

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: Choice RX Pharmacy, Inc.

Physical Address: 2030 NW Federal Hwy Stuart, FL 34994

Mailing Address: 8260 NW 27 Street #403 Attn: Licensing Dept

City: Doral State: FL Zip Code: 33122

Telephone: (844) 280-5411 Fax: (844) 280-5410

Toll Free Number: (844) 280-5411 (Required per NAC 639.708)

E-mail: licensing@choice-rx.net Website: N/A

Managing Pharmacist: Alan Kruger License Number: PS38800

### 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,**

95094

B

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509

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[X] 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

[X] 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: Empire Specialty Pharmacy / DBA Empire Pharmacy

Physical Address: 6509 Bergenline Ave, West New York, NJ 07093

Mailing Address: 6509 Bergenline Ave

City: West New York State: NJ Zip Code: 07093

Telephone: 877-236-2170 Fax: 866-466-3710

Toll Free Number: 877-236-2170 (Required per NAC 639.708)

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

Managing Pharmacist: Gleb Chemerisov License Number: 28RI03372200

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- [X] [ ] Retail
[ ] [X] Hospital (# beds \_\_\_\_\_)
[ ] [X] Internet
[ ] [X] Nuclear
[ ] [X] Ambulatory Surgery Center
[X] [ ] Community
[ ] [X] Other: \_\_\_\_\_

All boxes must be checked
For the application to be complete

Yes/No

- [ ] [X] Off-site Cognitive Services
[ ] [X] Parenteral \*\*
[ ] [X] Parenteral (outpatient)
[ ] [X] Outpatient/Discharge
[X] [ ] Mail Service
[ ] [X] Long Term Care
[ ] [X] Sterile Compounding \*\*
[ ] [X] Non Sterile Compounding
[ ] [X] Mail Service Sterile Compounding \*\*
[ ] [X] 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,

95096

C

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

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

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

Pharmacy Name: GASTON PHARMACY#2

Physical Address: 712 N. WASHINGTON AVE, STE 500 DALLAS, TX 75246

Mailing Address: 712 N. WASHINGTON AVE, STE 500

City: DALLAS State: TEXAS Zip Code: 75246

Telephone: 469-466-1243 Fax: 469-533-4934

Toll Free Number: 866-513-6156 (Required per NAC 639.708)

E-mail: info@gastonrx.com Website: N/A

Managing Pharmacist: KRISTI KUBOSH License Number: 48761

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No	Yes/No
<input type="checkbox"/> <input type="checkbox"/> Retail	<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear	<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center	<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community	<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____	<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
	<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
All boxes must be checked	<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
For the application to be complete	<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

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95095

D

# NEVADA STATE BOARD OF PHARMACY

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

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

Partnership - Pages 1,2,5,7

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

Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: Geneva Pharmacy, LLC

Physical Address: 20513 Nicholas Cir Ste 3

Mailing Address: 20513 Nicholas Cir Ste 3

City: Elkhorn State: NE Zip Code: 68022

Telephone: 402-759-9105 Fax: 402-718-9421

Toll Free Number: 855-809-9717 (Required per NAC 639.708)

E-mail: pharmacista@genevapharmacy.com Website: NA

Managing Pharmacist: Tanner Anderson License Number: 13586

#### 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,

94952

E

**NEVADA STATE BOARD OF PHARMACY**  
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 Check box below for type of ownership and complete all required forms.  
 Publicly Traded Corporation – Pages 1,2,3,7       Partnership - Pages 1,2,5,7  
 Non Publicly Traded Corporation – Pages 1,2,4,7       Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: Helping Hands Pharmacy, LLC  
 Physical Address: 529 Mason Road Katy, TX 77450  
 Mailing Address: 529 Mason Road  
 City: Katy State: TX Zip Code: 77450  
 Telephone: 281-492-0031 Fax: 281-810-8359  
 Toll Free Number: 1-888-492-0081 (Required per NAC 639.708)  
 E-mail: mgarcia@hhrx.us Website: \_\_\_\_\_  
 Managing Pharmacist: Khanh Tuan Bui License Number: 26704

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No	AND	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: <u>N/A</u>		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: <u>N/A</u>

All boxes must be checked  
 For the application to be complete

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95217

**NEVADA STATE BOARD OF PHARMACY**

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New Pharmacy or  **Ownership Change** (Provide current license number if making changes: **PH 02394**)  
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: Leehar Distributors, LLC dba LDI Pharmacy

Physical Address: 701 Emerson Road, Suite 343

Mailing Address: Same as above

City: Creve Coeur State: MO Zip Code: 63141

Telephone: 314-652-1121 Fax: 314-652-1126

Toll Free Number: 866-516-1121 (Required per NAC 639.708)

E-mail: service@ldirx.com Website: ldirx.com

Managing Pharmacist: Deanna Beth Clinard License Number: Missouri 2007035429

**TYPE OF PHARMACY AND SERVICES PROVIDED**

- Yes/No
- Retail
  - Hospital (# beds \_\_\_\_\_)
  - Internet
  - Nuclear
  - Ambulatory Surgery Center
  - Community
  - Other: \_\_\_\_\_

- 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: \_\_\_\_\_

All boxes must be checked  
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New Pharmacy or  **Ownership Change** (Provide current license number if making changes: **PH\_03352**)  
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: Leehar Distributors, LLC dba LDI Specialty Pharmacy

Physical Address: 701 Emerson Road, Suite 332

Mailing Address: Same as above

City: Creve Coeur State: MO Zip Code: 63141

Telephone: 314-652-4121 Fax: 314-652-4126

Toll Free Number: 866-516-4121 (Required per NAC 639.708)

E-mail: sid@ldirx.com Website: ldirx.com

Managing Pharmacist: Jessica Elizabeth Emrich License Number: Missouri 2011026570

**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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H

# NEVADA STATE BOARD OF PHARMACY

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

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

Partnership - Pages 1,2,5,7

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

Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: NYC WHOLESALE INC. D/B/A MOON PHARMACY

Physical Address: 112-17 JAMAICA AVENUE RICHMOND HILL NY 11418

Mailing Address: 112-17 JAMAICA AVENUE

City: RICHMOND HILL State: NY Zip Code: 11418

Telephone: 718-739-0300 Fax: 718-739-0301

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

E-mail: christina@ismarthealthcare.com

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

Managing Pharmacist: BRUCE SNIPAS

License Number: 033864 NY

### 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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95219



I

# NEVADA STATE BOARD OF PHARMACY

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New Pharmacy or  **Ownership Change** (Provide current license number if making changes: **PH 03120**)  
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: Oak Creek Rx, LLC

Physical Address: 8607 F Street, Omaha, NE 68127

Mailing Address: 8607 F Street

City: Omaha State: NE Zip Code: 68127

Telephone: 402-307-2566 Fax: 402-999-0614

Toll Free Number: 877-842-6535 (Required per NAC 639.708)

E-mail: pharmacist@oakcreekrx.com Website: N/A

Managing Pharmacist: Aritha Teeharaman License Number: 673

#### 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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[X] 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

[X] 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: PETNET Solutions, Inc.

Physical Address: 810 Innovation Drive

Mailing Address: 11175 Campus Street, Suite C1037

City: Loma Linda State: California Zip Code: 92354

Telephone: 909-799-0725 Fax: N/A

Toll Free Number: 909-799-0725 (Required per NAC 639.708)

E-mail: melissa.leslie@siemens.com Website: www.petnetsolutions.com

Managing Pharmacist: Richard Thomas Wride License Number: 45943 - UTAH

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- [ ] [X] Retail
[ ] [X] Hospital (# beds \_\_\_\_\_)
[ ] [X] Internet
[X] [ ] Nuclear
[ ] [X] Ambulatory Surgery Center
[ ] [X] Community
[ ] [X] Other: \_\_\_\_\_

Yes/No

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

All boxes must be checked
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K

NEVADA STATE BOARD OF PHARMACY
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Ownership selection box containing checkboxes for New Pharmacy, Ownership Change, Publicly Traded Corporation, Partnership, Non Publicly Traded Corporation, and Sole Owner. Includes instruction to 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: Quality Care Pharmacy and Compounding II
Physical Address: 2300 W FM 544 Ste. 130 Wylie TX 75298
Mailing Address: 2300 W FM 544 Ste. 130
City: Wylie State: TX Zip Code: 75298
Telephone: 972-442-5333 Fax: 972-442-5356
Toll Free Number: 1-855-442-5333 (Required per NAC 639.708)
E-mail: Craig@gcprx.net Website: www.gcprx.net
Managing Pharmacist: Jonathan Craig Goodson License Number: 44244

TYPE OF PHARMACY AND SERVICES PROVIDED table with checkboxes for Retail, Hospital, Internet, Nuclear, Ambulatory Surgery Center, Community, Other, Off-site Cognitive Services, Parenteral, Outpatient/Discharge, Mail Service, Long Term Care, Sterile Compounding, Non Sterile Compounding, Mail Service Sterile Compounding, and Other Services.

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95146

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

Partnership – Pages 1,2,5,7

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

Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: THEO PHARMACY

Physical Address: 13701 BEACH BLVD # A2

Mailing Address: 13701 BEACH BLVD # A2

City: WESTMINSTER State: CA Zip Code: 92683

Telephone: 714-373-0214 Fax: 714-373-0839

Toll Free Number: 1-888-899-0899 (Required per NAC 639.708)

E-mail: THEOPHARMACY8@GMAIL.COM Website: WWW.THEOPHARMACY.COM

Managing Pharmacist: GRACE HONG License Number: 56697

### 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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M

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Check box below for type of ownership and complete all required forms.
[ ] Publicly Traded Corporation - Pages 1,2,3,7 [ ] Partnership - Pages 1,2,5,7
[X] Non Publicly Traded Corporation - Pages 1,2,4,7 [ ] Sole Owner - Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Walgreens #05823
Physical Address: 8350 S.River Parkway, Suite 101, Tempe, AZ 85284
Mailing Address: P.O. Box 901 Attn: Karina Lipnickas
City: Deerfield State: IL Zip Code: 60015
Telephone: 877-250-5823 Fax: 480-752-5271
Toll Free Number: 877-250-5823 (Required per NAC 639.708)
E-mail: karina.lipnickas@walgreens.com Website: www.walgreens.com
Managing Pharmacist: Kenneth Morris License Number: S009092

TYPE OF PHARMACY AND SERVICES PROVIDED

Form with two columns: TYPE OF PHARMACY AND SERVICES PROVIDED. Includes checkboxes for Retail, Hospital, Internet, Nuclear, Ambulatory Surgery Center, Community, Other (Mail Order), Off-site Cognitive Services, Parenteral, Outpatient/Discharge, Mail Service, Long Term Care, Sterile Compounding, Non Sterile Compounding, Mail Service Sterile Compounding, and 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,

95147

N

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: NUTRITION PLUS INC / DBA : IV MED SERVICES

Physical Address: 11207 S LA CIENEGA BLVD

Mailing Address: 11207 S LA CIENEGA BLVD

City: Los Angeles State: CA Zip Code: 90045

Telephone: 310-670-6337 Fax: 877-513-0770

Toll Free Number: 866-696-8143 (Required per NAC 639.708)

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

Managing Pharmacist: Glenn Shinya Takazaki License Number: RPH30444

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,

95149

D

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

New Pharmacy or  Ownership Change (Provide current license number if making changes: 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: PHARMCO, LLC

Physical Address: 901 N MIAMI BEACH BLVD STE 1;2 NORTH MIAMI BEACH, FL 33162

Mailing Address: 901 NORTH MIAMI BEACH BLVD SUITE 1;2

City: NORTH MIAMI BEACH State: FLORIDA Zip Code: 33162

Telephone: 305-919-7399 Fax: 305-919-7424

Toll Free Number: 888-919-7411 (Required per NAC 639.708)

E-mail: ACCOUNTING@PHARMCOLLC.COM Website: PHARMCOPHARMACY.COM

Managing Pharmacist: PAMELA M ROBERTS License Number: PS39370

#### 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,

94235

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: University of Utah Midvalley Specialty Pharmacy

Physical Address: 6056 Fashion Square Drive, #1000

Mailing Address: 6056 Fashion Square Drive, #1000

City: Murray State: Utah Zip Code: 84107

Telephone: 801-213-8650 Fax: 801-262-2802

Toll Free Number: 877-887-2497 (Required per NAC 639.708)

E-mail: russell.ragsdale@hsc.utah.edu Website: N/A

Managing Pharmacist: Russell Jay Ragsdale License Number: 151801-1701 Utah

### TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked  
For the application to be complete

Yes/No

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

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

95148



Q

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

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

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

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: Alvix Laboratories, LLC

Physical Address: 6601 Sunplex Drive, Ocean Springs, MS 39564

Mailing Address: c/o State License Servicing, 1751 State Route 17A, Ste 3

City: Florida State: NY Zip Code: 10921

Telephone: 601-714-1677 Fax: 662-796-3025

Toll Free Number: 888-526-5449

E-mail: AVX@slny.com Website: www.alvix.com

Facility Manager: Clark Jamison Levi

Professional qualifications and experience of facility manager: Pharm D

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: API

94981

R

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

Form with checkboxes for 'New Wholesaler' and 'Ownership Change', including a field for current license number.

Form with checkboxes for ownership types: Publicly Traded Corporation, Partnership, Non Publicly Traded Corporation, Sole Owner.

GENERAL INFORMATION

Facility Name: Amazon.com.indc LLC

Physical Address: 800 Perry Road, Plainfield, IN 46168

Mailing Address: PO Box 80301, Seattle, WA 98108

City: Seattle State: WA Zip Code: 98108

Telephone: 206-740-8467 Fax: 206-266-7010

Toll Free Number: N/A

Email: healthcare-licensing@amazon.com Website: www.amazon.com

Facility Manager: Casey Burnette

Professional qualifications and experience of facility manager: Senior Production Supervisor for Boston Scientific Corporation, direct involvement in the design and manufacturer of medical devices used in a range of interventional medical specialties, including endoscopy, urology and gynecology.

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies, Practitioners, Hospitals, Wholesalers, Other

Type of Products to be handled or wholesaled be firm:

(legend devices only)

- Legend Pharmaceuticals, Supplies or Devices, Hypodermic Devices, Poisons or Chemicals, Veterinary Legend Drugs, Controlled Substances, 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.

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: Amazon.com.indc LLC

Physical Address: 715 Airtech Way, Plainfield, IN 46168

Mailing Address: PO Box 80301, Seattle, WA 98108

City: Seattle                      State: WA                      Zip Code: 98108

Telephone: 206-740-8467                      Fax: 206-266-7010

Toll Free Number: N/A

Email: healthcare-licensing@amazon.com                      Website: www.amazon.com

Facility Manager: Casey Burnette

Professional qualifications and experience of facility manager: \_\_\_\_\_  
Senior Production Supervisor for Boston Scientific Corporation, direct involvement in the design and manufacturer of medical devices used in a range of interventional medical specialties, including endoscopy, urology and gynecology.

**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 devices only)

Legend Pharmaceuticals, Supplies or Devices                       Hypodermic Devices  
 Poisons or Chemicals                       Veterinary Legend Drugs  
 Controlled Substances (include copy of DEA)  
 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

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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: Amazon.com.indc LLC

Physical Address: 4255 Anson Blvd., Whitestown, IN 46075

Mailing Address: PO Box 80301

City: Seattle                      State: WA                      Zip Code: 98108

Telephone: 206-740-8467                      Fax: 206-266-7010

Toll Free Number: N/A

E-mail: healthcare-licensing@amazon.com                      Website: www.amazon.com

Facility Manager: Derek DeBoy

Professional qualifications and experience of facility manager: See attachment

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

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.

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: AmerisourceBergen Drug Corporation

Physical Address: 12577 Stateline Road

Mailing Address: 12577 Stateline Road

City: Olive Branch                      State: MS                      Zip Code: 38654

Telephone: (662)893-1047                      Fax: (662)408-3135

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

E-mail: bcook@amerisourcebergen.com                      Website: www.amerisourcebergen.com

Facility Manager: James Brent Cook

Professional qualifications and experience of facility manager: \_\_\_\_\_

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

10 -16 in cabinet

95100



**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 01908)

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: Advanced Pharma, Inc. d/b/a Avella of Houston

Physical Address: 9265 Kirby Drive, Houston, Texas 77054

Mailing Address: 1606 W. Whispering Wind Drive, 2nd Floor

City: Phoenix State: Arizona Zip Code: 85085

Telephone: 713-794-0404 Fax: 713-794-0707

Toll Free Number: 877-794-0404

E-mail: Teri.Kinzle@avella.com Website: www.avella.com

Facility Manager: Alejandro Barboza

Professional qualifications and experience of facility manager: Pharm D from the University of Houston Director of pharmacy at Advaned Pharma, Inc. from April 2011-Present

Types of licensed outlets or authorized persons firm will serve:

Pharmacies

Practitioners

Hospitals

Wholesalers

Other: \_\_\_\_\_

Type of Products to be handled or wholesaled be firm:

Legend Pharmaceuticals, Supplies or Devices

Hypodermic Devices

Poisons or Chemicals

Veterinary Legend Drugs

Controlled Substances (include copy of DEA)

Other: \_\_\_\_\_

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  
Virtual manufacturer    (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: Biofrontera Inc.

Physical Address: 201 Edgewater Drive, Suite 210, Wakefield, MA 01880

Mailing Address: 201 Edgewater Drive, Suite 210

City: Wakefield                      State: MA                      Zip Code: 01880

Telephone: 781-245-1325                      Fax: 781-245-1328

Toll Free Number: 844-426-3589

E-mail: m.tamborini@biofrontera.com                      Website: www.biofrontera-us.com

Facility Manager: Darell T. Lowman

Professional qualifications and experience of facility manager: Director Quality Assurance  
Experience in pharmaceutical drug and medical device industries; product quality control management

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

95101

**NEVADA STATE BOARD OF PHARMACY**

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

**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

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

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

Application must be printed legibly or typed

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

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

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

**GENERAL INFORMATION**

Facility Name: Clovis Oncology, Inc.

Physical Address: 5500 Flatiron Parkway, Suite 200, Boulder, CO 80301

Mailing Address: 5500 Flatiron Parkway, Suite 200

City: Boulder State: CO Zip Code: 80301

Telephone: 303-625-5000 Fax: 303-245-0360

Toll Free Number: (None)

E-mail: statelicense@clovisoncology.com Website: http://clovisoncology.com

Facility Manager: Jeffrey Etter

Professional qualifications and experience of facility manager: 26 years experience in pharmaceutical industry in formulation development, analytical method development, manufacturing, and drug delivery; project and personnel management, and regulatory requirements/submissions.

**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

95099



Y

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

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

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

New Wholesaler                       Ownership Change  
(Please provide current license number if making changes: WH \_\_\_\_\_)

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

**GENERAL INFORMATION**

Facility Name: Genco I, Inc.

Physical Address: 2086 Corporate Center Dr. West, Tullyhanna, PA 18966

Mailing Address: 100 Papercraft Park

City: Pittsburgh State: PA Zip Code: 15238

Telephone: 412-820-3700 Fax: 412-826-0856

Toll Free Number: N/A

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

Facility Manager: Tim Benz

Professional qualifications and experience of facility manager: see attached

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

95006

N

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: Integrated Commercialization Solutions, Inc.

Physical Address: 5653 Creekside Parkway, Unit B, Obetz, OH 43137

Mailing Address: 3101 Gaylord Parkway

City: Frisco                      State: TX                      Zip Code: 75034 - ATTN: Legal

Telephone: (502) 612-8488                      Fax: (502) 955-5644                      Dept. \_\_\_\_\_

Toll Free Number: N/A

E-mail: robert.o'connor@absg.com                      Website: www.icsconnect.com

Facility Manager: Robert J. O'Connor

Professional qualifications and experience of facility manager: See Exhibit A (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: \_\_\_\_\_

94944

AA

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

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

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

New Wholesaler                       Ownership Change  
(Please provide current license number if making changes: WH \_\_\_\_\_)

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

**GENERAL INFORMATION**

Facility Name: Lexicon Pharmaceuticals, Inc.

Physical Address: 8800 Technology Forest Place, The Woodlands, TX 77381

Mailing Address: P.O. Box 132167, Spring, TX 77393

City: The Woodlands State: Texas Zip Code: 77381

Telephone: (281)863-3000 Fax: (281)863-8095

Toll Free Number: (855)828-4651

E-mail: amain@lexpharma.com Website: lexpharma.com

Facility Manager: Alan J. Main, Ph.D.

Professional qualifications and experience of facility manager: Dr. Main has been a senior executive at several pharmaceutical companies; Ciba Pharmaceuticals and Novartis (Head of US Research), Coelacanth Corporation (President and CEO) and Lexicon Pharmaceuticals (Executive Vice President, CMC and Supply Operations) and has more than 30 years of experience in the industry. He has a Ph.D. in Organic Chemistry from Liverpool University, England and completed Post-Doctoral studies with Prof. R.B. Woodward, winner of the Nobel Prize in Chemistry.

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies                       Practitioners                       Hospitals                      Wholesalers  
 Other: Specialty Pharmacies

Type of Products to be handled or wholesaled by firm:

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

95154

BB

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

Form with checkboxes for 'New Wholesaler' and 'Ownership Change'. Includes a note: '(Please provide current license number if making changes: WH\_\_\_\_\_)'

Form with checkboxes for ownership types: 'Publicly Traded Corporation', 'Non Publicly Traded Corporation', 'Partnership', and 'Sole Owner'. Includes a note: 'Please check box for type of ownership and complete correct part of the application.'

GENERAL INFORMATION

Facility Name: Lone Star Pharmaceuticals, Inc.

Physical Address: 11951 Hilltop Road, Suite 1B, Bldg 6

Mailing Address: same

City: Arroyo State: TX Zip Code: 76226

Telephone: 844-603-4063 Fax: 214-614-4844

Toll Free Number: N/A

E-mail: vmckitrick@lonstarpharmaceuticals.com Website: lonstarpharmaceuticals.com

Facility Manager: Lavon Mckitrick

Professional qualifications and experience of facility manager: The President is an experienced Designated Representative

Types of licensed outlets or authorized persons firm will serve:

Form with checkboxes for 'Pharmacies', 'Practitioners', 'Hospitals', and 'Wholesalers'. Includes an 'Other:' field.

Type of Products to be handled or wholesaled by firm:

Form with checkboxes for product types: 'Legend Pharmaceuticals, Supplies or Devices', 'Hypodermic Devices', 'Poisons or Chemicals', 'Veterinary Legend Drugs', 'Controlled Substances (include copy of DEA)', and 'Other:'.

95150

CC

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

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

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

(Limited Liability Company)

### GENERAL INFORMATION

Facility Name: TQM, LLC dba Two Rivers Medical

Physical Address: 105B Parkins Mill Road, Greenville, SC 29607

Mailing Address: 35 Tedwall Court

City: Greer State: SC Zip Code: 29607

Telephone: 864-627-4476 Fax: 864-675-9880

Toll Free Number: N/A

E-mail: maryellen@tworiversmedical.com Website: www.tworiversmedical.com

Facility Manager: Jacob West, Director of Operations

Professional qualifications and experience of facility manager: 8+ years' experience as Operations Manger/Designated Representative for pharmaceutical distribution facilities. Licensed Designated Representative in California and Florida.

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies
- Practitioners
- Hospitals
- Wholesalers
- Other: U.S. government agencies: the Departments of State, Defense and Homeland Security;

the Centers for Disease Control and Prevention; and Veterans Affairs medical centers  
Type of Products to be handled or wholesaled be firm:

- Legend Pharmaceuticals, Supplies or Devices
- Poisons or Chemicals
- Controlled Substances (include copy of DEA)
- Other: medical-surgical supplies; medical gases; dental supplies; laboratory supplies
- Hypodermic Devices
- Veterinary Legend Drugs

05102

DD

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

Form with checkboxes for 'New Wholesaler' and 'Ownership Change', including a field for current license number.

Form with checkboxes for ownership types: Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, and Sole Owner.

GENERAL INFORMATION

Form for general information including Facility Name, Physical Address, Mailing Address, City, State, Zip Code, Telephone, Fax, Toll Free Number, E-mail, Website, and Facility Manager.

Professional qualifications and experience of facility manager: During the previous five years, Pavankuma has been an employee at Vector 3PL LLC, Citron Pharma LLC and Gensource Rx LLC. Please see enclosed resume for job responsibilities.

Form for 'Types of licensed outlets or authorized persons firm will serve' with checkboxes for Pharmacies, Practitioners, Hospitals, Wholesalers, and Other (Distributors).

Form for 'Type of Products to be handled or wholesaled by firm' with checkboxes for Legend Pharmaceuticals, Supplies or Devices, Poisons or Chemicals, Controlled Substances, Other, Hypodermic Devices, and Veterinary Legend Drugs.

95220

EE

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

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

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

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

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

**GENERAL INFORMATION**

Facility Name: Flywheel Healthcare LLC dba Young At Heart Distribution

Physical Address: 101 W 103rd Street STE 1608

Mailing Address: SAME

City: Indianapolis State: Indiana Zip Code: 46290

Telephone: 866-308-4990 Fax: 877-531-6937

Toll Free Number: NA

E-mail: MA bhart@yahrx.com Website: NA

Facility Manager: Barry J Hart

Professional qualifications and experience of facility manager: Owner, President and active Pharmacist

Types of licensed outlets or authorized persons firm will serve:

Pharmacies       Practitioners       Hospitals       Wholesalers  
 Other: Clinics

Type of Products to be handled or wholesaled be firm:

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

FF

**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: Medical Depot d/b/a Drive DeVilbiss Healthcare

Physical Address: 99 Seaview Blvd Port Washington, NY 11050  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 99 Seaview Blvd

City: Port Washington State: NY Zip Code: 11050

Telephone: 516-998-4600 x4282 Fax: 516-918-5225

E-mail: PBeja@DriveMedical.com Website: www.drivemedical.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: Mark Lavacca - Senior VP North American Operations

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

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

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

Name: Not Applicable Telephone: Not Applicable

95221



GG

**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: OrthogenRx, Inc.

Physical Address: Pennsylvania Biotechnology Center, 3805 Old Easton Road, Doylestown, PA 18902  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: (Same)

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

Telephone: 215-693-1066 Fax: 484-840-5597

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

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

Mon: 9:00 to 4:00 Tue: 9:00 to 4:00 Wed: 9:00 to 4:00 Thu: 9:00 to 4:00  
Fri: 9:00 to 4:00 Sat: N/A to Sun: N/A to Holidays: N/A to

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

Name: David Toledo-Velasquez

**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: <u>a sterile, non-pyrogenic solution in a prefilled syringe</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: David Toledo-Valasquez Telephone: 1-844-GENVISC (436-8472)

95153

HH

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

Form with checkboxes for New MDEG, Ownership Change, Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, and Sole Owner. Includes instruction to check box for type of ownership.

FACILITY INFORMATION

Facility Name: Strive Medical
Physical Address: 8428 Sterling St Ste B Irving TX 75063
Mailing Address: 8428 Sterling St Ste B
City: Irving State: TX Zip Code: 75063
Telephone: 972-354-7300 Fax: 972-354-7311
E-mail: jrosenthal@strivemedical.com Website: www.strivemedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 6pm Tue: 8am to 6pm Wed: 8am to 6pm Thu: 8am to 6pm
Fri: 8am to 6pm Sat: N/A to N/A Sun: N/A to N/A Holidays: N/A to N/A

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Josh Rosenthal

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: Urological, Wound Care, Ostomy

\*\*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

95098

# 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: The PostureWorks, LLC

Physical Address: 47 River St., Suite 210, Wellesley, MA 02481  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 47 River St., Suite 210

City: Wellesley State: MA Zip Code: 02481

Telephone: (781) 431-0900 Fax: (781) 431-8202

E-mail: REGULATORY@THEPOSTUREWORKS.COM Website: WWW.THEPOSTUREWORKS.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: Paul Jerrickson

### 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>WHEELCHAIR SEATING</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: \_\_\_\_\_

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.

Application form with checkboxes for New MDEG, Ownership Change, Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, and Sole Owner. Includes a note to provide current license number if making changes.

FACILITY INFORMATION

Facility Name: Tidewater Medical, Inc.

Physical Address: 547 Long Point Rd. Ste 100, Mt. Pleasant SC 29464

Mailing Address: PO Box 707

City: Mt. Pleasant State: SC Zip Code: 29465

Telephone: 888-858-9988 Fax: 866-991-6282

E-mail: Dan@tws.net Website: www.tws.net

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Daniel Gilsenan

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: wound care, ostomy, urology

\*\*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: Daniel Gilsenan Telephone: 888-858-9988

95152

KK

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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: Westford Medical Corp

Physical Address: 808 Hercules Drive, Suite 1 Colchester, VT 05446  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 808 Hercules Drive, Suite 1

City: Colchester State: VT Zip Code: 05446

Telephone: 844-328-7768 Fax: 802-497-3601

E-mail: administration@westfordmedical.com Website: www.westfordmedical.com

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

Mon: 9 to 6 Tue: 9 to 6 Wed: 9 to 6 Thu: 9 to 6  
Fri: 9 to 6 Sat: - to - Sun: - to - Holidays: - to -

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

Name: Sanita Harvie

**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: DMF-Urological Supplies

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

95097

LL

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.

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

Pharmacy Name: William Bec Ririe Retail Pharmacy

Physical Address: 1500 Ave H

Mailing Address: 1500 Ave H

City: ELY State: NV Zip Code: 89301

Telephone: 1-775-289-3001 ext 239 Fax: 1-775-549-8500

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

E-mail: dkunz@wbchely.org Website: \_\_\_\_\_

Managing Pharmacist: Daren B. Kunz License Number: 18934

**Hours of Operation:**

Monday thru Friday 6:30 am 3:00 pm

Saturday \_\_\_\_\_ am \_\_\_\_\_ pm

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

24 Hours X on call

**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

95218