typed

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☐ New MDEG   ☒ Ownership Change   ☐ Address Change  
\*\*Current license number if making changes: MP or MW \_\_\_\_\_  
Check box below for type of ownership and complete all required forms.  
☒ Publicly Traded Corporation – Pages 1,2,3,4   ☐ Partnership – Pages 1,2,3,7  
☐ Non Publicly Traded Corporation – Pages 1,2,3,5   ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Praxair Distribution, Inc.  
Physical Address: 1300 Glendale Ave, Sparks, NV 89431  
Mailing Address: 2301 SE Creekview Dr, Attn: Barbara Kasting  
City: Ankeny State: IA Zip Code: 50021  
Telephone Number: 775-359-4445 Fax Number: 925-836-6899  
Toll Free Number: 800-772-9247  
E-mail: barbara\_kasting@praxair.com Website: www.praxair.com

**MDEG Administrator Information (MDEG administrator application required)**

Name: Richard Todd

**Days and Hours that the Facility will be Regularly Operated:**

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

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

☒ Medical Gases   ☐ Assistive Equipment  
☐ Respiratory Equipment   ☐ Parenteral and Enteral Equipment  
☐ Life-sustaining equipment   ☐ Orthotics and Prosthesis  
☐ Other: \_\_\_\_\_

TT

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR NEVADA MDEG LICENSE

\$500.00 (non-refundable and not transferable money order or cashier's check only)

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☐ New MDEG ☒ Ownership Change ☐ Address Change

\*\*Current license number if making changes: MP or MW \_\_\_\_\_

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

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

☐ Partnership - Pages 1,2,3,7

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

☐ Sole Owner – Pages 1,2,3,8

### GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Praxair Distribution, Inc.

Physical Address: 1290 Glendale Ave, Sparks, NV 89431

Mailing Address: 2301 SE Creekview Dr, Attn: Barbara Kasting

City: Ankeny State: IA Zip Code: 50021

Telephone Number: 775-359-4445 Fax Number: 925-866-6899

Toll Free Number: 800-772-9247

E-mail: barbara\_kasting@praxair.com Website: www.praxair.com

### MDEG Administrator Information (MDEG administrator application required)

Name: Patrick Kelley

### Days and Hours that the Facility will be Regularly Operated:

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

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

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

☒ Medical Gases

☐ Assistive Equipment

☐ Respiratory Equipment

☐ Parenteral and Enteral Equipment

☐ Life-sustaining equipment

☐ Orthotics and Prosthesis

☐ Other: \_\_\_\_\_

91365



UU

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

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

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

Application must be printed legibly or typed

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<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input checked="" type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>00533</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 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: DAHL'S PHARMACY of FERNLEY

Physical Address: 805 EAST MAIN STREET

Mailing Address: 805 EAST MAIN STREET

City: FERNLEY State: NEVADA Zip Code: 89408

Telephone: (775) 575-4435 Fax: (775) 575-2670

Toll Free Number: N/A

E-mail: dahls.fernley@nvpharmacy.com Website: N/A

Managing Pharmacist: SAVANAH EGBERT License Number: 18558

**Hours of Operation:**

Monday thru Friday <u>9</u> am <u>6</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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W

**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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☐ New Pharmacy      ☒ Ownership Change      ☒ Name Change      ☐ Location Change  
(Please provide current license number if making changes: PH 00611)

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

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: DAHL'S PHARMACY of CARSON

Physical Address: 1851 NORTH CARSON STREET

Mailing Address: 1851 NORTH CARSON STREET

City: CARSON CITY State: NEVADA Zip Code: 89701

Telephone: (775) 885-8881 Fax: (775) 885-2690

Toll Free Number: N/A

E-mail: dahls.carson@nvpharmacy.com Website: N/A

Managing Pharmacist: ETHAN ALLEN License Number: 18532

**Hours of Operation:**

Monday thru Friday 9 am 6 pm

Saturday 9 am 1 pm

Sunday N/A am N/A pm

24 Hours N/A

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

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

WW

**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 checked="" type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>00557</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 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: DAHL'S PHARMACY OF FALLON

Physical Address: 1870 WEST WILLIAMS AVENUE

Mailing Address: 1870 WEST WILLIAMS AVENUE

City: FALLON State: NEVADA Zip Code: 89406

Telephone: (775) 423-3194 Fax: (775) 423-8770

Toll Free Number: N/A

E-mail: dahls.fallon@nvpharmacy.com Website: N/A

Managing Pharmacist: NATHAN DAHL License Number: 17735

**Hours of Operation:**

Monday thru Friday 9 am 6 pm

Saturday 9 am 1 pm

Sunday N/A am N/A pm

24 Hours N/A

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds ____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input 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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NEVADA STATE BOARD OF PHARMACY  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR NEVADA PHARMACY LICENSE**

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

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

Application must be printed legibly or typed

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

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

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

-LLC-

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Albertson's LLC dba Sav-on Pharmacy #3205

Physical Address: 575 College Dr. Henderson, NV 89015

Mailing Address: P.O. Box 20

City: Boise State: ID Zip Code: 83726

Telephone: 702.568.0259 Fax: 702.568.0380

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

E-mail: rxlicenses@albertsons.com Website: \_\_\_\_\_

Managing Pharmacist: Krystal Safran License Number: 11125

**Hours of Operation:**

Monday thru Friday 9 am 9 pm

Saturday 9 am 6 pm

Sunday 10 am 6 pm

24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

- ☒ 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**

\$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 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.	

-LLC-

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Albertson's LLC dba Sav-on Pharmacy #3206

Physical Address: 190 N. Boulder Hwy Henderson, NV 89015

Mailing Address: P.O. Box 20

City: Boise State: ID Zip Code: 83726

Telephone: 702.565.7805 Fax: 702.565.1305

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

E-mail: rxlienses@albertsons.com Website: \_\_\_\_\_

Managing Pharmacist: Terri Satran License Number: 13207

**Hours of Operation:**

Monday thru Friday 9 am 9 pm

Saturday 9 am 6 pm

Sunday 10 am 6 pm

24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> 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)

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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.	

-LLC-

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Albertson's LLC dba Sav-on Pharmacy #3333

Physical Address: 1940 Village Center Circle Las Vegas, NV 89134

Mailing Address: P.O. Box 20

City: Boise State: ID Zip Code: 83726

Telephone: 702.240.3788 Fax: 702.240.0112

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

E-mail: rxlicense@albertsons.com Website: \_\_\_\_\_

Managing Pharmacist: Steven Foggi License Number: 12857

**Hours of Operation:**

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

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

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



AAA

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

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

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

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: SOUTHWEST PHARMACY

Physical Address: 4550 E. BONANZA RD. SUITE C

Mailing Address: 4550 E. BONANZA RD. SUITE C

City: LAS VEGAS State: NV Zip Code: 89110

Telephone: (702) 810-7868 (TEMP) Fax: PENDING

Toll Free Number: N/A

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

Managing Pharmacist: DAVID TERN License Number: 16729

**Hours of Operation:**

Monday thru Friday 10 am 6 pm

Saturday 11 am 2 pm

Sunday \_\_\_\_\_ am \_\_\_\_\_ pm

24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

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

91367

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

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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>01836</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 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: Warm Springs Road CVS, L.L.C. d/b/a Target Pharmacy # 16202

Physical Address: 605 N. Stephanie Street, Henderson, NV 89014

Mailing Address: 1 CVS Drive, MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 702-451-0034 Fax: 702-570-4019

Toll Free Number: N/A

E-mail: statereply@cvscaremark.com Website: n/a

Managing Pharmacist: Jennifer Haley License Number: 13051

**Hours of Operation:**

Monday thru Friday 9:00 am 7:00 pm      Saturday 9:00 am 5:00 pm  
 Sunday 11:00 am 5:00 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

CCC

**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

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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>02383</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 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: Warm Springs Road CVS, L.L.C. d/b/a Target Pharmacy #17465

Physical Address: 350 W. Lake Mead Pkwy, Henderson, NV 89015

Mailing Address: 1 CVS Drive, MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 702-216-1901 Fax: 702-216-1911

Toll Free Number: N/A

E-mail: statereply@cvscaremark.com Website: n/a

Managing Pharmacist: Kenneth Kunka License Number: NV 16542

**Hours of Operation:**

Monday thru Friday 9:00 am 7:00 pm

Saturday 9:00 am 5:00 pm

Sunday 11:00 am 5:00 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



DDD

**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)

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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>02554</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 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: Warm Springs Road CVS, L.L.C. d/b/a Target Pharmacy #17578

Physical Address: 695 S. Green Valley Pkwy, Henderson, NV 89052

Mailing Address: 1 CVS Drive, MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 702-216-7101 Fax: 702-216-7111

Toll Free Number: N/A

E-mail: statereply@cvscaremark.com Website: n/a

Managing Pharmacist: Trenie Kunko License Number: 16054

**Hours of Operation:**

Monday thru Friday 9:00 am 7:00 pm      Saturday 9:00 am 5:00 pm  
Sunday 11:00 am 5:00 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

EEE

**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

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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>01514</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 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: Warm Springs Road CVS, L.L.C. d/b/a Target Pharmacy # 16079

Physical Address: 4001 S. Maryland Pkwy, Las Vegas, NV 89119

Mailing Address: 1 CVS Drive, MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 702-732-1840 Fax: 702-570-4246

Toll Free Number: N/A

E-mail: statereply@cvscaremark.com Website: n/a

Managing Pharmacist: THOMAS GIACALONE License Number: 15173

**Hours of Operation:**

Monday thru Friday 9:00 am 7:00 pm      Saturday 9:00 am 5:00 pm  
Sunday 11:00 am 5:00 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

FFF

**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

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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>01360</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 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: Warm Springs Road CVS, L.L.C. d/b/a Target Pharmacy #16273

Physical Address: 3210 N. Tenaya Way, Las Vegas, NV 89129

Mailing Address: 1 CVS Drive, MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 702-396-7840 Fax: 702-570-4021

Toll Free Number: N/A

E-mail: statereply@cvscaremark.com Website: n/a

Managing Pharmacist: ASHA GRECO License Number: 16908

**Hours of Operation:**

Monday thru Friday	<u>9:00</u> am	<u>7:00</u> pm	Saturday	<u>9:00</u> am	<u>5:00</u> pm
Sunday	<u>11:00</u> am	<u>5:00</u> pm	24 Hours		

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

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



GGG

**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

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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>01837</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 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: Warm Springs Road CVS, L.L.C. d/b/a Target Pharmacy #16291

Physical Address: 3550 S. Rainbow Blvd, Las Vegas, NV 89103

Mailing Address: 1 CVS Drive, MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 702-252-4600 Fax: 702-570-4152

Toll Free Number: N/A

E-mail: statereply@cvscaremark.com Website: n/a

Managing Pharmacist: Enrique Solis License Number: 16972

**Hours of Operation:**

Monday thru Friday 9:00 am 7:00 pm      Saturday 9:00 am 5:00 pm  
Sunday 11:00 am 5:00 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

HHH

**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 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>013914</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 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: Warm Springs Road CVS, L.L.C. d/b/a Target Pharmacy # 16531

Physical Address: 9725 S. Eastern Avenue, Las Vegas, NV 89183

Mailing Address: 1 CVS Drive, MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 702-914-9715 Fax: 702-570-4089

Toll Free Number: N/A

E-mail: statereply@cvscaremark.com Website: n/a

Managing Pharmacist: Abby Hoffmann License Number: 18340

**Hours of Operation:**

Monday thru Friday 9:00 am 9:00 pm      Saturday 9:00 am 6:00 pm  
 Sunday 9:00 am 6:00 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

111

**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

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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>01393</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 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: Warm Springs Road CVS, L.L.C. d/b/a Target Pharmacy #16562

Physical Address: 8750 W. Charleston Blvd, Las Vegas, NV 89117

Mailing Address: 1 CVS Drive, MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 702-933-2315 Fax: 702-570-4120

Toll Free Number: N/A

E-mail: statereply@cvscaremark.com Website: n/a

Managing Pharmacist: Joshua S. Stanley License Number: 17355

**Hours of Operation:**

Monday thru Friday	<u>9:00</u> am	<u>7:00</u> pm	Saturday	<u>9:00</u> am	<u>5:00</u> pm
Sunday	<u>11:00</u> am	<u>5:00</u> pm	24 Hours	<u>      </u>	

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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



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

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

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

Application must be printed legibly or typed

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 <u>01737</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 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: Warm Springs Road CVS, L.L.C. d/b/a Target Pharmacy #16794

Physical Address: 6480 Sky Pointe Drive, Las Vegas, NV 89131

Mailing Address: 1 CVS Drive, MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 775-656-4791 Fax: 775-824-9245

Toll Free Number: N/A

E-mail: statereply@cvscaremark.com Website: n/a

Managing Pharmacist: JADEN Jolley License Number: 18639

**Hours of Operation:**

Monday thru Friday 9:00 am 9:00 pm      Saturday 9:00 am 6:00 pm  
Sunday 9:00 am 6:00 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

KKK

**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 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>01805</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 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: Warm Springs Road CVS, L.L.C. d/b/a Target Pharmacy # 16854

Physical Address: 4155 S. Grand Canyon Drive, Las Vegas, NV 89147

Mailing Address: 1 CVS Drive, MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 702-251-1450 Fax: 702-998-3647

Toll Free Number: N/A

E-mail: statereply@cvscaremark.com Website: n/a

Managing Pharmacist: Khuong Hoang License Number: 18829

**Hours of Operation:**

Monday thru Friday	<u>9:00</u> am	<u>7:00</u> pm	Saturday	<u>9:00</u> am	<u>5:00</u> pm
Sunday	<u>11:00</u> am	<u>5:00</u> pm	24 Hours	<u>      </u>	

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

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

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

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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>02186</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 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: Warm Springs Road CVS, L.L.C. d/b/a Target Pharmacy #17244

Physical Address: 4100 Blue Diamond Road, Las Vegas, NV 89139

Mailing Address: 1 CVS Drive, MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 702-266-8050 Fax: 702-560-5761

Toll Free Number: N/A

E-mail: statereply@cvscaremark.com Website: n/a

Managing Pharmacist: Sara Cavener License Number: 18053

**Hours of Operation:**

Monday thru Friday <u>9:00</u> am <u>7:00</u> pm	Saturday <u>9:00</u> am <u>5:00</u> pm
Sunday <u>11:00</u> am <u>5:00</u> pm	24 Hours _____

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

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



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

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

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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>07526</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 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: Warm Springs Road CVS, L.L.C. d/b/a Target Pharmacy #17579

Physical Address: 6371 N. Decatur Blvd, Las Vegas, NV 89130

Mailing Address: 1 CVS Drive, MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 702-515-8541 Fax: 702-515-8551

Toll Free Number: N/A

E-mail: statereply@cvscaremark.com Website: n/a

Managing Pharmacist: Andrew Roth License Number: 17385

**Hours of Operation:**

Monday thru Friday <u>9:00</u> am <u>7:00</u> pm	Saturday <u>9:00</u> am <u>5:00</u> pm
Sunday <u>11:00</u> am <u>5:00</u> pm	24 Hours _____

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

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☐ New Pharmacy      ☒ Ownership Change      ☐ Name Change      ☐ Location Change  
(Please provide current license number if making changes: PH 02485)

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

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Warm Springs Road CVS, L.L.C. d/b/a Target Pharmacy # 17543

Physical Address: 7090 N. 5th Street, North Las Vegas, NV 89084

Mailing Address: 1 CVS Drive, MC 1160

City: Woonsocket      State: RI      Zip Code: 02895

Telephone: 702-216-4502      Fax: 702-216-4512

Toll Free Number: N/A

E-mail: statereply@cvscaremark.com      Website: n/a

Managing Pharmacist: JASON SEAN YEE      License Number: 16397

**Hours of Operation:**

Monday thru Friday 10:00am 7:00pm

Saturday 10:00am 7:00pm

Sunday CLOSEDam \_\_\_\_\_pm

24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

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

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**NEVADA STATE BOARD OF PHARMACY**  
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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>01665</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 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: Warm Springs Road CVS, L.L.C. d/b/a Target Pharmacy #16702

Physical Address: 6845 Sierra Center Pkwy, Reno, NV 89511

Mailing Address: 1 CVS Drive, MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 775-853-8916 Fax: 775-332-1685

Toll Free Number: N/A

E-mail: statereply@cvscaremark.com Website: n/a

Managing Pharmacist: JAE H. SEO License Number: 17340  
Nevada

**Hours of Operation:**

Monday thru Friday <u>9:00</u> am <u>7:00</u> pm	Saturday <u>9:00</u> am <u>5:00</u> pm
Sunday <u>11:00</u> am <u>5:00</u> pm	24 Hours _____

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

**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

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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>02450</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 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: Warm Springs Road CVS, L.L.C. d/b/a Target Pharmacy #17523

Physical Address: 1550 E. Lincoln Way, Sparks, NV 89434

Mailing Address: 1 CVS Drive, MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 775-332-1004 Fax: 775-332-1014

Toll Free Number: N/A

E-mail: statereply@cvscaremark.com Website: n/a

Managing Pharmacist: Justin Holt License Number: 16753

**Hours of Operation:**

Monday thru Friday <u>9:00</u> am <u>7:00</u> pm	Saturday <u>9:00</u> am <u>5:00</u> pm
Sunday <u>11:00</u> am <u>5:00</u> pm	24 Hours _____

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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