

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

LLC

**GENERAL INFORMATION to be completed by all types of ownership**Pharmacy Name: Alore, LLCPhysical Address: 999 Commercial Street SE Salem, OR 97302Mailing Address: 8260 NW 27th St #403 Attn: Compliance Dept.City: Doral State: FL Zip Code: 33122Telephone: (877) 814-2968 Fax: (877) 270-6708Toll Free Number: (877) 814-2968 (Required per NAC 639.708)E-mail: licensing@alore-rx.com Website: N/AManaging Pharmacist: Adela Waldie License Number: RPH-0013932**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,**

98672

B

## NEVADA STATE BOARD OF PHARMACY

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

**GENERAL INFORMATION to be completed by all types of ownership**Pharmacy Name: BALL PARK PHARMACYPhysical Address: 1900 BALLPARK WAY, STE 104, ARLINGTON, TX 76006Mailing Address: 1900 BALLPARK WAY, STE 104, ARLINGTON, TX 76006City: ARLINGTON State: TX Zip Code: 76006Telephone: 682-323-5258 Fax: 682-323-5449Toll Free Number: 844-302-9652 (Required per NAC 639.708)E-mail: ballparkpharmainc@gmail.com Website: N/AManaging Pharmacist: LINDA LAN NGUYEN License Number: 50336**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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C

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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: Beta Discount Pharmacy & Health Services, LLC

Physical Address: 776 Sand Town Rd

Mailing Address: 776 Sand Town Rd

City: Marietta State: GA Zip Code: 30008

Telephone: 678-909-3455 Fax: 888-892-1827

Toll Free Number: 888-885-0887 (Required per NAC 639.708)

E-mail: LICENSING@BETARX.US Website: N/A

Managing Pharmacist: Adefunke Hughey License Number: RPH025794

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

Pharmacy Name: K&C Pharmacy Depot, LLC, d/b/a Chesapeake Bay Pharmacy

Physical Address: 5686 Silver Hill Road, District Heights, Maryland 20747

Mailing Address: 5686 Silver Hill Road

City: District Heights State: Maryland Zip Code: 20747

Telephone: 301-456-7349 Fax: 866-754-3970

Toll Free Number: 844-236-5486 (Required per NAC 639.708)

E-mail: jennifer.parker@cbprx.net Website: \_\_\_\_\_

Managing Pharmacist: Brittany Bruce License Number: 20903

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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E

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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: Caremark, L.L.C. dba CVS/specialty #48604

Physical Address: 1001 Spinks Road, Ste 280, Flower Mound, TX 75028

Mailing Address: One CVS Drive, Licensing Dept/MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 214-285-4096 Fax: 401-335-7592

Toll Free Number: 800-360-0520 (Required per NAC 639.708)

E-mail: joyce.willis@cvshealth.com Website: \_\_\_\_\_

Managing Pharmacist: Nu Le License Number: 47415

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

Pharmacy Name: Dr. Ike's Pharmacy #1  
Physical Address: 7640 Tampa Ave. Suite #103  
Mailing Address: 7640 Tampa Ave Suite #103  
City: Reseda State: CA Zip Code: 91335  
Telephone: (818) 578-7400 Fax: (818) 578-7407  
Toll Free Number: (833) 377-7453 (Required per NAC 639.708)  
E-mail: drikerx1@gmail.com Website: www.drikerx.com  
Managing Pharmacist: Harut Kagoxan License Number: 64527

**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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☐ Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: Focused Care Pharmacy, Inc.

Physical Address: 10040 Tarbell Rd Suite 100

Mailing Address: 10040 Tarbell Rd Suite 100

City: Syracuse State: NY Zip Code: 13206

Telephone: 844-807-3730 Fax: 315-433-2372

Toll Free Number: 844-807-3730 (Required per NAC 639.708)

E-mail: contactus@focusedcarerx.com Website: n/a

Managing Pharmacist: Tim Walsh License Number: 038931

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

Pharmacy Name: Janus Rx  
Physical Address: 2697 International Pkwy. Bldg. 3 Ste. 103  
Mailing Address: 3480 Eastern Blvd. Montgomery, AL 36116  
City: Virginia Beach State: VA Zip Code: 23452  
Telephone: 757-351-1951 Fax: 757-351-1953  
Toll Free Number: 855-422-9701 (Required per NAC 639.708)  
E-mail: Jgreen@mimsmanagementgroup.com Website: N/A  
Managing Pharmacist: Derek Sapon License Number: 18411

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

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  
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☐ ☒ Non Sterile Compounding  
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### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: L & S DRUGS INC. dba KAREN PHARMACY

Physical Address: 1730 WEST VERDUGO AVE. BURBANK, CA 91506

Mailing Address: 1730 WEST VERDUGO AVE.

City: BURBANK State: CA Zip Code: 913506

Telephone: 818-842-1511 Fax: 818-842-1457

Toll Free Number: 800-842-1511 (Required per NAC 639.708)

E-mail: LSDRUGS@YAHOO.COM Website: \_\_\_\_\_

Managing Pharmacist: GEORGE CRAIG HONG License Number: RPH 52708

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

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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: Lake City Pharmacy, LLC

Physical Address: 33389 Van Dyke

Mailing Address: 33389 Van Dyke

City: Sterling Heights State: MI Zip Code: 48312

Telephone: 586-315-1200 Fax: 866-902-3981

Toll Free Number: 866-902-3973 (Required per NAC 639.708)

E-mail: LICENSING@LAKERX.US

Website: N/A

Managing Pharmacist: Xiaozhou Ning License Number: 5302037921

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

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Yes/No

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☐ ☒ Parenteral \*\*  
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☐ ☒ Long Term Care  
☐ ☒ Sterile Compounding \*\*  
☐ ☒ Non Sterile Compounding  
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☐ ☒ Other Services: \_\_\_\_\_

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

Pharmacy Name: McHUGH DRUGSTORE LLC

Physical Address: 70 S. Madison Street Carthage IL 62321-1331

Mailing Address: SAME AS PHYSICAL

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

Telephone: 217-866-0617 Fax: 217-357-9515

Toll Free Number: 866-252-5933 (Required per NAC 639.708)

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

Managing Pharmacist: ABDUL CHOWDHURY License Number: 051300292

### 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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☐ 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: MedSavvy Inc.

Physical Address: 1621 SW First Avenue

Mailing Address: 1621 SW First Avenue

City: Portland State: OR Zip Code: 97201

Telephone: 503-225-5367

Fax: \_\_\_\_\_

Toll Free Number: 844-633-7288 (Required per NAC 639.708)

E-mail: Sean.Karbowicz@MedSavvy.com

Website: www.MedSavvy.com

Managing Pharmacist: Sean Karbowicz

License Number: RPH-0009466 - Oregon

### TYPE OF PHARMACY

**AND**

### SERVICES PROVIDED

Yes/No

☐ ☒ Retail

☐ ☒ Hospital (# beds \_\_\_\_\_)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☒ Community

☒ ☐ Other: Drugless Pharmacy

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral \*\*

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☐ ☒ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding \*\*

☐ ☒ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding \*\*

☒ ☐ Other Services: consulting

**\*\*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

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: Orphan Pharmacy Services, LLC

Physical Address: 125 Michael Dr, Ste 106 Syosset NY 11791

Mailing Address: 125 Michael Dr, Ste 106 Syosset NY 11791

City: Syosset State: NY Zip Code: 11791

Telephone: 516-753-9950 Fax: 516-299-8788

Toll Free Number: 866-349-8420 (Required per NAC 639.708)

E-mail: n/a Website: www.orphanpharmacyservices.com

Managing Pharmacist: Alberto Lopez License Number: 044392

### 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

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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: Health Strides Inc DBA - Over the Mountain Compounding

Physical Address: 4268 Cahaba Heights Ct, Suite 103 Birmingham, AL 35243

Mailing Address: Same as Physical Address

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

Telephone: (205) 824-0725 Fax: (855) 997-3707

Toll Free Number: (866) 250-9991 (Required per NAC 639.708)

E-mail: SKotaec+pharmacy.com Website: N/A

Managing Pharmacist: Lea Wolsoncrott License Number: 12774

### 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,

0

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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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: PATIENT FIRST PHARMACY

Physical Address: 101 SOUTHWESTERN BLVD # 100 SUGARLAND

Mailing Address: 101 SOUTHWESTERN BLVD # 100

City: SUGARLAND State: TX Zip Code: 77478

Telephone: (844) 939-3550 Fax: 713-583-1802

Toll Free Number: (844) 939-3550 (Required per NAC 639.708)

E-mail: TESH SHAN @ Gmail . com Website: www. PatientFirstPharmacy . com

Managing Pharmacist: KRISTIN HALL PharmD License Number: 32029

### TYPE OF PHARMACY

AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

P

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

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

☐ Partnership - Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: Royal Pharmacy

Physical Address: 12002 Shadow Creek Parkwy#106 Pearland TX 77584

Mailing Address: 12002 Shadow Creek Parkwy#106

City: Pearland

State: TX

Zip Code: 77584

Telephone: 346-207-8588

Fax: 346-207-8660

Toll Free Number: 844-253-3282

(Required per NAC 639.708)

E-mail: info@royalrx.co

Website: n/a

Managing Pharmacist: Shital Ladha

License Number: 48317

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds \_\_\_\_)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☒ ☐ Community

☐ ☐ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral \*\*

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding \*\*

☐ ☒ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding \*\*

☒ ☐ Other Services: DME

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



Q

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

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☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: PH 03712)

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: HDK Enterprises, LLC d/b/a Southside Pharmacy 3

Physical Address: 7700 Main Street, Suite 260

Mailing Address: 7700 Main Street, Suite 260

City: Houston

State: TX

Zip Code: 77030

Telephone: (832) 553-1374

Fax: (713) 661-4828

Toll Free Number: (855) 822-7828

(Required per NAC 639.708)

E-mail: ROMIL@SSRX.COM

Website: https://www.ssr.com/

Managing Pharmacist: Romil Satishbhai Patel

License Number: 52072 (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:                     

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

R

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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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: Venice Pharmacy, LLC

Physical Address: 1229 US 41 Bypass South

Mailing Address: 1229 US 41 Bypass South

City: Venice State: FL Zip Code: 34285

Telephone: 844-840-4879 Fax: 844-841-4879

Toll Free Number: 844-840-4879 (Required per NAC 639.708)

E-mail: LICENSING@VENICERX.US Website: N/A

Managing Pharmacist: Cory Dean O'Neel License Number: PS51388

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked  
For the application to be complete

Yes/No

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

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

## NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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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: WellDyneRx, LLCPhysical Address: 7472 S. Tucson Way, Suite 100-B Centennial, CO 80112Mailing Address: Attn: Sandy Lovern 500 Eagles Landing DriveCity: Lakeland State: FL Zip Code: 33810Telephone: 888-479-2000 X 1031 Fax: 855-618-4615Toll Free Number: 888-479-2000 (Required per NAC 639.708)E-mail: administration@welldyne.com Website: https://www.welldynrx.com/Managing Pharmacist: Heather Dilmore License Number: CO- 16798**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,**

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH \_\_\_\_\_)

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

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

☐ Partnership – Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: ALL-CARE PHARMACY

Physical Address: 8415 N Pima Rd, Suite 125 Scottsdale, AZ 85258

Mailing Address: 8415 N Pima Rd, Suite 125

City: Scottsdale State: AZ Zip Code: 85258

Telephone: 480-270-6700 Fax: 480-270-6701

Toll Free Number: 844-310-6700 (Required per NAC 639.708)

E-mail: info@all-carepharmacy.com Website: www.all-carepharmacy.com

Managing Pharmacist: Rael Hannon License Number: 5016923  
Arizona

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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



# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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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: BioTek reMEDys

Physical Address: 2 Penns Way, Ste 404

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

City: New Castle State: DE Zip Code: 19720

Telephone: 302-544-5138 Fax: 888-963-8103

Toll Free Number: 877-246-9104 (Required per NAC 639.708)

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

Managing Pharmacist: Andrew Babb License Number: A1-0004754

### TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

✓

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: PH 03216)  
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: Focus Rx Pharmacy Services Inc.

Physical Address: 2805 Veterans Memorial Hwy Ste. 19 Ron

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

City: Ronkonkoma State: New York Zip Code: 11779

Telephone: 631-319-1920 Fax: 631-319-1921

Toll Free Number: 888 464 8987 (Required per NAC 639.708)

E-mail: Richard@myfocusrx.com Website: www.myfocusrx.com

Managing Pharmacist: Richard Collins License Number: 046263

### TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

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.

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: Agile Therapeutics, Inc.

Physical Address: 101 Poor Farm Rd, Princeton, NJ 08540

Mailing Address: 101 Poor Farm Rd

City: Princeton State: NJ Zip Code: 08540

Telephone: (609) 683-1934 Fax: (609) 683-1855

Toll Free Number: N/A

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

Facility Manager: Alfred F. Altomari

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: Specialty Distributors

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

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Hypodermic Devices

☐ Poisons or Chemicals

☐ Veterinary Legend Drugs

☐ Controlled Substances (include copy of DEA)

☐ Other: \_\_\_\_\_

X

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

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

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

<input type="checkbox"/> New Wholesaler	<input checked="" 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: Alfasigma USA, Inc.

Physical Address: 2008 Claiborne Avenue Shreveport, LA 71103

Mailing Address: Attn: Dale S. Scotten c/o M Romain

City: Mandeville State: Louisiana Zip Code: 70470

Telephone: +1-318- 425-9606 Fax: +1-318-675-3153

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

E-mail: dscotten@alfasigmausa.com Website: www.pamlab.com

Facility Manager: Dale R. Scotten

Professional qualifications and experience of facility manager: On file

**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:**

☐ Non-Controlled Prescription Medical Foods

<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: _____	



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

LLC

☐ 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: Animal Health Logistics, LLC

Physical Address: 400 Metro Place N - Suite 360

Mailing Address: Same as above

City: Dublin State: OH Zip Code: 43017

Telephone: 614-717-7113 Fax: 614-659-1693

Toll Free Number: N/A

E-mail: earnst@henryscheinvet.com

Website: <http://animalhealthlogistics.fahlgrendigital.com/>

Facility Manager: Elizabeth Ernst

(Note: no drugs/devices on-site (virtual wholesaler))

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

Executive Director of Regulatory and Quality

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: \_\_\_\_\_

DEA does not issue registrations to virtual wholesalers as they do not possess controlled substances.

98656

2

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

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

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

<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: Apollo Pharmaceuticals USA Inc.

Physical Address: 4400 PGA Boulevard, Suite 102, Palm Beach Gardens, FL 33410

Mailing Address: 4400 PGA Boulevard, Suite 102

City: Palm Beach Gardens State: FL Zip Code: 33410

Telephone: (561) 469-9058 Fax: N/A

Toll Free Number: N/A

E-mail: statelicensing@apollopharmainc.com Website: \_\_\_\_\_

Facility Manager: Gregory J. Ellis

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

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

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: \_\_\_\_\_

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: Aurolife Pharma LLC

Physical Address: 2400 Route 130 North, Dayton, NJ 08810

Mailing Address: 2400 Route 130 North

City: Dayton                      State: NJ                      Zip Code: 08810

Telephone: (732) 839-9400                      Fax: (732) 355-9940

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

E-mail: bjohns@aurobindousa.com                      Website: www.aurolifepharma.com

Facility Manager: Venkata R. Kota

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: Aurobindo Pharma USA Inc.

**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: Solid Dose and OTC

BB

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

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

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

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

<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: Aurex Pharmaceuticals LLC

Physical Address: 10 Lake Drive, East Windsor, NJ 08520-5321

Mailing Address: Same as Physical Address

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

Telephone: (609) 308-2304 Fax: 1800-861-8089

Toll Free Number: N/A

E-mail: kanchana@arexllabs.com Website: under construction

Facility Manager: Sree R Aravapalli

Professional qualifications and experience of facility manager: Bachelors in Engineering and Masters in Information Technology, Well experienced in Pharmaceutical manufacturing and distribution

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: _____	

manu

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 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: AveXis, Inc.

Physical Address: 1940 USG Drive

Mailing Address: Same as Physical Address.

City: Libertyville State: IL Zip Code: 60048

Telephone: 847-572-8922 Fax: 847-510-0775

Toll Free Number: 844-428-3947

E-mail: Agharst031@avexis.com Website: www.avexis.com

Facility Manager: Amanda D. Gharst

Professional qualifications and experience of facility manager: See Attachment B

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

☒ Pharmacies      ☐ Practitioners      ☒ Hospitals      ☐ Wholesalers  
☒ Other: Distributors and Clinics.

**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: _____	

98657



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.

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

Facility Name: BexR Logistix, LLC

Physical Address: 38505 IH-10 West, Suite B, Boerne, TX 78006

Mailing Address: 38505 IH-10 West, Suite B

City: Boerne State: TX Zip Code: 78006

Telephone: 830-443-9585 Fax: 800-681-4050

Toll Free Number: N/A

E-mail: Zane.morgan@missionpharmcal.com Website: www.bexr.com

Facility Manager: Zane Morgan

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

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

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

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

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.

☒ 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: Brothers Healthcare, Inc.

Physical Address: 4130 Flatrock Dr. Suite 150 Riverside, CA 92505

Mailing Address: 11705 Slate Ave Suite 200

City: Riverside State: CA Zip Code: 92505

Telephone: (909) 328-4375 Fax: (977) 276-5991

Toll Free Number: (800) 291-1089

E-mail: scottc@brothershealthcare.com

Website: www.brothershealthcare.com

Facility Manager: Scott Carthey

Professional qualifications and experience of facility manager: D.I.C.

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: \_\_\_\_\_

FF

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

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

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

<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: Ferndale Laboratories, Inc.

Physical Address: 2773 John B. Warren, MI 48091

Mailing Address: 780 West Eight Mile Road

City: Ferndale State: Michigan Zip Code: 48220

Telephone: (248) 548-0900 Fax: (248) 548-4790

Toll Free Number: (888) 548-0900

E-mail: contactus@ferndalelabs.com Website: www.ferndalepharmagroup.com

Facility Manager: Judy Geiser

Professional qualifications and experience of facility manager: \*\*See attached resume

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

<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: _____	

GG

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

☒ New Wholesaler

☐ Ownership Change

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

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

☐ Partnership - Pages 1,2,3,6

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

☐ Sole Owner – Pages 1,2,3,7

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

☒ LLC

GENERAL INFORMATION

Facility Name: LIEBEL-FLAKESHIEM LLC

Physical Address: 1034 SOUTH BRENTWOOD BLVD SUITE 800

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

City: RICHMOND HEIGHTS State: MO Zip Code: 63117

Telephone: 855-678-4250

Fax: \_\_\_\_\_

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

E-mail: bruno.bonnemain@guerbet-group.com Website: www.guerbet.com/en/our-group.htm

Facility Manager: BRUNO BONNEMAIN

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies

☐ Practitioners

☒ Hospitals

☒ Wholesalers

☐ Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Hypodermic Devices

☐ Poisons or Chemicals

☐ Veterinary Legend Drugs

☐ Controlled Substances (include copy of DEA)

☐ Other: \_\_\_\_\_

HH

## 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: Mitsubishi Tanabe Pharma America, Inc.Physical Address: 525 Washington Blvd, Suite 400Mailing Address: SAMECity: Jersey CityState: NJZip Code: 07310Telephone: 908-607-3010Fax: 201-610-1293Toll Free Number: N/AE-mail: Armand\_Famiglietti@mt-pharma-us.comWebsite: www.mt-pharma-america.comFacility Manager: Christopher Gallardo, Supply Chain Director

Professional qualifications and experience of facility manager: Responsible for the implementation and oversight of the US supply chain strategy and manages the development and maintenance of the supply chain as necessary to optimize the effectiveness and efficiency of the value chain.

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



II

# 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 01961)

☐ 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: OKC Allergy Supplies, Inc.

Physical Address: 1005 SW 2nd Street

Mailing Address: 1005 S.W. 2nd Street

City: Oklahoma City State: OK Zip Code: 73109

Telephone: 405-235-1451 Fax: 800-811-3389

Toll Free Number: 800-654-3971

E-mail: Lee.Beaver@alk.net Website: https://allergylabs.com/

Facility Manager: Lee Beaver

Professional qualifications and experience of facility manager: See Lee's Resume attached

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

22

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE WHOLESALE LICENSE

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

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

Application must be printed legibly or typed

Any false representation 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
LLC Please check box for type of ownership and complete correct part of the application.	

### GENERAL INFORMATION

Facility Name: R+S Solutions LLC

Physical Address: 96 American Drive, Suite 100 A

Mailing Address: 96 American Drive, Suite 100 A

City: Jackson State: TN Zip Code: 38301-5081

Telephone: 731-300-1289 Fax: \_\_\_\_\_

Toll Free Number: 855-655-7556

E-mail: JDowning@RSSolutions.com Website: RSSolutions.com  
(under construction)

Facility Manager: Steve Wilhelm

Professional qualifications and experience of facility manager: 10 years AS Manager  
of R+S Northeast Wholesale Drug Company

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: \_\_\_\_\_

KK

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

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

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

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

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

Facility Name: scPharmaceuticals Inc

Physical Address: 2400 District Ave, Suite 310

Mailing Address: 2400 District Ave, Suite 310

City: Burlington State: MA Zip Code: 01803

Telephone: (617) 517-0730 Fax: 857-445-4834

Toll Free Number: n/a

E-mail: info@scpharma.com Website: www.scpharmaceuticals.com

Facility Manager: Abraham Ceesay

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: Military, Specialty Pharma/Distribution, LTC, Military, Retail

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

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

4

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

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

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

<input checked="" type="checkbox"/> New Wholesaler	<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: Smith Drug Company, Division of J M Smith Corporation

Physical Address: 1500 Commerce Drive

Mailing Address: PO Box 1779, Spartanburg, SC 29304

City: Valdosta State: GA Zip Code: 31601

Telephone: 229-244-4412 Fax: 229-244-4413

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

E-mail: khughes@smithdrug.com Website: www.smithdrug.com

Facility Manager: Kent Hughes

Professional qualifications and experience of facility manager: See attached resume.

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

☒ Pharmacies      ☐ Practitioners      ☒ Hospitals      ☐ Wholesalers

☐ Other: \_\_\_\_\_

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

☒ Legend Pharmaceuticals, Supplies or Devices      ☐ Hypodermic Devices

☐ Poisons or Chemicals      ☐ Veterinary Legend Drugs

☒ Controlled Substances (include copy of DEA)

☒ Other: OTC Products

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

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

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

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

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

**GENERAL INFORMATION**

Facility Name: Teva Women's Health, LLC  
Physical Address: 825 Wurlitzer Drive, North Tonawanda, NY 14120  
Mailing Address: 425 Privet Rd - Attn: Kelly O'Donoghue  
City: Horsham State: PA Zip Code: 19044  
Telephone: 716-693-6230 Fax: 215-293-6499  
Toll Free Number: \_\_\_\_\_  
E-mail: Kelly.Odonoghue@teva-pharm.com Website: www.teva-usa.com  
Facility Manager: Jennifer Gates  
Professional qualifications and experience of facility manager: See attached resume

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

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

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

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



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# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

### FACILITY INFORMATION

Facility Name: Trusted Mobility CA, LLC dba American Independence  
 Physical Address: 271 Roymar Rd. #C, Oceanside, CA 92058 Mobility  
 (This must be a business address, we can not issue a license to a home address)

Mailing Address: Same as above

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

Telephone: 833-409-5612 Fax: 858-477-9000

E-mail: cwebb@aim2help.com Website: \_\_\_\_\_

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

Mon: 8<sup>am</sup> to 4:30<sup>pm</sup> Tue: 8<sup>am</sup> to 4:30<sup>pm</sup> Wed: 8<sup>am</sup> to 4:30<sup>pm</sup> Thu: 8<sup>am</sup> to 4:30<sup>pm</sup>  
 Fri: 8<sup>am</sup> to 4:30<sup>pm</sup> Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

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

Name: Chelsea Webb

### 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>Complex rehabilitation chairs</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: \_\_\_\_\_

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# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

### FACILITY INFORMATION

Facility Name: BUYPAPUSACOM, INC

Physical Address: 900 SW 5th Avenue, Suite 1825 Portland, OR 97204  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3325 Bartlett Blvd.

City: Orlando State: FL Zip Code: 32811-6428

Telephone: 800-497-4904 Fax: 503-296-2219

E-mail: credentialing@aerocareusa.com Website: www.aerocareusa.com

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

Mon: 6am to 5pm Tue: 6am to 5pm Wed: 6am to 5pm Thu: 6am to 5pm

Fri: 6am to 5pm Sat: 7am to 5pm Sun: 9am to 5pm Holidays: 9am to 5pm

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

Name: Patricia Non + negro

### 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>CPAP, BIPAP &amp; 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: Katina Brandon Telephone: 702-696-1313

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# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> <b>Ownership Change</b>
(Please provide current license number if making changes: MP or MW <u>MP00794</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: Comfort Medical, LLC

Physical Address: 4385 NW 124th Avenue, Coral Springs, FL 33065-7634  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4385 NW 124th Avenue

City: Coral Springs State: FL Zip Code: 33065-7634

Telephone: (800) 700-4246 Fax: (954) 200-8730

E-mail: credentialing@comfortmedical.com Website: http://www.comfortmedical.com/

### 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: —to— Sun: —to— Holidays: —to—

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

Name: Ryan T. Flannery

### 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>Urology and Ostomy 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: \_\_\_\_\_

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# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

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

### FACILITY INFORMATION

Facility Name: Ebb Therapeutics, Inc.

Physical Address: 2555 Smallman Street Pittsburgh, PA 1522  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2555 Smallman Street

City: Pittsburgh State: PA Zip Code: 15222

Telephone: ~~412-794-8011~~ 412-517-6735 Fax: N/A

E-mail: drippole@ebbsleep.com Website: www.ebbsleep.com

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

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

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

Name: Damian Rippole

### 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 Prosthetics          |
| <input type="checkbox"/> Diabetic Supplies           | Other: <u>SEE BELOW **</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. N/A

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

\* (including but not limited to medical devices, wearables, apps) and services for treating sleep and other neurological disorders



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# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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☒ 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: EDGE ENDO, LLC

Physical Address: 5600 WYOMING BLVD, NE, SUITE 100

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

Mailing Address: SAME AS ABOVE

City: ALBUQUERQUE State: NM Zip Code: 87109

Telephone: 505-872-1115 Fax: 505-884-4257

E-mail: randy@edgeendo.com Website: www.edgeendo.com

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

Mon: 7 to 5 Tue: 7 to 5 Wed: 7 to 5 Thu: 7 to 5

Fri: 7 to 4 Sat: Ø to Ø Sun: Ø to Ø Holidays:      to     

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

Name: RANDAU REEVES

### 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: DENTAL FILES FOR ROOT CANALS

\*\*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: RANDAU REEVES

Telephone: 505-269-5341



# 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: Essential Medical Supplies

Physical Address: 175 W. Lexington Ave, Ste A  
(This must be a business address, we can not issue a license to a home address)

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

City: El Cajon State: CA Zip Code: 92020

Telephone: 844 782 8440 Fax: 888 821 4251

E-mail: kpack@essentialmedsupplies.com Website: \_\_\_\_\_

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

Mon: 9 to 4 Tue: 9 to 4 Wed: 9 to 4 Thu: 9 to 4

Fri: 9 to 4 Sat: X to X Sun: X to X Holidays: X to X

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

Name: Monica Adams

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

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

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

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

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

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

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# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

### FACILITY INFORMATION

Facility Name: First Choice Medical Supply

Physical Address: 256 Witherspoon Way Suite M El Cajon CA 92020  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 256 Witherspoon Way, Suite M

City: El Cajon State: CA Zip Code: 92020

Telephone: 619 467 4841 Fax: 888 920 9832

E-mail: info@firstchoicemedsupply.net Website: N/A

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

Mon: 8A to 3:30P Tue: 8A to 3:30P Wed: 8A to 3:30P Thu: 8A to 3:30P

Fri: 8A to 3:30P Sat: X to X Sun: X to X Holidays: X to X

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

Name: Eldne Nojat

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

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

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

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

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# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

\$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	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location 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 1,2,3,5a,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 to be completed by all types of ownership

MDEG Name: Hylan Medicine Cabinet Inc.

Physical Address: 1988 Hylan Blvd  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: same

City: Staten Island State: ny Zip Code: 10306

Telephone: 718-667-4300 Fax: 718-351-7867

E-mail: HylanMedicine@gmail.com Website: HylanMedicine.com

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

Mon: 9 to 7 Tue: 9 to 7 Wed: 9 to 7 Thu: 9 to 7

Fri: 9 to 7 Sat: 9 to 5 Sun: - to - Holidays: to

### MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Roger Halarba

### 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 checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies       | Other: _____   |

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

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## NEVADA STATE BOARD OF PHARMACY

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

### APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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: Intermountain Home Health & Hospice - St George office

Physical Address: same as mailing address  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 923 South River road

City: St. George State: UT Zip Code: 84790

Telephone: 800-300-3781 Fax: 435-251-2322

E-mail: Paul.Greenwall@imail.org Website: IntermountainHealthcare.org

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

Mon: 8<sup>30</sup> to 5<sup>00</sup> Tue: 8<sup>30</sup> to 5<sup>00</sup> Wed: 8<sup>30</sup> to 5<sup>00</sup> Thu: 8<sup>30</sup> to 5<sup>00</sup>

Fri: 8<sup>30</sup> to 5<sup>00</sup> Sat: X to X Sun: X to X Holidays: X to X

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

Name: Paul Greenwall

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

☒ Medical Gases\*\*

☒ Respiratory Equipment\*\*

☒ Life-sustaining equipment\*\*

☐ Diabetic Supplies

☒ Assistive Equipment

☐ Parenteral and Enteral Equipment\*\*

☐ Orthotics and Prosthesis

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

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

Name: Paul Greenwall

Telephone: 435-668-1062

## NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATIONFacility Name: McKesson Patient Care Solutions Inc.Physical Address: 1667 Shug Jordan Parkway, Ste. 403  
(This must be a business address, we can not issue a license to a home address)

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

City: Auburn State: AL Zip Code: 36830Telephone: 800-451-6510 Fax: 888-844-0528E-mail: MPCSlicense@mckesson.com Website: https://mpcs.mckesson.comDAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATINGMon: 8:00 to 5:00 Tue: 8:00 to 5:00 Wed: 8:00 to 5:00 Thu: 8:00 to 5:00Fri: 8:00 to 5:00 Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basisName: Savannah LambTYPE 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 Prosthetics

Other: Wound care, dressings, tracheostomy, ostomy, urologicals

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



XX

## 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: Personally Delivered Inc

Physical Address: 2323 N State Street, Unit 76  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2323 N State Street, Unit 76

City: Bunnell State: Florida Zip Code: 32110-4396

Telephone: 866 427 4337 Fax: 800 731 5177

E-mail: customerservice@personallydelivered.com Website: www.personallydelivered.com

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

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

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

Name: Brian Darling

### 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>Ostomy supplies &amp; Urinary Catheters</u>       |

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

Name: N/A Telephone: N/A

YY

# NEVADA STATE BOARD OF PHARMACY

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

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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 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: Regenesis Biomedical, Inc.  
Physical Address: 5301 N. Pima Road, Suite 150  
(This must be a business address, we can not issue a license to a home address)  
Mailing Address: 5301 N. Pima Road, Suite 150  
City: Scottsdale State: AZ Zip Code: 85250  
Telephone: (480) 970-4970 Fax: (480) 223-9177  
E-mail: accounting@regenesishio.com Website: www.regenesishio.com

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

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

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

Name: Joseph Bright

### 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>Nonthermal Shortwave Therapy</u>                  |

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

Name: N/A Telephone: N/A

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22

## NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

FACILITY INFORMATIONFacility Name: Socal Pharmacy INCPhysical Address: 12555 Garden Grove Blvd Suite 102, Garden Grove CA 92843  
(This must be a business address, we can not issue a license to a home address)Mailing Address: N/ACity:                      State:            Zip Code:           Telephone: 714-636-0593 Fax: 714-636-7708E-mail: Farfahani@gmail.com Website: N/ADAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATINGMon: 9:30 to 6:00 Tue: 9:30 to 6:00 Wed: 9:30 to 6:00 Thu: 9:30 to 6:00Fri: 9:30 to 6:00 Sat: 10:00 to 1:00 Sun:            to            Holidays:            to           MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basisName: Farzan IsfahaniTYPE 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: OFF the Shelf Orthotics

\*\*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/ATelephone: N/A

AAA

## NEVADA STATE BOARD OF PHARMACY

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

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

**FACILITY INFORMATION**Facility Name: Trust Home Medical LLCPhysical Address: 4415 US Highway 92 W, Plant City, FL 33563  
(This must be a business address, we can not issue a license to a home address)Mailing Address: PO Box 33City: Valrico State: FL Zip Code: 33565Telephone: 800-976-3826 Fax: 800-976-3826E-mail: info@trusthomemedical.com Website: www.trusthomemedical.com**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**Mon: 9a to 3p Tue: 9a to 3p Wed: 9a to 3p Thu: 9a to 3pFri: 9a to 3p Sat: to Sun: to Holidays: to**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**Name: Jeffrey McDaniel**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 supplies, Ostomy supplies, Off the shelf orthoses, off the shelf breast prostheses and accessories

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

BBB

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

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

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☐ New Pharmacy      ☒ Ownership Change      ☐ Name Change      ☐ Location Change  
 (Please provide current license number if making changes: PH 03609 )

☐ 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: All City Pharmacy, LLC

Physical Address: 821 N Lamb Blvd. Suite 4

Mailing Address: 821 N Lamb Blvd Suite 4

City: Las Vegas State: NV Zip Code: 89110

Telephone: (702) 834-7704 Fax: (702) 834-7705

Toll Free Number: N/A

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

Managing Pharmacist: Roger Waddington License Number: 16313

**Hours of Operation:**

Monday thru Friday 9 am 6 pm

Saturday N/A am N/A pm

Sunday N/A am N/A pm

24 Hours N/A

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

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



CCC

**NEVADA STATE BOARD OF PHARMACY**

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

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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: West Cheyenne Pharmacy

Physical Address: 3350 Novat Street Suite 110

Mailing Address: 3350 Novat Street Suite 110

City: Las Vegas State: Nevada Zip Code: 89129

Telephone: 702-395-3004 Fax: 702-395-3005

Toll Free Number: N/A

E-mail: westcheyennepharmacy@gmail.com Website: westcheyennepharmacy.com

Managing Pharmacist: Tracy Nguyen License Number: 15114

**Hours of Operation:**

Monday thru Friday 9 am 7 pm

Saturday 9 am 2 pm

Sunday Close am Close pm

24 Hours N/A

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

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