

# 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: Austin Wellness Pharmacy LLC D/B/A Austin Wellness Pharmacy

Physical Address: 6902 Austin Street Forest Hills, NY, 11375

Mailing Address: 6902 Austin Street

City: Forest Hills State: ny Zip Code: 11375

Telephone: (718) 263-6688 Fax: 718 263-6690

Toll Free Number: (844) 859-5094 (Required per NAC 639.708)

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

Managing Pharmacist: Regina Fomberg - Popovitz License Number: 046454

### 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,

94673

B

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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: Care Services On Call LLCPhysical Address: 4505 Falls of Neuse Rd. Suite 550Mailing Address: sameCity: Raleigh State: NC Zip Code: 27609Telephone: 866-459-2382 Fax: 888-502-5946Toll Free Number: 866-459-2382 (Required per NAC 639.708)E-mail: p.smith@careservicesllc.com Website: \_\_\_\_\_Managing Pharmacist: Pamela S. Smith License Number: 16619 (NC)**TYPE OF PHARMACY****AND****SERVICES PROVIDED**

Yes/No

- ☐ ☒ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☒ ☐ Other: After hours  
call center (LTC)

All boxes must be checked

For the application to be complete

Yes/No

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

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

93925

C

**NEVADA STATE BOARD OF PHARMACY**  
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**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: DFW WELLNESS PHARMACY

Physical Address: 711 E LAMAR BLVD, STE 101, ARLINGTON, TX 76011

Mailing Address: 711 E LAMAR BLVD, STE 101

City: ARLINGTON State: TX Zip Code: 76011

Telephone: 817-459-8400 Fax: 817-459-8402

Toll Free Number: 855-978-3887 (Required per NAC 639.708)

E-mail: dfwellnesspharmacy@yahoo.com Website: www.dfwellnesspharmacy.com

Managing Pharmacist: LATA NARAWANE License Number: 37185 (TX)

**TYPE OF PHARMACY AND**

**SERVICES PROVIDED**

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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D

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☐ Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: One Source Pharmacy, LLC

Physical Address: 6191 Orange Dr. Suite 6177

Mailing Address: same as above

City: Davie State: Florida Zip Code: 33314

Telephone: 954-514-7028 Fax: 754-200-5196

Toll Free Number: 866-238-8933 (Required per NAC 639.708)

E-mail: skolta@ospharmacy.co Website: N/A

Managing Pharmacist: Allen McSherry License Number: PS35537

**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.**

93948



E

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

Pharmacy Name: OptumRx, Inc., dba OptumRx  
Physical Address: 10801 Walker Street, Cypress, CA 90630  
Mailing Address: 10801 Walker Street  
City: Cypress State: CA Zip Code: 90630  
Telephone: 800-562-6223 Fax: 800-491-7997  
Toll Free Number: 800-562-6223 (Required per NAC 639.708)  
E-mail: regaffairsandlicensing@optum.com Website: www.optumrx.com  
Managing Pharmacist: Suzanne Rezkalla License Number: 58949

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No

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

All boxes must be checked

For the application to be complete

\* This Pharmacy is a non-drug dispensing pharmacy, which processes prescription mail orders, data entry, prior authorizations, and pharmacist verifications only. It does not sell, store, or dispense prescription drugs.

Yes/No

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

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93978

# NEVADA STATE BOARD OF PHARMACY

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

Pharmacy Name: OptumRx, Inc., dba OptumRx  
Physical Address: 3131 Camino Del Rio North, Suite 700, San Diego, CA 92108  
Mailing Address: 3131 Camino Del Rio North, Suite 700  
City: San Diego State: CA Zip Code: 92108  
Telephone: 800-562-6223 Fax: 619-6106771  
Toll Free Number: 800-562-6223 (Required per NAC 639.708)  
E-mail: regaffairsandlicensing@optum.com Website: www.optumrx.com  
Managing Pharmacist: Allan S. Garcia License Number: 70475

### TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

\* This Pharmacy is a non-drug dispensing pharmacy, which processes prescription mail orders, data entry, prior authorizations, and pharmacist verifications only. It does not sell, store, or dispense prescription drugs.

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

93949



G

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

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

Pharmacy Name: Paragon Healthcare Specialty  
Physical Address: 17111 Preston Rd., Ste 100  
Mailing Address: 17111 Preston Rd., Ste 100  
City: Dallas State: TX Zip Code: 75248-1234  
Telephone: 888-588-1072 Fax: 866-388-1488  
Toll Free Number: 888-588-1072 (Required per NAC 639.708)  
E-mail: eho@paragonhealthcare.com Website: www.paragonspecialty.com  
Managing Pharmacist: Eric Dustin Ho License Number: 51668(TX)

**TYPE OF PHARMACY**

**AND**

**SERVICES PROVIDED**

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

93711

# GASTROENTEROLOGY ORDER FORM



**PARAGON**  
HEALTHCARE  
INFUSION CENTERS

## \*\*REQUIRED INFORMATION\*\*

- ☐ This signed order form from the provider ☐ Patient demographics & insurance information  
☐ Clinical/Progress Notes, Labs, Tests supporting primary diagnosis

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Allergies: \_\_\_\_\_ Patient Phone: \_\_\_\_\_

Labs: Required labs to be drawn by: ☐ Infusion Clinic ☐ Referring Physician Patient weight: \_\_\_\_\_ lbs

## INFUSION ORDERS

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Dehydration _____                               | <input type="checkbox"/> 1 Liter/ <input type="checkbox"/> 2 Liters D5 .45% NS IV x 1 day  | <input type="checkbox"/> Cipro 400mg IV daily x 1 day   |
| <input type="checkbox"/> Gastroenteritis _____                           | <input type="checkbox"/> 1 Liter/ <input type="checkbox"/> 2 Liters NS IV x 1 day  | <input type="checkbox"/> Flagyl 500mg IV daily x 5 days |
| <input type="checkbox"/> Diverticulitis _____                            |  | <input type="checkbox"/> Invanz 1gm IV daily x 1 day    |
| <input type="checkbox"/> Iron Deficiency Anemia                          | <input type="checkbox"/> Venofer 200mg IV q 3 weeks x 5 doses  |   |
|  | <input type="checkbox"/> Venofer 100 mg IV q week x 7 weeks then every other week x 7 weeks (10 doses total)   |   |
| <input type="checkbox"/> Iron Deficiency Anemia with CKD not on dialysis | <input type="checkbox"/> Venofer 200mg IV - Administer 5 doses over a 14 day period  |   |
|  | <input type="checkbox"/> Venofer 200mg IV weekly x 5 weeks   |   |
| <b>Required Recent Labs:</b><br><b>HGB, HCT, TIBC, Ferritin</b>          | <input type="checkbox"/> Injectafer 15mg/kg IV - Give 2 doses at least 7 days apart not to exceed 1500mg - if patient weighing less than 50kg (110lbs) |   |
|  | <input type="checkbox"/> Injectafer 750mg IV - Give 2 doses at least 7 days apart not to exceed 1500mg - if patient weighing 50kg (110lbs) or greater  |   |
| <input type="checkbox"/> Crohn's Disease<br>ICD-10 Code _____            | <input type="checkbox"/> Cimzia 400mg Sub-Q at weeks 0, 2, 4 and then every 4 weeks  |   |
| <input type="checkbox"/> Ulcerative Colitis<br>ICD-10 Code _____         | <input type="checkbox"/> Cimzia _____ mg Sub-Q every _____ weeks   |   |
|  | <input type="checkbox"/> Tysabri 300mg every 4 weeks <input type="checkbox"/> Patient TOUCH authorization  |   |
|  | <b>Hepatitis B Protocol:</b> Hep B surface antigen & Hep B Core AB total required.   |   |
|  | <b>TB Protocol:</b> Baseline testing: Quantiferon Gold (QFT Gold) or PPD.  |   |
|  | <input type="checkbox"/> Entyvio 300mg IV over 30 minutes at 0, 2, 6 weeks and then Q8weeks  |   |
|  | <b>Required Labs:</b> Baseline liver enzymes   |   |
|  | <b>TB Protocol:</b> Baseline testing: Quantiferon Gold (QFT Gold) or PPD.  |   |

**TB test:** ☐ TB Test Attached ☐ Perform TB testing

## REMICADE INFUSION ORDERS

- Diagnosis:** ☐ Crohn's \_\_\_\_\_ ☐ Ulcerative Colitis \_\_\_\_\_ ☐ Other: \_\_\_\_\_
- Dose:** \_\_\_\_\_ mg/kg **Frequency:** Every \_\_\_\_\_ weeks or ☐ 0, 2, 6 - then every 8 weeks
- Pre-Medication orders:** ☐ Tylenol 1000mg  
please choose one antihistamine: ☐ Cetirizine 10mg PO ☐ Diphenhydramine 25mg PO ☐ Loratadine 10mg PO
- Additional Pre-Medication Orders:** ☐ Solu-Medrol 62.5mg IVP ☐ Solu-Medrol 125mg IVP  
☐ Solu-Cortef \_\_\_\_\_ mg IVP
- TB test:** ☐ TB Test Attached ☐ Perform TB testing **TB Protocol:** Baseline testing: Quantiferon Gold (QFT Gold) or PPD.
- Hepatitis B Protocol:** Hep B surface antigen and Hep B Core AB total required.
- \*\*Date of last:** ☐ Orencia, ☐ Remicade, ☐ Humira, or ☐ Enbrel dose: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**\*\*Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please check an Infusion Center Location:

- |                                    |                                 |                                      |                                      |                                    |                                 |                                  |
|------------------------------------|---------------------------------|--------------------------------------|--------------------------------------|------------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> Arlington | <input type="checkbox"/> Dallas | <input type="checkbox"/> North Hills | <input type="checkbox"/> San Antonio | <input type="checkbox"/> Stone Oak | <input type="checkbox"/> Austin | <input type="checkbox"/> Houston |
| P: 817.200.2530                    | P: 972.408.2777                 | P: 817.284.2700                      | P: 210.366.4358                      | P: 210.485.3700                    | P: 512.261.4800                 | P: 713.860.1755                  |
| F: 817.509.0011                    | F: 469.913.6894                 | F: 817.284.2701                      | F: 210.366.4896                      | F: 210.390.1738                    | F: 512.261.4803                 | F: 713.277.7219                  |

ParagonHealthcare.com



H

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☐ Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: PGBB, <sup>LLC</sup> INC. DBA-SPECIALTY CARE RX

Physical Address: 2140 W. CHAPMAN AVE. #110 ORANGE, CA 92868

Mailing Address: 2140 W. CHAPMAN AVE. #110

City: ORANGE State: CA Zip Code: 92868

Telephone: 714-941-6177 Fax: (714) 941-6178

Toll Free Number: 866-961-3114 (Required per NAC 639.708)

E-mail: HGRIFFITH @ MYSCRX. com Website: \_\_\_\_\_

Managing Pharmacist: HOLLY F. GRIFFITH License Number: RPH 33348

**TYPE OF PHARMACY**

**AND**

**SERVICES PROVIDED**

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
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☐ ☒ Other: \_\_\_\_\_

All boxes must be checked

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Yes/No

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☐ ☒ Parenteral \*\*  
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☐ ☒ Outpatient/Discharge  
☒ ☐ Mail Service  
☐ ☒ Long Term Care  
☐ ☒ Sterile Compounding \*\*  
☐ ☒ Non Sterile Compounding  
☐ ☒ Mail Service Sterile Compounding \*\*  
☐ ☒ Other Services: \_\_\_\_\_

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94051

I

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☐ Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: Gordian Medical II, Inc. DBA Better Balance Pharmacy

Physical Address: 5834 Louetta Road Suite D, Spring, TX 77379

Mailing Address: 17595 Cartwright Rd.

City: Irvine State: CA Zip Code: 92614

Telephone: (281) 205- 7091 Fax: (281) 205- 7093

Toll Free Number: (800) 510-7602 (Required per NAC 639.708)

E-mail: credentialing@amtwoundcare.com Website: www.betterbalancerx.com

Managing Pharmacist: Tina Sam License Number: 38904

### 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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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: Inverness Lone Star Pharmacy, LLC

Physical Address: 223 E. FM 544 Suite 806

Mailing Address: Same As Above

City: Murphy State: TX Zip Code: 75094

Telephone: (972) 535-2020 Fax: (855) 385-9990

Toll Free Number: (844) 598-2557 (Required per NAC 639.708)

E-mail: SCRIPTS@INVERNESSLONESTAR.COM Website: Invernesslonestar.com

Managing Pharmacist: Mahdi Al Hallaq License Number: 53054

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,

93924

# 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: J-M Ward Enterprises LLC  
John's Pharmacy

Physical Address: Sunshine Plaza, 9048 Bonita Beach Rd SE

Mailing Address: 202 W Jackson St, Suite 200, Ridgeland, MS 39157

City: Bonita Springs State: FL Zip Code: 34135

Telephone: 239-221-7233 Fax: 239-221-7232

Toll Free Number: 888-221-7380 (Required per NAC 639.708)

E-mail: JohnsPharmacy@hotmail.com Website: www.johnspharmacy.net

Managing Pharmacist: Joseph Anthony Catalano License Number: PS39923

### 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,**

93950



# 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: Birch Medical, LLC dba M.D. Pharmacy

Physical Address: 1467 W. Morris Blvd

Mailing Address: 1467 W. Morris Blvd

City: Morris-town State: TN Zip Code: 37813

Telephone: 423-289-1111 Fax: 423-289-1121

Toll Free Number: 800-392-9824 (Required per NAC 639.708)

E-mail: wildcatpharm@yahoo.com Website: www.MDPharmacy-morris-town.com

Managing Pharmacist: John M. Jones License Number: 0000022144

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

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

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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: SPECIALTY MED SERVICES

Physical Address: 440 S.HINDRY AVENUE,SUITE F

Mailing Address: 440 S.HINDRY AVENUE,SUITE F,INGLEWOOD, CA 90301

City: INGLEWOOD State: CA Zip Code: 90301

Telephone: 888-998-0697 Fax: 888-277-8528

Toll Free Number: 888-998-0697 (Required per NAC 639.708)

E-mail: TARGOL@SPECIALTYMEDSERVICES.NET Website: www.specialtymedservices.net

Managing Pharmacist: DEBOURA MASSACHI License Number: RPH69601

**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,**



N

## NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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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☐ Non Publicly Traded Corporation – Pages 1,2,4,7☒ Partnership – Pages 1,2,5,7☐ Sole Owner – Pages 1,2,6,7GENERAL INFORMATION to be completed by all types of ownershipPharmacy Name: VRx byMailPhysical Address: 2256 S. 3600 W. Suite AMailing Address: Po Box 25428 SLC UT 84125City: Salt Lake City State: UT Zip Code: 84119Telephone: 855-271-4810 Fax: 801-433-6219Toll Free Number: 855-271-4810 (Required per NAC 639.708)E-mail: info@vrxbymail.com Website: vrxbymail.comManaging Pharmacist: Justin Bryner License Number: 6375001-1701TYPE 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,**

94052



D

**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: Colgate Oral Pharmaceuticals, Inc.

Physical Address: 300 Park Ave

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

City: New York State: NY Zip Code: 10022

Telephone: 212-310-2000 Fax: (212) 310-2329

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

E-mail: susanna\_black@colpal.com Website: www.colgate.com

Facility Manager: Julie Dillon

Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

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

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: _____	

P

**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 01615)

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

☐ Partnership - Pages 1,2,3,6

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

☐ Sole Owner – Pages 1,2,3,7

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

**GENERAL INFORMATION**

Facility Name: Epic Pharma, LLC

Physical Address: 227-15 North Condit Avenue,

Mailing Address: 227-15 North Condit Avenue

City: Laurelton State: NY Zip Code: 11413

Telephone: (718) 276-8600 Fax: (718) 276-8635

Toll Free Number: N/A

E-mail: ageel.fatmi@epic-pharma.com Website: www.epic-pharma.com

Facility Manager: Ageel A. Fatmi Ph.D

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: \_\_\_\_\_

Q

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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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: Patterson Dental Supply, Inc.

Physical Address: 2240 West Broadway Road, Suites 108-110, Mesa, AZ 85202

Mailing Address: 1031 Mendota Heights Road

City: St. Paul State: MN Zip Code: 55120

Telephone: (480) 898-7800 Fax: (480) 898-7850

Toll Free Number: (800) 328-5536

E-mail: Chad.Bushman@pattersondental.com

Website: www.pattersondental.com

Facility Manager: Chad Bushman

Professional qualifications and experience of facility manager: The facility manager directs and supervises the sales and internal operations of the branch while developing firm strategies to further the branch's maximum growth and profitability by providing quality service to the customer.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies

☒ Practitioners

☐ Hospitals

☒ Wholesalers

☒ Other: Dentist, Research Facilities & Universities

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Hypodermic Devices

☐ Poisons or Chemicals

☐ Veterinary Legend Drugs

☐ Controlled Substances (include copy of DEA)

☐ Other: \_\_\_\_\_



R

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

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

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

**GENERAL INFORMATION**

Facility Name: Pharmaco Technology LLC

Physical Address: 13727 Noel Road, Tower II, Suite 200

Mailing Address: 13727 Noel Road, Tower II, Suite 200

City: Dallas State: TX Zip Code: 75240-1338

Telephone: (888) 645-9397 Fax: (818) 457-3844

Toll Free Number: (888) 645-9397

E-mail: mark@pharmacotech.com Website: www.pharmacotech.com

Facility Manager: Daniel Lee

Professional qualifications and experience of facility manager: Licensed Pharmacist  
experienced in recordkeeping, storage, dispensing of prescription drug products as well as actively involved in and aware of daily operations.

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: _____	

S

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

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

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

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

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

**GENERAL INFORMATION**

Facility Name: ABC Specialty Rx Consulting C.L.C. dba Redmond & Green

Physical Address: 12655 North Central Expressway #730 Pharmacy Supply

Mailing Address: Same

City: Dallas State: TX Zip Code: 75243

Telephone: 972-591-0598 Fax: 972-590-8933

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

E-mail: andrew@coreyconsulting.com Website: www.redmondandgreen.com

Facility Manager: Andrew Corey, PharmD

Professional qualifications and experience of facility manager: PharmD at Pharmacy,  
10+ years experience in pharmacy purchasing, 5+ yrs as PharmD

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: _____	

**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 01789)

☐ 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: RxTPL, LLC

Physical Address: 8695 Seward Road

Mailing Address: 8695 Seward Road

City: Fairfield State: OH Zip Code: 45011

Telephone: 866-447-9758 Fax: 877-464-5403

Toll Free Number: 866-447-9758

E-mail: bmalone@rxtpl.com Website: www.rxtpl.com

Facility Manager: Bryan Malone

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: Clinics

Type of Products to be handled or wholesaled by firm:

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



U

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

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

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

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

<input 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: RxTPL, LLC

Physical Address: 4200 Binion Way, Suite 200, Mason, OH 45036

Mailing Address: 3600 Pharma Way

City: Mason State: OH Zip Code: 45036

Telephone: 866-447-9758 Fax: 877-464-5403

Toll Free Number: 866-447-9758

E-mail: kwaite@rxtpl.com Website: www.rxtpl.com

Facility Manager: Kevin Waite

**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: Clinics

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

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

**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: SINCERUS FLORIDA, LLC  
Physical Address: 3265 W McNAB ROAD  
Mailing Address: 3265 W McNAB ROAD  
City: POMPANO BEACH State: FLORIDA Zip Code: 33069  
Telephone: 954-416-2116 Fax: 561-503-4131  
Toll Free Number: 800-604-5032  
E-mail: LICENSE@VIVIDUS.COM Website: \_\_\_\_\_  
Facility Manager: ALEX CHERVINSKY  
Professional qualifications and experience of facility manager: PHARMACIST  
See CV attached

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

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

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

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

W

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

☒ New Wholesaler

☐ Ownership Change

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

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

☐ Partnership - Pages 1,2,3,6

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

☐ Sole Owner – Pages 1,2,3,7

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

GENERAL INFORMATION

Facility Name: Vistapharm, Inc.

Physical Address: 13701 66th Street North

Mailing Address: 7265 Ulmerton Road

City: Largo State: FL Zip Code: 33771

Telephone: 727 530 1633 Fax: 727 531 5427

Toll Free Number: n/a

E-mail: rlandau@vistapharm.com Website: www.vistapharm.com

Facility Manager: Ralph Landau

Professional qualifications and experience of facility manager: Ph.D.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies

☐ Practitioners

☒ Hospitals

☒ Wholesalers

☒ Other: clinics

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Poisons or Chemicals

☒ Controlled Substances (include copy of DEA)

☒ Other: OTC

☐ Hypodermic Devices

☐ Veterinary Legend Drugs



**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 type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW <u>00478</u> )
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

**FACILITY INFORMATION**

Facility Name: Airgas USA, LLC (previous name: Air Liquide Industrial U.S. LP)

Physical Address: 1970 Loveridge Road, Pittsburg, CA 94565  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1970 Loveridge Road

City: Pittsburg State: CA Zip Code: 94565

Telephone: 925-427-1909 Fax: 925-427-2147

E-mail: Don.McKenna@Airliquide.com Website: www.airgas.com

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

Mon: 24/7 to \_\_\_\_\_ Tue: 24/7 to \_\_\_\_\_ Wed: 24/7 to \_\_\_\_\_ Thu: 24/7 to \_\_\_\_\_

Fri: 24/7 to \_\_\_\_\_ Sat: 24/7 to \_\_\_\_\_ Sun: 24/7 to \_\_\_\_\_ Holidays: 24/7 to \_\_\_\_\_

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

Name: Don McKenna

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

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

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

Name: Don McKenna

Telephone: 925-427-1909

Y

## 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 type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW <u>00514</u> )
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: Airgas USA, LLC (previous name: Air Liquide Healthcare America Corporation)

Physical Address: 6141 Easton Road, Building 3, Plumsteadville, PA 18949

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

Mailing Address: 6141 Easton Road, Building 3

City: Plumsteadville State: PA Zip Code: 18949

Telephone: 215-766-7407 Fax: 215-766-7407

E-mail: StevenR.Miller@Airliquide.com Website: www.airgas.com

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

Mon: 24/7 to \_\_\_\_\_ Tue: 24/7 to \_\_\_\_\_ Wed: 24/7 to \_\_\_\_\_ Thu: 24/7 to \_\_\_\_\_

Fri: 24/7 to \_\_\_\_\_ Sat: 24/7 to \_\_\_\_\_ Sun: 24/7 to \_\_\_\_\_ Holidays: 24/7 to \_\_\_\_\_

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

Name: Steven Miller

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

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

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

Name: Steven R. Miller

Telephone: 713-896-2280



# 2

## 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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☐ New MDEG

☒ Ownership Change

(Please provide current license number if making changes: MP or MW 00817)

☐ 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: Airgas USA, LLC (previous name: Air Liquide Industrial U.S. LP)

Physical Address: 12550 Arrow Route, Rancho Cucamonga, CA 91739

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

Mailing Address: 12550 Arrow Route

City: Rancho Cucamonga State: CA Zip Code: 91739

Telephone: 909-899-4641

Fax: 909-899-4646

E-mail: Larry.Rosson@Airliquide.com

Website: www.airgas.com

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

Mon: 24/7 to      Tue: 24/7 to      Wed: 24/7 to      Thu: 24/7 to     

Fri: 24/7 to      Sat: 24/7 to      Sun: 24/7 to      Holidays: 24/7 to     

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

Name: Larry Rosson

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

☒ Medical Gases\*\*

☐ Assistive Equipment

☐ Respiratory Equipment\*\*

☐ Parenteral and Enteral Equipment\*\*

☐ Life-sustaining equipment\*\*

☐ Orthotics and Prosthesis

☐ Diabetic Supplies

Other:     

\*\*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: Larry Rosson

Telephone: 909-899-4640

AA

# 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 type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW <u>00350</u> )
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: Airgas USA, LLC (previous name: Air Liquide Industrial U.S. LP)

Physical Address: 4585 West 700 South, Salt Lake City UT 84104  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4585 West 700 South,

City: Salt Lake City State: UT Zip Code: 84104

Telephone: 801-886-7297 Fax: 801-886-3398

E-mail: Al.Cordova@Airliquide.com Website: www.airgas.com

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

Mon: 24/7 to        Tue: 24/7 to        Wed: 24/7 to        Thu: 24/7 to       

Fri: 24/7 to        Sat: 24/7 to        Sun: 24/7 to        Holidays: 24/7 to       

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

Name: Al Cordova

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

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

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

Name: Al Cordova

Telephone: 801-886-7297



BB

# 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 type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW <u>00424</u> )
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: Airgas USA, LLC (previous name: Air Liquide Industrial U.S. LP)

Physical Address: 9756 Santa Fe Springs Rd, Santa Fe Springs, CA 90670  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 9756 Santa Fe Springs Rd

City: Santa Fe State: CA Zip Code: 90670

Telephone: 562-906-8732 Fax: 562-906-8792

E-mail: Tiffany.Rodriguez@Airliquide.com Website: www.airgas.com

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

Mon: 24/7 to \_\_\_\_\_ Tue: 24/7 to \_\_\_\_\_ Wed: 24/7 to \_\_\_\_\_ Thu: 24/7 to \_\_\_\_\_

Fri: 24/7 to \_\_\_\_\_ Sat: 24/7 to \_\_\_\_\_ Sun: 24/7 to \_\_\_\_\_ Holidays: 24/7 to \_\_\_\_\_

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

Name: Tiffany Rodriguez

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

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

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

Name: Tiffany Rodriguez

Telephone: 562-824-0924

CC

## 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 type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW <u>00335</u> )
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: Airgas USA, LLC (previous name: Air Liquide Industrial U.S. LP)

Physical Address: 8700 E Old Vail Road, Tucson, AZ 85747  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 8700 E Old Vail Road

City: Tucson State: AZ Zip Code: 85747

Telephone: 520-574-0987 Fax: 520-574-9463

E-mail: Mike.Crist@Airliquide.com Website: www.airgas.com

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

Mon: 24/7 to \_\_\_\_\_ Tue: 24/7 to \_\_\_\_\_ Wed: 24/7 to \_\_\_\_\_ Thu: 24/7 to \_\_\_\_\_

Fri: 24/7 to \_\_\_\_\_ Sat: 24/7 to \_\_\_\_\_ Sun: 24/7 to \_\_\_\_\_ Holidays: 24/7 to \_\_\_\_\_

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

Name: Mike Crist

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

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

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

Name: Mike Crist Telephone: 520-574-0600

DD

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

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

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

### FACILITY INFORMATION

Facility Name: Genco I, Inc.

Physical Address: 1750 Shenango Rd., New Galilee, PA 16141  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 100 Papercraft Ave.

City: Pittsburgh State: PA Zip Code: 15238

Telephone: 724-336-0084 (x10) Fax: 724-336-0509

\* E-mail: pharmalicensing@genco.com Website: www.genco.com

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

Mon: 7a to 12a Tue: 7a to 12a Wed: 7a to 12a Thu: 7a to 12a  
Fri: 7a to 6:30p Sat: — to — Sun: — to — Holidays: — to —

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

Name: June Winske

### 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: medical devices (not including those listed)

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

93952



EE

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input 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: One Source Medical Group

Physical Address: 15733 San Pedro, San Antonio TX 78232

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

Mailing Address: same

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

Telephone: 866-834-7473 Fax: 877-490-9111

E-mail: bdefoe@onesourcemg.com Website: www.onesourcemg.com

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

Mon: 8:30 to 5:00 Tue: 8:30 to 5 Wed: 8:30 to 5 Thu: 8:30 to 5 Central Standard Time

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

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

Name: Jon Jimenez

### 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>Catheters, urologicals, incontinence supplies</u> |

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

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

FF

137510

## NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

**FACILITY INFORMATION**Facility Name: Valley Home MedicalPhysical Address: 4973 South 300 West, Midvale, UT 84047  
(This must be a business address, we can not issue a license to a home address)Mailing Address: 3600 Vineland Road, Suite 114City: Orlando State: FL Zip Code: 32811Telephone: 801-563-0202 Fax: 801-563-5188E-mail: Susan.martinez@tech.com Website: NA**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: 9-12, 1-4 to 9-12, 1-4 Tue: 9-12, 1-4 to 9-12, 1-4 Wed: 9-12, 1-4 to 9-12, 1-4 Thu: 9-12, 1-4 to 9-12, 1-4  
 Fri: 9-12, 1-4 to 9-12, 1-4 Sat: Closed/On call to Closed/On call Sun: Closed/On call to Closed/On call Holidays: Closed/On call to Closed/On call

**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**Name: Wendell Bellah**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

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

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

Name: Wendell Bellah Telephone: 801-563-0202



**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 \_\_\_\_\_)

☐ 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: City Pharmacy

Physical Address: 1131 E. Tropicana Avenue Las Vegas, NV 89119

Mailing Address: 6274 Pale Pavilion Avenue Las Vegas, NV 89139

City: Las Vegas State: NV Zip Code: 89139

Telephone: 702-327-9581 Fax: 702-987-5477

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

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

Managing Pharmacist: Nuveen Raza License Number: 15560

**Hours of Operation:**

Monday thru Friday 9 am 6 pm

Saturday 10 am 3 pm

Sunday \_\_\_\_\_am \_\_\_\_\_pm  
closed

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



HH

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

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

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

Application must be printed legibly or typed

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

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

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

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

Pharmacy Name: Sav-On Pharmacy #2804

Physical Address: 7975 Blue Diamon Rd. Las Vegas, NV 87178

Mailing Address: 250 E. Parkcenter Blvd.

City: Boise State: ID Zip Code: 83706

Telephone: 208-395-4303 Fax: 208-395-4157

Toll Free Number: NA

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

Managing Pharmacist: Eric VanMeter License Number: 17356

**Hours of Operation:**

Monday thru Friday 9 am 9 pm      Saturday 9 am 6 pm  
 Sunday 10 am 6 pm      24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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