

A

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

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

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

Pharmacy Name: BIG BEND PHARMACY, LLC

Physical Address: 6045 EAST SHELBY DRIVE, SUITE 1A, MEMPHIS, TN 38141

Mailing Address: 6045 EAST SHELBY DRIVE, SUITE 1A

City: MEMPHIS State: TENNESSEE Zip Code: 38141

Telephone: 901-646-7701 Fax: 954-436-4263

Toll Free Number: 1844-646-2279 (Required per NAC 639.708)

E-mail: LICENSING@BIGBENDRX.COM Website: N/A

Managing Pharmacist: SUZANNE TAGG License Number: 7667

### 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,

96419

B

# NEVADA STATE BOARD OF PHARMACY

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

☐ Partnership – Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: Conception Pharmacy

Physical Address: 25301 Interstate 45 North, Suite B, The Woodlands, TX 77380

Mailing Address: 1620 W Northwest Highway, Suite 100

City: Grapevine State: TX Zip Code: 76051

Telephone: 346-220-6450 Fax: 346-220-6451

Toll Free Number: 844-602-1990 (Required per NAC 639.708)

E-mail: bfeehan@receptrx.com

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

Managing Pharmacist: Angela Tompkins License Number: 44604

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked  
For the application to be complete

Yes/No

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

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

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C

**NEVADA STATE BOARD OF PHARMACY**  
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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: Duncan Specialty Pharmacy

Physical Address: 317 West Broadway

Mailing Address: 317 West Broadway

City: Mayfield State: KY Zip Code: 42066

Telephone: 877-247-9992 Fax: 270-247-6033

Toll Free Number: 877-247-9992 (Required per NAC 639.708)

E-mail: mykel@duncanrxcenter.com Website: www.duncanrxcenter.com

Managing Pharmacist: Mykel Tidwell License Number: 015489 - KY

**TYPE OF PHARMACY** AND

**SERVICES PROVIDED**

Yes/No

☐ ☒ Retail

☐ ☒ Hospital (# beds \_\_\_\_)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☒ Community

☒ ☐ Other: Specialty/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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D

## 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: Farmacia LibertadPhysical Address: 94114 Parkfield Dr. Unit AMailing Address: 94114 Parkfield Dr. Unit ACity: Austin State: TX Zip Code: 78758Telephone: 800-381-2664 Fax: 512-284-7694Toll Free Number: 800-381-2664 (Required per NAC 639.708)E-mail: andrew.coney2@gmail.com Website: \_\_\_\_\_Managing Pharmacist: Andrew Coney License Number: Nevada # 19528

Texas # 50159

## 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

# NEVADA STATE BOARD OF PHARMACY

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

☐ Partnership - Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: FORD'S PHARMACY, LLC

Physical Address: 181 SABAL PALM DRIVE # 111 LONGWOOD, FL 32779

Mailing Address: 8260 NW 27TH STR # 403 ATTN: LICENSING DEPT

City: DORAL State: FLORIDA Zip Code: 33122

Telephone: 877-270-6640 Fax: 866-223-7369

Toll Free Number: 877-270-6640 (Required per NAC 639.708)

E-mail: LICENSING@FORD-RX.COM Website: N/A

Managing Pharmacist: ALAN KRUGER License Number: PS38800

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

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**NEVADA STATE BOARD OF PHARMACY**

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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: Healthcare Pharmaceuticals, Inc

Physical Address: 3950 S 700 E #205, SLC, UT 84107

Mailing Address: 3950 S 700 E #205

City: Salt Lake City State: UT Zip Code: 84107

Telephone: 801-270-5656 Fax: 801-270-5658

Toll Free Number: 866-450-5656 (Required per NAC 639.708)

E-mail: cweiler@impacthc.org Website: www.hcprx.com

Managing Pharmacist: Stephen Shroy License Number: 5556613-1701

**TYPE OF PHARMACY AND**

**SERVICES PROVIDED**

Yes/No

- ☐ ☒ Retail  
☐ ☒ Hospital (# beds       )  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☒ ☐ Other: Long-term care

All boxes must be checked

For the application to be complete

Yes/No

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

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G

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☐ 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: HEART OF AMERICA PHARMACY, LLC

Physical Address: 4338 E 142ND STREET, GRANDVIEW, MISSOURI 64030

Mailing Address: 4338 E 142ND STREET

City: GRANDVIEW State: MISSOURI Zip Code: 64030

Telephone: 844-780-4279 Fax: 844-781-4279

Toll Free Number: 1844-780-4279 (Required per NAC 639.708)

E-mail: LICENSING@HEARTOFAMERICARX.COM Website: N/A

Managing Pharmacist: DOUGLAS KLEIN License Number: 044202

### 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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# NEVADA STATE BOARD OF PHARMACY

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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: Inception RX

Physical Address: 134 Franklin Road, Suite 200, Brentwood, TN 37027

Mailing Address: P.O. Box 1007, Brentwood, TN 37024

City: Brentwood State: TN Zip Code: 37027

Telephone: 629-203-6022 Fax: 615-376-4707

Toll Free Number: 877-677-0892 (Required per NAC 639.708)

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

Managing Pharmacist: Debbie Sanford-Case License Number: 6509

### 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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I

**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: Medisuite

Physical Address: 160 MacGregor Pines Drive, suite 110, Cary, NC 27511

Mailing Address: same as above

City: Cary State: NC Zip Code: 27511

Telephone: (919) 200-6952 Fax: (919) 200-6951

Toll Free Number: (919) 200-6952 1 800 601 0691  
(Required per NAC 639.708)

E-mail: tim@medisuitex.com +terrie@medisuitex.com Website: www.medisuitex.com

Managing Pharmacist: Theresa V Donofrio License Number: 12724-NC

**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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96415

# NEVADA STATE BOARD OF PHARMACY

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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: Meijer Specialty Pharmacy

Physical Address: 8455 Haggerty Road, Belleville, MI 48111

Mailing Address: 8455 Haggerty Road

City: Belleville State: MI Zip Code: 48111

Telephone: 734-391-2310 Fax: 734-391-2365

Toll Free Number: 1-877-460-8303 (Required per NAC 639.708)

E-mail: rxlicense@meijer.com Website: www.meijer.com

Managing Pharmacist: Dawn Alisa Taylor License Number: 5302038747

### TYPE OF PHARMACY

AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

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K

**NEVADA STATE BOARD OF PHARMACY**  
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☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: PillPack Austin

Physical Address: 220 Industrial Boulevard, Suite 100, Austin, TX, 78745

Mailing Address: 220 Industrial Boulevard, Suite 100

City: Austin State: Texas Zip Code: 78745

Telephone: 512-537-3205 Fax: 512-677-6267

Toll Free Number: 855-745-5725 (Required per NAC 639.708)

E-mail: mhearn@pillpack.com Website: pillpack.com

Managing Pharmacist: Michael Hearn License Number: 48822

**TYPE OF PHARMACY**

**AND**

**SERVICES PROVIDED**

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

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L

# NEVADA STATE BOARD OF PHARMACY

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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: Prime Therapeutics

Physical Address: 2901 Kinwest Pkwy, Ste. 350

Mailing Address: PO BOX 901, DEERFIELD, IL 60015

City: IRVING

State: TX

Zip Code: 75063

Telephone: 888-282-4801

Fax: 972-630-1449

Toll Free Number: 888-282-4801

(Required per NAC 639.708)

E-mail: SPECIALTYLICENSES@WALGREENS.COM

Website: www.PrimeTherapeutics.com

Managing Pharmacist: HONG-ANH KIM

License Number: 39889

### TYPE OF PHARMACY

AND

### SERVICES PROVIDED

Yes/No

☐ ☒ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☒ Community

☒ ☐ Other: CENTRAL PROCESSING/CALL CENTER

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral \*\*

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☐ ☒ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding \*\*

☐ ☒ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding \*\*

☒ ☐ Other Services: CENTRAL PROCESSING/

CALL CENTER

All boxes must be checked

For the application to be complete

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

916416



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: QUAKER COMMUNITY PHARMACY, LLC

Physical Address: 304 VILLAGE AT STONES CROSSING, EASTON, PA 18045

Mailing Address: 304 VILLAGE AT STONES CROSSING

City: EASTON State: PENNSYLVANIA Zip Code: 18045

Telephone: 844-716-4727 Fax: 844-840-4727

Toll Free Number: 844-716-4727 (Required per NAC 639.708)

E-mail: LICENSING@QUAKERRX.COM Website: N/A

Managing Pharmacist: THOMAS IRELAND License Number: RP027164L

**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,**

96686

N

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

☐ 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: SMART SCRIPTS

Physical Address: 1010 W. MADISON

Mailing Address: SAME

City: WASHINGTON State: IA Zip Code: 52353

Telephone: 844-597-6278 Fax: 888-653-1063

Toll Free Number: 844-597-6278 (Required per NAC 639.708)

E-mail: INFO@SMARTSCRIPTS.COM Website: WWW.SMARTSCRIPTS.COM

Managing Pharmacist: TOON THOMPSON License Number: 19039 IA

### 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.

96465

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

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

Application must be printed legibly or typed

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

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

☐ Partnership – Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: U.S. PharmaMed, LLC

Physical Address: 3450 Tarheel Drive Ste 101 Bldg. 4 Raleigh, NC 27609

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

City: Doral State: FL Zip Code: 33122

Telephone: (877) 270-6407 Fax: (877) 270-6468

Toll Free Number: (877) 270-6407 (Required per NAC 639.708)

E-mail: licensing@uspharmamed-rx.com Website: www.uspharmamed-rx.com

Managing Pharmacist: Hyacinth Grace Grant License Number: 20268

**TYPE OF PHARMACY**

**AND**

**SERVICES PROVIDED**

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

96684

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)

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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: Valeda Rx LLC

Physical Address: 250 Mt. Lebanon Blvd, Suite 208 Pittsburgh. PA 15234

Mailing Address: same as above

City: Pittsburgh State: PA Zip Code: 15234

Telephone: 855-698-2533 Fax: 844-582-5332

Toll Free Number: 855-698-2533 (Required per NAC 639.708)

E-mail: regcom@valedahealth.com Website: valedahealth.com

Managing Pharmacist: Michael DePaz License Number: RP450157

### 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,

96421



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\_\_\_\_)  
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: Vital Rx  
Physical Address: 237 Cahaba Valley Parkway  
Mailing Address: same  
City: Pelham State: AL Zip Code: 35124  
Telephone: 866.209.5540 Fax: 800.878.4160  
Toll Free Number: 866.209.5540 (Required per NAC 639.708)  
E-mail: hatelyn.erten@vitalrx.com Website: www.vitalrx.com  
Managing Pharmacist: Jason Flebotte License Number: 19525

### 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,**

96536

R

## NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

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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: Lyons Pharmacy and Compounding LabPhysical Address: 23206 Lyons Ave suite #112Mailing Address: 23206 Lyons Ave suite #112City: Newhall State: CA Zip Code: 91321Telephone: 661-777-7770 Fax: 661-777-7776Toll Free Number: 866-253-0302 (Required per NAC 639.708)E-mail: MyLyons Pharmacy@gmail.com Website: MyLyons Pharmacy.comManaging Pharmacist: Pouya Farzadfar License Number: 63345**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.

91667

S

# 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: 4M Pharmacy DBA Michaels Pharmacy  
Physical Address: 960 E. GREEN STREET #152 PASADENA, CA 91106  
Mailing Address: Same as Above  
City: Pasadena State: CA Zip Code: 91106  
Telephone: (626) 204 7420 x: (626) 204 7417  
Toll Free Number: 844 363 6097 (Required per NAC 639.708)  
E-mail: Levi@Michaels-pharmacy.com Website: www.Michaels-pharmacy.com  
Managing Pharmacist: MASSOUD Zarkish License Number: 4592

### 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.

96417

# 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: Publix Super Markets, Inc., Publix Specialty Pharmacy #3212

Physical Address: 7616 Southland Blvd, Ste 112, Orlando, FL 32809

Mailing Address: 1950 Sand Lake Rd., Bldg 5

City: Orlando State: FL Zip Code: 32809

Telephone: 855-797-8254 Fax: 863-413-5723

Toll Free Number: 855-797-8254 (Required per NAC 639.708)

E-mail: specialtypharmacy@publix.com Website: https://specialtyrx.publix.com

Managing Pharmacist: Desirae Hill License Number: PS46774

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

96664



U

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

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

☐ Partnership - Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: Veterinary Pharmacies of America

Physical Address: 4802 North Sam Houston Pkwy W, Suite 100

Mailing Address: 4802 North Sam Houston Pkwy W, Suite 100

City: Houston State: TX Zip Code: 77086

Telephone: 844-582-0921 Fax: -----

Toll Free Number: 844-582-0921 (Required per NAC 639.708)

E-mail: Pharmacy@vparx.net Website: www.vetrxxr.com

Managing Pharmacist: Noureen Wadhwan License Number: 50061

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

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,

96539

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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: A & K Distributors PR, LLC

Physical Address: Hangar 403 Bromon Dr. Aguadilla, PR 00603

Mailing Address: P.O. BOX 250055

City: Aguadilla State: Puerto Rico Zip Code: 00604

Telephone: 918-981-2221 Fax: 815-1642-4534

Toll Free Number: N/A

E-mail: asien@akdistri.com Website: N/A

Facility Manager: Alissa Sien

Professional qualifications and experience of facility manager: 2 yrs. at A & K Distributors PR, LLC. and 5 years as pharmacy tech. (as manager)

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies

☐ Practitioners

☐ Hospitals

☐ Wholesalers

☐ Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Poisons or Chemicals

☐ Controlled Substances (include copy of DEA)

☐ Other: \_\_\_\_\_

☐ Hypodermic Devices

☐ Veterinary Legend Drugs

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: ApoPharma USA, Inc.

Physical Address: 2400 North Commerce Parkway, Suite 300

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

City: Weston                      State: FL                      Zip Code: 33326

Telephone: 954-659-9904                      Fax: 954-659-9867

Toll Free Number: n/a

E-mail: lmontini@apopharma.com                      Website: www.apopharma.com

Facility Manager: Roberta Loomar

Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled be firm:

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

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

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

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

### GENERAL INFORMATION

Facility Name: Coherus Biosciences, Inc.

Physical Address: 333 Twin Dolphin Drive, Suite 600, Redwood City, CA 94065

Mailing Address: 333 Twin Dolphin Drive, Suite 600

City: Redwood City State: CA Zip Code: 94065

Telephone: (650) 649-3570 Fax: NA

Toll Free Number: NA

E-mail: statelicense@coherus.com Website: www.coherus.com

Facility Manager: Matthew Hooper

Professional qualifications and experience of facility manager: Executive Vice President, General Counsel

Types of licensed outlets or authorized persons firm will serve:

<input type="checkbox"/> Pharmacies	<input type="checkbox"/> Practitioners	<input type="checkbox"/> Hospitals	<input checked="" type="checkbox"/> Wholesalers
<input checked="" type="checkbox"/> Other: <u>Specialty Pharmacies, Specialty Distributors</u>			

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: _____	



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 _____)
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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 1,2,3,5a,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: Fisher Scientific Company L.L.C

Physical Address: 6722 Bickmore Ave Chino CA 91708

Mailing Address: 300 Industry Drive

City: Pittsburgh State: PA Zip Code: 15275

Telephone: (909) 393-2553 Fax: 724.517.1546

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

E-mail: bill.blessing@thermofisher.com Website: thermofisher.com

Facility Manager: Pat Sidoti

Professional qualifications and experience of facility manager: 18 years

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

2

**NEVADA STATE BOARD OF PHARMACY**

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

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

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

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

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: Fisher Scientific Company L.L.C

Physical Address: 700 Laurelwood Road Santa Clara 95054

Mailing Address: 300 Industry Drive

City: Pittsburgh State: PA Zip Code: 15275

Telephone: 408-565-9509 Fax: 408-565-0195

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

E-mail: tom.tang@thermofisher.com Website: thermofisher.com

Facility Manager: Tom Tang

Professional qualifications and experience of facility manager: 2 years

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

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

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

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

VAWD

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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.

<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: Hisun Pharmaceuticals USA, Inc.

Physical Address: 212 Carnegie Center STE 302 Princeton, NJ 08540

Mailing Address: 212 Carnegie Center STE 302

City: Princeton State: NJ Zip Code: 08540

Telephone: 609-275-5505 Fax: 609-275-5056

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

E-mail: Hong.Zhao@hisunusa.com Website: www.hisunusa.com

Facility Manager: Hong Zhao

Professional qualifications and experience of facility manager: President / CEO

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: \_\_\_\_\_

BB

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

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

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

<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH 00508 )	

<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: ICU Medical Sales, Inc.

Physical Address: 3900 Howard Lane, Austin, TX 78728

Mailing Address: 600 N. Field Drive D- 283 Bldg HW1

City: Lake Forest State: IL Zip Code: 60045

Telephone: 512-225-2000 Fax: 512-244-4126

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

E-mail: wesley.davis@pfizer.com Website: www.icumed.com

Facility Manager: Sandra Antone

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: Manufacturers

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: \_\_\_\_\_

ma



CC

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

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

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

☐ New Wholesaler                      ☒ Ownership Change  
(Please provide current license number if making changes: WH 01198 )

☐ 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: ICU Medical Sales, Inc.

Physical Address: 4653 Nall Road Farmers Branch, TX 75244

Mailing Address: 600 N. Field Drive D- 283 Bldg HW1

City: Lake Forest State: IL Zip Code: 60045

Telephone: 972-934-1050 Fax: 972-934-1054

Toll Free Number: 972-385-2882

E-mail: wesley.davis@pfizer.com Website: www.icumed.com

Facility Manager: Brandon Wormer

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: Manufacturers

**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: Medical Devices, Injectables

DD

**NEVADA STATE BOARD OF PHARMACY**

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

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

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

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

Application must be printed legibly or typed

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

☐ New Wholesaler☒ Ownership Change

(Please provide current license number if making changes: WH 01197 )

☐ 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: ICU Medical Sales, Inc.Physical Address: 920 Eighth Avenue East King of Prussia, PA 19406Mailing Address: 600 N. Field Drive D- 283 Bldg HW1City: Lake ForestState: ILZip Code: 60045Telephone: 610-265-9100Fax: 610-265-9103Toll Free Number: 215-539-0430E-mail: wesley.davis@pfizer.comWebsite: www.icumed.comFacility Manager: Tim HammondProfessional qualifications and experience of facility manager: See attached resume**Types of licensed outlets or authorized persons firm will serve:**☐ Pharmacies☐ Practitioners☒ Hospitals☒ Wholesalers☒ Other: Manufacturers**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: Medical Devices, Injectables

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

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☒ New Wholesaler

☐ Ownership Change

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

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

☐ Partnership - Pages 1,2,3,6

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

☐ Sole Owner – Pages 1,2,3,7

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

**GENERAL INFORMATION**

Facility Name: IsoTis OrthoBiologics, Inc.

Physical Address: 2 Goodyear, Irvine, CA 92618

Mailing Address: 5770 Armada Drive

City: Carlsbad State: CA Zip Code: 92008

Telephone: (760) 727-8399 Fax: (760) 683-6874

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

E-mail: BRYAN.PAYTON@SEASPINE.COM

Website: www.Seaspine.com

Facility Manager: Shawn Fenton

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

Director of Quality Assurance

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: \_\_\_\_\_

96764

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

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☒ New Wholesaler

☐ Ownership Change

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

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

☐ Partnership - Pages 1,2,3,6

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

☐ Sole Owner Pages 1,2,3,7

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

GENERAL INFORMATION

Facility Name: Nova Bay Pharmaceuticals, Inc.

Physical Address: 2000 Powell Street Suite 1150

Mailing Address: 2000 Powell Street Suite 1150

City: Emeryville State: CA Zip Code: 94608

Telephone: 510-899-8800 Fax: 510-474-1577

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

E-mail: jhall@novabay.com Website: www.novabay.com

Facility Manager: Justin Hall

Professional qualifications and experience of facility manager: Senior Vice President / General Counsel

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies

☒ Practitioners

☒ Hospitals

☒ Wholesalers

☐ Other: \_\_\_\_\_

Type of Products to be handled or wholesaled be firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Hypodermic Devices

☐ Poisons or Chemicals

☐ Veterinary Legend Drugs

☐ Controlled Substances (include copy of DEA)

☐ Other: \_\_\_\_\_

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GG

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

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

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

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

**GENERAL INFORMATION**

Facility Name: OptiNose US, Inc.

Physical Address: 1020 Stony Hill Road, Suite 300

Mailing Address: 1020 Stony Hill Road, Suite 300

City: Yardley State: PA Zip Code: 19067

Telephone: 267-364-3500 Fax: 267-395-2119

Toll Free Number: n/a

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

Facility Manager: Ramy Aly Mahmoud

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, Retailers, Military, Specialty Pharmacies

Type of Products to be handled or wholesaled be firm:

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

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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

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

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

**GENERAL INFORMATION**

Facility Name: SeaSpine Orthopedics Corporation

Physical Address: 5770 Armada Drive, Carlsbad, CA 92008

Mailing Address: (Same as Above)

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

Telephone: (760) 727-8399 Fax: (760) 683-6874

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

E-mail: BRYAN.PAYTON@SEASPINE.COM Website: www.Seaspine.com

Facility Manager: Vernol Sealy

Professional qualifications and experience of facility manager: \_\_\_\_\_  
Director of Quality Assurance

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

96763

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.

<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH 02186 )
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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 1,2,3,5a,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: Southern Anesthesia & Surgical, Inc.

Physical Address: 2308 North Sweetgum Ave., Broken Arrow, OK 74012

Mailing Address: One Southern Court

City: West Columbia State: SC Zip Code: 29169

Telephone: 800-624-5926 Fax: N/A

Toll Free Number: 800-624-5926

E-mail: vbstic@sasrx.com Website: www.SASrx.com

Facility Manager: John Meacham

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: Veterinarians, Dentists

Type of Products to be handled or wholesaled by firm:

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

22

**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 00501 )

☐ 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: Southern Anesthesia & Surgical, Inc.

Physical Address: One Southern Court, West Columbia, SC 29169

Mailing Address: One Southern Court

City: West Columbia State: SC Zip Code: 29169

Telephone: 800-624-5926 Fax: N/A

Toll Free Number: 800-624-5926

E-mail: vbostic@sasrx.com Website: www.SASrx.com

Facility Manager: Christopher Graham

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: Veterinarians, Dentists

**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: Dental, Over the counter drugs

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.

☐ New Wholesaler

☒ Ownership Change

(Please provide current license number if making changes: WH 00523)

☐ 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 Pharmaceuticals USA, Inc.

Physical Address: 605 Tri-State Pkwy, Gurnee IL 60031

Mailing Address: do Kelly O'Donoghue 425 Private Rd

City: Horsham State: PA Zip Code: 19044

Telephone: 847-377-5500 Fax: 847-377-5501

Toll Free Number: 800-TEVA-USA

E-mail: Kelly.odonoghue@teva-pharm.com Website: www.tevausa.com

Facility Manager: George Guivargis

Professional qualifications and experience of facility manager: see attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies

☐ Practitioners

☒ Hospitals

☒ Wholesalers

☒ Other: distributors

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Hypodermic Devices

☐ Poisons or Chemicals

☐ Veterinary Legend Drugs

☒ Controlled Substances (include copy of DEA)

☐ Other: \_\_\_\_\_

LL

**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: TOP QUALITY MANUFACTURING, INC

Physical Address: 800 PRIMOS AVE, FOLCROFT PA 19032

Mailing Address: 800 PRIMOS AVE

City: FOLCROFT State: PA Zip Code: 19032

Telephone: 610-461-6100 Fax: 310-461-6108

Toll Free Number: 800-483-8559

E-mail: BEBERHART@TOPQUALITYGLOVES.COM Website: WWW.TOPQUALITYGLOVES.COM

Facility Manager: BETH ANN EBERHART

Professional qualifications and experience of facility manager:

Minimum of 3 years shipping, receiving, inventory, safe storage, quality control & record keeping of prescription drug products and devices. Also holds license as the Designated Representative for State of Florida.

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: \_\_\_\_\_

96460



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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 13PL ☐ 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: URS Supply Chain Solutions, Inc.  
Physical Address: 2210 Outer Loop Louisville, KY 40219  
Mailing Address: 211 Lake Dr. Ste. F  
City: Newark State: DE Zip Code: 19702  
Telephone: 302-781-1892 Fax: 302-631-5238  
Toll Free Number: N/A  
E-mail: calicensing@ups.com Website: www.upsccs.com  
Facility Manager: Henther Johnson  
Professional qualifications and experience of facility manager: see attached

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

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# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

☒ New MDEG

☐ Ownership Change

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

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

☒ Partnership - Pages 1,2,3,6

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☐ 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: 77 Halstead, LLC DBA: Coastal Pharmacy

Physical Address: 998 W. Halstead Road, Suite A  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 998 W. Halstead Road, Suite A

City: Ocean Springs State: MS Zip Code: 39564

Telephone: 228-215-1911 Fax: 228-215-1906

E-mail: nhalsteadpharmacy@gmail.com Website: www.coastalpharmacy08.com

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

Mon: 9:00<sup>AM</sup> to 6:00<sup>PM</sup> Tue: 9:00<sup>AM</sup> to 6:00<sup>PM</sup> Wed: 9:00<sup>AM</sup> to 6:00<sup>PM</sup> Thu: 9:00<sup>AM</sup> to 6:00<sup>PM</sup>

Fri: 9:00<sup>AM</sup> to 6:00<sup>PM</sup> Sat: — to — Sun: — to — Holidays: — to —

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

Name: Erin Hollis

### 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: DME SUPPLY USA LLC

Physical Address: 720 MOOREFIELD PARK DRIVE 130  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: PO BOX 9004 CLEARWATER, FL 33758

City: N CHESTERFIELD State: VA Zip Code: 23236

Telephone: 804-353-4240 Fax: 866-560-4227

E-mail: LICENSING@LINCARE.COM Website: http://dmesupplyusa.com/

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

Mon:      to      Tue:      to      Wed:      to      Thu:      to      WEBSITE  
Fri:      to      Sat:      to      Sun:      to      Holidays:      to      24/7

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

Name: PAULA FURR

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

- |   |   |
|---|---|
| <input type="checkbox"/> Medical Gases**                    | <input checked="" type="checkbox"/> Assistive Equipment                                 |
| <input checked="" type="checkbox"/> Respiratory Equipment** | <input checked="" 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>GENERAL HME, HOSPITAL BEDS, WHEELCHAIR, MOBILITY, NEBULIZERS AND 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: PAULA FURR Telephone: 804-595-1734

96464

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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: LoftaPhysical Address: 7661 Girard Ave Suite 230  
(This must be a business address, we can not issue a license to a home address)

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

City: La Jolla State: CA Zip Code: 92037Telephone: 858-461-7700 Fax: 858-461-7999E-mail: jlevitt@lofta.com Website: lofta.com**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: 9am to 6pm Tue: 9am to 6pm Wed: 9am to 6pm Thu: 9am to 6pm  
 Fri: 9am to 6pm Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**Name: Jay Levitt**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: _____  |

\*\*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: Jay Levitt Telephone: 858-224-7000

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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: Option Care Enterprises, Inc.

Physical Address: 2050 S. Finley Rd. Suite 20 Lombard, IL 60148  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: PO BOX 377

City: Deerfield State: IL Zip Code: 60015

Telephone: 877-974-4844 Fax: 877-974-4845

E-mail: oc-PEandL@optioncare.com Website: www.optioncare.com

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

Mon: 8:30 am to 5:30 pm Tue: 8:30 am to 5:30 pm Wed: 8:30 am to 5:30 pm Thu: 8:30 am to 5:30 pm

Fri: 8:30 am to 5:30 pm Sat: On Call to Sun: On Call to Holidays: On Call to

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

Name: Steven Hess

### 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>ReLizorb</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

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

### FACILITY INFORMATION

Facility Name: Pumping Essentials, LLC

Physical Address: 333 City Blvd. W, 17th Floor Orange, CA 92868  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 333 City Blvd. W, 17th Floor

City: Orange State: CA Zip Code: 92868

Telephone: 866-688-4203 Fax: 888-506-2520

E-mail: customercare@pumpingessentials.com Website: https://pumpingessentials.com/

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

Mon: 8:00am to 5:00pm Tue: 8:00am to 5:00pm Wed: 8:00am to 5:00pm Thu: 8:00am to 5:00pm  
Fri: 8:00am to 5:00pm Sat:        to        Sun:        to        Holidays:        to        (web access 24/7)

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

Name: Joy Kosak

### 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>DME - breast pumps</u>                            |

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

Name: NA Telephone: NA

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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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<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: Quality Provider Services Inc

Physical Address: 229 Churchill Drive  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 229 Churchill Drive

City: Richmond State: NY Zip Code: 40475

Telephone: 859-623-0912 Fax: 859-623-1661

E-mail: dembree@qualityproviderservice.com Website: \_\_\_\_\_

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

Mon: 8 to 4:30 Tue: 8 to 4:30 Wed: 8 to 4:30 Thu: 8 to 4:30

Fri: 8 to 4:30 Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

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

Name: Debbie Embree

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

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

Name: Debbie Embree Telephone: 859-623-0912

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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: Nevaeh & Company LLC, dba Restorative Medical

Physical Address: 2491 Armstrong Dr Winston Salem, NC 27103  
(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: 336-776-1599 Fax: 336-661-9378

E-mail: randy@restorative-medical.net Website: \_\_\_\_\_

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

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5  
Fri: 9 to 3 Sat: closed Sun: closed Holidays: closed

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

Name: Randal Wood

### 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 PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

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

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

Pharmacy Name: Green Valley Surgery Center LLC

Physical Address: 7365 S. Pecos Rd Las Vegas, NV 89120

Mailing Address: 1012 Corsica Lane

City: Las Vegas State: NV Zip Code: 89144

Telephone: 702-355-0816 Fax: N/A

Toll Free Number: N/A

E-mail: Cheryl@greenvalleysurgerycenter.com Website: N/A

Managing Pharmacist: Mary Grear RPh License Number: 10687

### Hours of Operation:

Monday thru Friday 6:00 am 5:00 pm

Saturday Closed \_\_\_\_\_ pm

Sunday Closed \_\_\_\_\_ pm

24 Hours N/A

### TYPE OF PHARMACY

### SERVICES PROVIDED

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

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

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

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

Application must be printed legibly or typed

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

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

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

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

Pharmacy Name: Humana Pharmacy, Inc.

Physical Address: 1397 Loop Road

Mailing Address: 1397 Loop Road

City: Pahrump State: NV Zip Code: 89048

Telephone: 513-672-6040 Fax: 513-755-3907

Toll Free Number: Not available at this time. We will provide at a later date

E-mail: hawadallah@humana.com Website: www.humanapharmacy.com

Managing Pharmacist: Heba Awadallah License Number: 18864

**Hours of Operation:**

Monday thru Friday 8:30 am 5:00 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

96466



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

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

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

Application must be printed legibly or typed

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

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

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

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

Pharmacy Name: Spring Valley Surgery Center

Physical Address: 8828 Mohawk St. Las Vegas, NV 89139

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

City: Las Vegas State: NV Zip Code: 89103

Telephone: (702) 927-4440 Fax: \_\_\_\_\_

Toll Free Number: N/A

E-mail: epence@npimedical.com Website: www.lasvegaspaininstitutes.com

Managing Pharmacist: Douglas Frederick Camman License Number: 13340

**Hours of Operation:**

Monday thru Friday 0800 am 0600 pm  
Sunday 0 am 0 pm

Saturday 0800 am 0430 pm  
24 Hours 0

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

96685

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

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

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

☐ New Wholesaler    ☒ Ownership Change    ☐ Name Change    ☐ Location Change  
(Please provide current license number if making changes: WH 01960)

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

**GENERAL INFORMATION**

Facility Name: Southern Anesthesia & Surgical, Inc.

Physical Address: 1155 South Rock Blvd., Suite 460, Reno, NV 89502

Mailing Address: One Southern Court

City: West Columbia    State: SC    Zip Code: 29169

Telephone: 800-624-5926    Fax: N/A

Toll Free Number: 800-624-5926

E-mail: vboctic@sasrx.com    Website: www.SASrx.com

Facility Manager: Owen Christie

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: Dentists, Veterinarians

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: Dental, Over the Counter drugs