

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

© 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					
	MATION to be complete				
Pharmacy Name:	BIG BEND PHARMACY, LI	_C			_
Physical Address:	ddress: _6045 EAST SHELBY DRIVE, SUITE 1A, MEMPHIS, TN 38141			_	
Mailing Address: _	6045 EAST SHELBY DRIVE	E, SUITE 1A			_
City: MEMPHIS	S1	ate:	TEN	INESSEE Zip Code:38141	
Telephone: 901-6	46-7701 Fa	x: <u>954-43</u>	6-42	263	
Toll Free Number:	1844-646-2279	(Requ	ired	per NAC 639.708)	
E-mail:_LICENSING	@BIGBENDRX.COM	Websit	e:	N/A	_
Managing Pharmacist: SUZANNE TAGG License Number: 7667					
TYPI	E OF PHARMACY AN	D	SEF	RVICES PROVIDED	
Yes/N			Yes	/No	
☑ [□ Retail				
	☑ Hospital (# beds)			☑ Parenteral **	
□ ↓	2 Internet			☑ Parenteral (outpatient)	
	Z Nuclear			☑ Outpatient/Discharge	
	☑ Ambulatory Surgery Cent	ter	Q′	☐ Mail Service	
☑ □	☐ Community			☐ Long Term Care	
	Other:			✓ Sterile Compounding **	
				☑ Non Sterile Compounding	
All bo	exes must be checked			☑ Mail Service Sterile Compounding	* *
For th	ne application to be complet	е		Q Other Services:	-
900					

^{**}If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,

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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 Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7				
Non Publicly Traded Corporation – Pages	1,2,4,7	□ S	Sole Owner – Pages 1,2,6,7	
GENERAL INFORMATION to be compl	eted by	all types	s of ownership	
Pharmacy Name: Conception Pharmacy	У			
Physical Address: 25301 Interstate 45 North, Suite B, The Woodlands, TX 77380				
Mailing Address:1620 W Northwest Hi	ghway,	Suite 100		
City: Grapevine	State:	TX	Zip Code:76051	
Telephone:346-220-6450	Fax: _	34	6-220-6451	
Toll Free Number: 844-602-1990				
E-mail: bfeehan@receptrx.com				
Managing Pharmacist: Angela Tompki	ns		License Number:44604	
TYPE OF PHARMACY	AND	SEF	RVICES PROVIDED	
Yes/No		Yes/	No	
☑ □ Retail			☑ Off-site Cognitive Services	l
☐)		☑ Parenteral **	ı
□ 図 Internet			☐ Parenteral (outpatient)	İ
☐ ☑ Nuclear			☑ Outpatient/Discharge	
□ M Ambulatory Surgery C	enter	X	☐ Mail Service	I
□ Community			☑ Long Term Care	1
□ □ Other:			☑ Sterile Compounding **	
			☑ Non Sterile Compounding	l
All boxes must be checked				ı
For the application to be comp	lete		☑ Other Services:	

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GENERAL INFORMATION to be comple			
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	=ax: _270-247-6033		
Toll Free Number: 877-247-9992			
E-mail: mykel@duncanrxcenter.com	Website: www.duncanrxcenter.com		
Managing Pharmacist: Mykel Tidwell	045400 1/1/		
	AND SERVICES PROVIDED		
TYPE OF PHARMACY Yes/No	Yes/No		
□ ⊠ Retail	☐ ☑ Off-site Cognitive Services		
□ ⊠ Hospital (# beds)			
□ ⊠ Internet	□ ⊠ Parenteral (outpatient)		
□ ☑ Nuclear	□ ⊠ Outpatient/Discharge		
□ ⊠ Ambulatory Surgery Ce	enter 🗵 🗆 Mail Service		
□ ⊠ Community	□ ☑ Long Term Care		
	rder □ 图 Sterile Compounding **		
	□ ☑ Non Sterile Compounding		
All boxes must be checked	☐ ☑ Mail Service Sterile Compounding **		
For the application to be comp	lete Other Services:		

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GENERAL INFORMATION to be completed by all	types of ownership		
Pharmacy Name: Farmacia L.ber	-tad		
Physical Address: 94/14 Park field P. Unit A			
Mailing Address: 94/4 Parkfield Dr Unit A			
City: State:	Zip Code: 78 758		
Telephone: $\frac{500 - 38/-2664}{5/2}$ Fax: $\frac{5/2}{}$			
Toll Free Number:	uired per NAC 639.708)		
E-mail: an drow coney 2 as gmail. (a) Webs	site:		
Managing Pharmacist: In drew Coney	License Number: New da + 19528		
Managing Pharmacist: In drew Coney TYPE OF PHARMACY AND	SERVICES PROVIDED Texas \$5015		
Yes/No	Yes/No		
☐ Retail	☐ ☐ Off-site Cognitive Services		
☐ ☐ Hospital (# beds)	□ □ Parenteral **		
□ □ Internet	□ □-Parenteral (outpatient)		
□ □ Nuclear	□ □ Outpatient/Discharge		
□ □ Ambulatory Surgery Center	☐ Mail Service		
☐ ☐ Community	□ □-tong Term Care		
□ □ Other:	☐ Sterile Compounding **		
	☐ ☐ Non Sterile Compounding		
All boxes must be checked			
	☐ ☐ Mail Service Sterile Compounding **		
For the application to be complete	☐ 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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Check box below for type of ownership and complete all required forms.				
Publicly Traded Corporation – Pages 1,2,3,7 Non Publicly Traded Corporation – Pages 1,2,4,7	☐ 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	I: LICENSING DEPT			
City: DORAL State: _F	FLORIDA Zip Code:33122			
Telephone: 877-270-6640 Fax: 866	6-223-7369			
Toll Free Number: <u>877-270-6640</u> (Re	quired per NAC 639.708)			
E-mail: LICENSING@FORD-RX.COM Web	osite: N/A			
Managing Pharmacist: ALAN KRUGER	License Number: PS38800			
TYPE OF PHARMACY AND	SERVICES PROVIDED			
Yes/No	Yes/No			
□ Retail	☐			
□ 🔯 Hospital (# beds)	□ □ Parenteral **			
□ 🔀 Internet	□ ♀ Parenteral (outpatient)			
□ 🔀 Nuclear	☐ ☒ Outpatient/Discharge			
□ 🕱 Ambulatory Surgery Center	Mail Service			
□ 🔯 Community	☐ IX Long Term Care			
□ ⊠ Other:	☐ Sterile Compounding **			
	□ 🔯 Non Sterile Compounding			
All boxes must be checked				
For the application to be complete	☑ Other Services: MAIL ORDER			

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☐New Pharmacy or ☑Ownership Change (Provide current license number if making changes: PH_C2368 Check box below for type of ownership and complete all required forms.			
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☑ Non Publicly Traded Corporation – Pages 1,2,4,7	☐ Partnership - Pages 1,2,5,7 ☐ Sole Owner – Pages 1,2,6,7		
GENERAL INFORMATION to be completed by all			
Pharmacy Name: Healthcare Pharmace	,		
Physical Address: 3950 5 700 E	#205, SLC, UT 84107		
Mailing Address: 3950 S 700 E			
City: Salt Lake City State: U			
Telephone: 801-270-5656 Fax: 801			
Toll Free Number: 866-450-5656 (Req	uired per NAC 639.708)		
E-mail: Cweiler @inpacthc.org Webs	site: www.hcprx.com		
Managing Pharmacist: Stephen Skroy	License Number: 5556613 - 170		
TYPE OF PHARMACY AND SERVICES PROVIDED			
Yes/No	Yes/No		
□ ☑ Retail	☐ ☑ Off-site Cognitive Services		
□ ☑ Hospital (# beds)	□ 🛚 Parenteral **		
☐ Internet	□ ဩ Parenteral (outpatient)		
□ ⊠ Nuclear	□ ဩ Outpatient/Discharge		
□ Mac Ambulatory Surgery Center	□ ⊠ Mail Service		
□ ⊠ Community	☑ □ Long Term Care		
Ø □ Other: Long-term care	□ Na Sterile Compounding **		
	□ ⊠ Non Sterile Compounding		
All boxes must be checked	□		
For the application to be complete	□ ☑ Other Services:		

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☐ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH		
GENERAL INFORMATION to be completed by	all types of ownership	
Pharmacy Name: HEART OF AMERICA PHARMA	CY, LLC	
Physical Address: 4338 E 142ND STREET, GRAND	DVIEW, MISSOURI 64030	
Mailing Address: _4338 E 142ND STREET		
City: GRANDVIEW State:	MISSOURI Zip Code: 64030	
Telephone: 844-780-4279 Fax: _8		
Toll Free Number:1844-780-4279(Required per NAC 639.708)	
E-mail:_LICENSING@HEARTOFAMERICARX.COMV	/ebsite: N/A	
Managing Pharmacist: DOUGLAS KLEIN	License Number: 044202	
TYPE OF PHARMACY AND	SERVICES PROVIDED	
Yes/No	Yes/No	
☑ □ Retail	☐ ☐ Off-site Cognitive Services	
□ □ □ Hospital (# beds)	☐ Ø Parenteral **	
□ 🖾 Internet	□ ☑ Parenteral (outpatient)	
□ ☑ Nuclear	□ ☑ Outpatient/Discharge	
☐	☑′ ☐ Mail Service	
☑ □ Community	□ □ Long Term Care	
□ □ Other:	☐ ☑ Sterile Compounding **	
	□ ☑ Non Sterile Compounding	
All boxes must be checked	☐	
For the application to be complete	□ □ □ Other Services:	

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New Pharmacy or _Ownership Change (Provide Check box below for type of ownership and complete a publicly Traded Corporation Pages 1.3.3.7	all required forms.		
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7			
GENERAL INFORMATION to be completed by a	all types of ownership		
Pharmacy Name: Inception RX			
Physical Address: 134 Franklin Rose	l, Suite 200, Brentwood, TN 3702		
Mailing Address: P.o. Box 1007, Breat	wood, 7N 37024		
City: Brentwood State:			
Telephone: <u>629 - 203 - 6022</u> Fax: <u>6</u>			
Toll Free Number: 871-677-0892 (R			
E-mail: info@inceptionrx.com We	·		
Managing Pharmacist: Debbie Sanford - Ce			
TYPE OF PHARMACY AND	SERVICES PROVIDED		
Yes/No	Yes/No		
□ Retail	□ M Off-site Cognitive Services		
☐ K Hospital (# beds)	□ 🗷 Parenteral 🏥		
□ 🔀 Internet	□ 🗷 Parenteral (outpatient)		
□ 🖾 Nuclear	□ 🔼 Outpatient/Discharge		
\(\square \) Ambulatory Surgery Center	☑ Mail Service		
🔼 🗆 Community	□ 🛭 Long Term Care		
☐ 🗵 Other:	□ 🗷 Sterile Compounding 😁		
	☐ K Non Sterile Compounding		
All boxes must be checked	☐ 🗷 Mail Service Sterile Compounding **		
For the application to be complete	☐ S Other Services:		
±6.7 E 8 84			

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Non Publicly Traded Corporation - Pages 1,2,4,7	☐ Sole Owner – Pages 1,2,6,7		
CENEDAL INFORMATION AS INC. IN THE STATE OF			
GENERAL INFORMATION to be completed by all	types of ownership		
Pharmacy Name: Medisnite			
Physical Address: 160 Macbregor Pines Dri	ve, suite 110, Lary, NC 27511		
Mailing Address: <u>Same</u> as above	<u>(C</u>		
City: State:	NC Zip Code: 27511		
Telephone: (919) 200 - 6952 Fax: (919)	200-6951		
Toll Free Number: (919) 200-6952 180060	(○		
E-mail: tim @ medisuiterx.com Webs	eno.com site: www.medisuiterx.com		
Managing Pharmacist: Theresa V Donofrio			
TYPE OF PHARMACY AND	SERVICES PROVIDED		
Yes/No	Yes/No		
🗹 🗆 Retail	☐ ☑ Off-site Cognitive Services		
□ 🗖 Hospital (# beds)	□ ☑ Parenteral **		
☐ Ø Internet	☐ 🖄 Parenteral (outpatient)		
□ 🗷 Nuclear	□ ☑ Outpatient/Discharge		
☐ 🌠 Ambulatory Surgery Center	🕱 🛘 Mail Service		
△ Community	□		
□ ☑ Other:	☐		
	□ 🛛 Non Sterile Compounding		
All boxes must be checked	☐		
For the application to be complete	☐ M Other Services:		

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J

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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 ☐ Sole Owner – Pages 1,2,6,7			
Tron rubility Traded Corporation — rages 1,2,4,1	□ Sole Owner – Fages 1,2,0,7		
GENERAL INFORMATION to be completed by all t			
Pharmacy Name: Meijer Specialty Pharmacy			
Physical Address: 8455 Haggerty Road, Bell	eville, MI 48111		
Mailing Address: 8455 Haggerty Road			
	Zip Code: 48111		
Telephone: 734-391-2310 Fax: 734-	391-2365		
Toll Free Number: 1-877-460-8303 (Req			
	ite: www.meijer.com		
Managing Pharmacist: Dawn Alisa Taylor	License Number:5302038747		
TYPE OF PHARMACY AND	SERVICES PROVIDED		
Yes/No	Yes/No		
□ ■ Retail	□ ■ Off-site Cognitive Services		
☐ ■ Hospital (# beds)	□ ■ Parenteral **		
□ 🗎 Internet	☐ ■ Parenteral (outpatient)		
□ ■ Nuclear	□ ■ Outpatient/Discharge		
□ ■ Ambulatory Surgery Center	□ ■ Mail Service		
□ □ Community	☐ ■ Long Term Care		
☐ Other: Specialty	☐ ■ Sterile Compounding **		
	□ ■ Non Sterile Compounding		
All boxes must be checked	☐ ■ Mail Service Sterile Compounding **		
For the application to be complete	□ ■ Other Services:		

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Check box below for type of ownership and complete all required forms. ☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7				
☑ Non Publicly Traded (Corporation – Pages 1,2,	4,7	☐ Sole Owner – Pages 1,2,6,7	<u> </u>
			november of the out action the lattice definition.	
GENERAL INFORMAT	FION to be completed	by all typ	bes of ownership	
Pharmacy Name: Pills	Pharmacy Name: PillPack Austin			
Physical Address: 220	Industrial Boulevard, Suit	te 100, Aust	tin, TX, 78745	
Mailing Address: 220	Industrial Boulevard, Suite	e 100		
City: Austin	Sta	te: Texas	Zip Code: _78745	
Telephone: 512-537-32	205 Fax:	512-677-	-6267	
Toll Free Number: 85	5-745-5725	_ (Requir	red per NAC 639.708)	
E-mail: mhearn@pillpacl	c.com •	Website	e: pillpack.com	
Managing Pharmacist: Michael Hearn License Number: 48822				
TYPE OF PHARMACY AND SERVICES PROVIDED				
Yes/No		Υ	/es/No	
⊠ □ R	etail		☐ ☐ Off-site Cognitive Services	3
	ospital (# beds)		☐ ☑ Parenteral **	
□ ☑ Int	ternet		☐ ☑ Parenteral (outpatient)	
□ Q′ Nu	ıclear		☐ ☑ Outpatient/Discharge	
□ □ Ar	nbulatory Surgery Center	r 🔽	✓ ☐ Mail Service	
⊠ □ Co	ommunity		☐ M Long Term Care	
□ □ ′Ot	ther:		☐ ☑ Sterile Compounding **	
			☐ Mon Sterile Compounding	
		☐ ☐ Mail Service Sterile Compo	ounding **	
For the ap	plication to be complete		☐ Other Services:	

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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			
Pharmacy Name: Prime Therapeutics			
Physical Address: 2901 Kinwest Pkwy, Ste. 350			
Mailing Address: PO BOX 901, DEERFIELD, IL 60015			
City: IRVING State:	Zip Code:		
Telephone: 888-282-4801 Fax: 972-4	630-1449		
Toll Free Number: 888-282-4801 (Rec	quired per NAC 639.708)		
E-mail: SPECIALTYLICENSES@WALGREENS.COM Webs	site: _www.PrimeTherapeutics.com		
Managing Pharmacist: HONG-ANH KIM License Number: 39889			
TYPE OF PHARMACY AND SERVICES PROVIDED			
Yes/No	Yes/No		
□ ■ Retail	☐		
☐ ■ Hospital (# beds)	□ ■ Parenteral **		
□ ■ Internet	☐ ■ Parenteral (outpatient)		
□ ■ Nuclear	☐ ■ Outpatient/Discharge		
☐ ■ Ambulatory Surgery Center	☐ ■ Mail Service		
□ ■ Community	☐ ■ Long Term Care		
■ ☐ Other: CENTRAL PROCESSING/CALL	☐ ■ Sterile Compounding **		
CENTER			
All boxes must be checked	- Train Granie Compounding		
	Mail Service Sterile Compounding **		
For the application to be complete	■ Other Services: CENTRAL PROCESSING/		
**If you check "you" on any of these traces	CALL CENTER		

**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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☐ NOIT F ability Trac	dea Corporation - rageo 1,2,1,1	1	
GENERAL INFORMATION to be completed by all types of ownership			
Pharmacy Name:	QUAKER COMMUNITY PHARMACY	, LLC	
Physical Address:	304 VILLAGE AT STONES CROSSII	NG, E	ASTON, PA 18045
Mailing Address:	304 VILLAGE AT STONES CROSSING		
City: EASTON	State:P	ENN:	SYLVANIA_ Zip Code:18045
Telephone: 844	t-716-4727 Fax: 84	4-8	340-4727
	841-716-4727 (Rec		
E-mail: LICENSING	G@QUAKERRX.COM Webs	site:	N/A
Managing Pharma	cist: THOMAS IRELAND		License Number: RP027164L
	E OF PHARMACY AND		RVICES PROVIDED
Yes/I		Passpellin	s/No
	□ Retail		☑ Off-site Cognitive Services
	☑ Hospital (# beds)		☑ Parenteral **
_ 1	☑ Internet		
	☑ Nuclear		
	☑ Ambulatory Surgery Center	\square	☐ Mail Service
□ □	☐ Community		☐ Long Term Care
	□ Other:		
			☑ Non Sterile Compounding
	oxes must be checked		
For t	he application to be complete		☐ Other Services:

^{**}If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,

N

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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 Dwnership Chang e (Provide c Check box below for type of ownership and complete all	required forms.
☐ Publicly Traded Corporation – Pages 1.2.3.7	T 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 SCREATS	
Physical Address: 10/0 W. Manson	
Mailing Address:	
City: WASHEWLTON State:	IA Zip Code: 52353
Toll Free Number: <u>844-597-6278</u> (Re	quired per NAC 639.708)
E-mail: INFO CSMMTSORIPIS, COM Web	osite: Was Santscellis, com
Managing Pharmacist: Took Tronpion	License Number: 19039 LiA
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
□ Retail	☐ Off-site Cognitive Services
□ 🗖 Hospital (# beds)	□
□ 🗷 Internet	□ ☑ Parenteral (outpatient)
□ 💢 Nuclear	□ 🐧 Outpatient/Discharge
☐ ☐ Ambulatory Surgery Center	☐ Mail Service
□	□ Long Term Care
□ Ø Other:	☐ 风 Sterile Compounding **
	□ 💆 Non Sterile Compounding
All boxes must be checked	☐
For the application to be complete	□
**If you shook "yea" on any of the art	

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^{**}If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,

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☑New Pharmacy or ☐Ownership Change (Provide curr Check box below for type of ownership and complete all re ☐ Publicly Traded Corporation — Pages 1,2,3,7 ☑ Non Publicly Traded Corporation — Pages 1,2,4,7	equired forms.
GENERAL INFORMATION to be completed by all t	ypes of ownership
Pharmacy Name: <u>U.S. PharmaMed, LLC</u>	
Physical Address: 3450 Tarheel Drive Ste 1	01 Bldg. 4 Raleigh, NC 27609
Mailing Address: 8260 NW 27th Street #4	03 Attn: Licensing Dept.
City: State:	EL Zip Code: 33122
Telephone: (877) 270-6407 Fax: (87	77) 270-6468
Toll Free Number: (877) 270-6407 (Requ	
E-mail: licensing@uspharmamed-rx.com Webs	ite: <u>' www.uspharmamed-rx.com</u>
Managing Pharmacist: <u>Hyacinth Grace Gran</u>	t License Number: 20268
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
Retail	☐
☐ Hospital (# beds)	□ ⊠ Parenteral **
□ 🛛 Internet	□ 🛛 Parenteral (outpatient)
□ 🖾 Nuclear	□ ⊠ Outpatient/Discharge
□ ☑ Ambulatory Surgery Center	⊠ □ Mail Service
□ \ Community \ Order	□ ⊠ Long Term Care
□ Mother: Mail Order	☐ ☑ Sterile Compounding **
	□ ⊠ Non Sterile Compounding
All boxes must be checked	□ Mail Service Sterile Compounding **
For the application to be complete	□ ☑ Other Services:

^{**}If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,

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	r □Ownership Chang r type of ownership and			ense number if making changes: PH d forms.	
☐ Publicly Traded C ☑ Non Publicly Trade	Corporation – Pages 1,2, ded Corporation – Pages	,3,7 s 1,2,4,7		artnership - Pages 1,2,5,7 ole Owner – Pages 1,2,6,7	
	MATION to be comp				
Pharmacy Name:					
Physical Address:	250 Mt. Lebanon Blvo	l, Suite 20	08 Pittsbu	gh. PA 15234	
Mailing Address:	same as above				
City: Pittsburgh		State:	PA	Zip Code:	
Telephone: 855-6	598-2533	Fax: <u>8</u>	44-582-53	2	
	855-698-2533			•	
E-mail: regco	m@valedahe	alth.v	Vebsite:	raledahealth.com	
Managing Pharma	cist: Michael DePaz	cont		License Number: RP45015	7
		AND	SE	VICES PROVIDED	
Yes/N	lo .		Yes	No	
E [□ Retail			☑ Off-site Cognitive Services	
	Hospital (# beds)		🛛 Parenteral **	
	Internet			Ď Parenteral (outpatient)	
	Nuclear			☐ Outpatient/Discharge	
	Ambulatory Surgery C	Center	\square	□ Mail Service	
	☑ Community			☑ Long Term Care	
	Other:				
				→ Non Sterile Compounding	
All bo	xes must be checked			Mail Service Sterile Compound	ing **
For th	e application to be com	plete		☑ Other Services:	
<u> </u>					

^{**}If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,



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☑New Pharmacy or ☐Ownership Change (Provide cu Check box below for type of ownership and complete all ☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Non Publicly Traded Corporation – Pages 1,2,4,7	required forms.		
GENERAL INFORMATION to be completed by all types of ownership			
Pharmacy Name: Vital PX			
Physical Address: 131 Cahaba Valla	ly Parhuay		
Mailing Address: MWL	0 0		
City: Pelham State:	Zip Code: 35/74		
Telephone: 800.209.5540 Fax: 80	6.878.4160		
Toll Free Number: 366.209.5540 (Red	quired per NAC 639.708)		
E-mail: Matelyn. erben @vitalix. Web	site: NWW. VHalrx. COM		
(0.00	License Number: 19525		
TYPE OF PHARMACY AND	SERVICES PROVIDED		
Yes/No	Yes/No		
X □ Retail	☐ ☑ Off-site Cognitive Services		
☐ ဩ Hospital (# beds)	□ 万 Parenteral **		
□ 🗖 Internet	□ 🔀 Parenteral (outpatient)		
□ 154 Nuclear	□ 为 Outpatient/Discharge		
☐ 为 Ambulatory Surgery Center)≰ □ Mail Service		
☐ 1 <mark>\$</mark> Î Community	□ 🗖 Long Term Care		
□ 🔁 Other:	☐ 🏋 Sterile Compounding **		
	□ 🕅 Non Sterile Compounding		
All boxes must be checked	☐ 万 Mail Service Sterile Compounding **		
For the application to be complete	□ 154 Other Services:		

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

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1	
New Pharmacy or Dwnership Chang e (Provide cu Check box below for type of ownership and complete all Publicly Traded Corporation – Pages 1,2,3,7 Non Publicly Traded Corporation – Pages 1,2,4,7	required forms. ☐ Partnership - Pages 1,2,5,7
GENERAL INFORMATION to be completed by all	types of ownership
Pharmacy Name: Lyons Pharmacy	and Compounding Las
Physical Address: 23206 Cyous Av	e suite #112
Mailing Address: 23206 Lyons Ave	suite #112
City: Newhall State: C.	A Zip Code: 9(32)
Telephone: 661-777-777 ₽ Fax: 661	- 777- 7776
Toll Free Number: 866 - 253 - 6302 (Red	quired per NAC 639.708)
E-mail: My Lyous Pharmacy @ gmail.com Web	site: My Lyous Pharmacy , com
Managing Pharmacist: Pouya Farzadfar	License Number: 633 45
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
⊠ □ Retail	☐ 154 Off-site Cognitive Services
□ 🛭 Hospital (# beds)	☐ Æ Parenteral **
□ ⊠ Internet	□
□ ⊠- Nuclear	□ ⊠ Outpatient/Discharge
☐ Ø Ambulatory Surgery Center	⊠ □ Mail Service
☐ Community	□ ⊠ Long Term Care
□ Ø Other:	
	☐ 场 Sterile Compounding **
	☐ 142 Sterile Compounding ** 125 ☐ Non Sterile Compounding
All boxes must be checked	·
All boxes must be checked For the application to be complete	∠ □ Non Sterile Compounding

^{**}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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New Pharmacy or Downership Chang e (Provide culture) Check box below for type of ownership and complete all I	
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Non Publicly Traded Corporation – Pages 1,2,4,7	
☐ 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 DB	A Michaels Pharmacy
Physical Address: 960 E. GRENS	Treet #152 PASADERA, CA 91/C
Mailing Address: 5mme as Abou	e .
City: State:	<u>CA</u> Zip Code: <u>9//06</u>
Telephone: (625) 208 7420 - x: (26) 204 7417
Toll Free Number: 8443636097 (Rec	uired per NAC 639.708)
E-mail: Levi@ Michaels-Phirmacy Webs	site: Wyw. Michaels-Pharmacy Con
	sh License Number: 4592
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
☑ Retail	☐ У Off-site Cognitive Services
☐ ☐ Hospital (# beds)	□ 😡 Parenteral **
☐ ☑ Internet	☐ ⋬ Parenteral (outpatient)
□ D Nuclear	□ 및 Outpatient/Discharge
☐ March Ambulatory Surgery Center	☐ ☐ Mail Service
□ Community	□ Dong Term Care
□	☐ ☑ Sterile Compounding **
	☑ Non Sterile Compounding
All boxes must be checked	☐ ☐ Mail Service Sterile Compounding **
For the application to be complete	☐ ☐ Other Services:
II .	· 26.0

^{**}If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,

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网New Pharmacy or Gownership Chang e (Pro Check box below for type of ownership and comp	ovide current license number if making changes: PH
☐ Publicly Traded Corporation – Pages 1,2,3,7	☐ Partnership - Pages 1.2.5.7
双 Non Publicly Traded Corporation – Pages 1,2,4	4,7 ☐ Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be completed	
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	5
City: Orlando Stat	e: 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	Yes/No
1XI □ Retail	☐ IX Off-site Cognitive Services
□ 🖾 Hospital (# beds)	□ 🗓 Parenteral **
□ DX Internet	☐ X Parenteral (outpatient)
□ 💢 Nuclear	□ □ X Outpatient/Discharge
□ 🛛 Ambulatory Surgery Center	🕱 🗆 Mail Service
☑ □ Community	□ 🛛 Long Term Care
☑ □ Other: <u>Specialty</u>	_ □ 🗖 Sterile Compounding **
	☑ □ Non Sterile Compounding
All boxes must be checked	☐
For the application to be complete	☐ Ø Other Services:

9/26/04

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✓New Pharmacy or ☐Ownership Change (Provide cur Check box below for type of ownership and complete all re ☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐√Non Publicly Traded Corporation – Pages 1,2,4,7	equired forms. ☐ Partnership - Pages 1,2,5,7
GENERAL INFORMATION to be completed by all	types of ownership
Pharmacy Name: <u>Veterinary Pharmacies of Americ</u>	a
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: <u>844-582-0921</u> (Req	uired per NAC 639.708)
E-mail: Pharmacy@vparx.net Website: w	ww.vetrxrx.com
Managing Pharmacist: Noureen Wadhwania	License Number: 50061
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
□ 🛛 Retail	□ ☑ Off-site Cognitive Services
☐ Hospital (# beds)	□ 🛭 Parenteral **
□ ☑ Internet	□ 🛮 Parenteral (outpatient)
□ 🛛 Nuclear	□ 🛛 Outpatient/Discharge
□ Mac Ambulatory Surgery Center	☑ ☐ Mail Service
□ ☑ Community	□ 🛮 Long Term Care
☑ Other: Mail Service	☐ 🛮 Sterile Compounding **
Veterinary only	☑ Non Sterile Compounding
All boxes must be checked	☐
For the application to be complete	□ 🗷 Other Services:

^{**}If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,

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

New Wholesaler
(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, ILC
Physical Address: Hangar 403 Bromon Dr. Aguadilla, PR DDLe
Mailing Address: P.O. Box 250055
City: Aquadilla State: Punto Rico Zip Code: ODLOY
Telephone: 918-981-2221 Fax: 815-1042-4534
Toll Free Number: N/A
E-mail: <u>ASIEN @ AKDISTVI.CO</u> W Website: <u>N/A</u>
Facility Manager: Alissa Sien
Professional qualifications and experience of facility manager: 2 US: Qt A&K Stributors PRIUC. and 5 years as phannary trans
Types of licensed outlets or authorized persons firm will serve:
Pharmacies
Type of Products to be handled or wholesaled be firm:
Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other:



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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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New Wholesaler		
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☐ 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: Imontini@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 □ Poisons or Chemicals □ Controlled Substances (include copy of DEA) □ Other:		



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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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New Wholesaler
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: 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:
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☑ Wholesalers ☐ Other: Specialty Pharmacies, Specialty Distributors
Type of Products to be handled or wholesaled be firm:
Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other:

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

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New Wholesaler
□ 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: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:
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 Poisons or Chemicals 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

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Publicly Traded Corporation - Pages 1,2,3,4	
□ 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: 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: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
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	□ 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.
Physical Address:	GENERAL INFORMATION
Mailing Address:300 Industry Drive City:Pittsburgh	Facility Name: Fisher Scientific Company L.L.C
City: Pittsburgh State: PA Zip Code: 15275 Telephone: 408-565-9509 Fax: 408-565-0195 Toll Free Number:	Physical Address: 700 Laurelwood Road Santa Clara 95054
Telephone: _408-565-9509	Mailing Address: 300 Industry Drive
Toll Free Number:	City: Pittsburgh State: PA Zip Code: 15275
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: Pharmacies Practitioners Hospitals Wholesalers Other:	Telephone: <u>408-565-9509</u> Fax: <u>408-565-0195</u>
Professional qualifications and experience of facility manager: 2 years 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 Poisons or Chemicals Controlled Substances (include copy of DEA)	Toll Free Number:
Professional qualifications and experience of facility manager: 2 years 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 Uterinary Legend Drugs Controlled Substances (include copy of DEA)	E-mail: tom.tang@thermofisher.com Website: thermofisher.com
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 Poisons or Chemicals Controlled Substances (include copy of DEA)	Facility Manager:Tom Tang
Pharmacies Other: Type of Products to be handled or wholesaled be firm: Legend Pharmaceuticals, Supplies or Devices Poisons or Chemicals Controlled Substances (include copy of DEA) Wholesalers Wholesalers Wholesalers Wholesalers Wholesalers Wholesalers Upper of Products to be handled or wholesaled be firm: Veterinary Legend Drugs	Professional qualifications and experience of facility manager: 2 years
☐ Other: Type of Products to be handled or wholesaled be firm: Legend Pharmaceuticals, Supplies or Devices Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) Hypodermic Devices ☐ Veterinary Legend Drugs	Types of licensed outlets or authorized persons firm will serve:
Legend Pharmaceuticals, Supplies or Devices Poisons or Chemicals Controlled Substances (include copy of DEA) Hypodermic Devices Veterinary Legend Drugs	Pharmacies Practitioners Hospitals Wholesalers Other:
 Poisons or Chemicals □ Controlled Substances (include copy of DEA) 	Type of Products to be handled or wholesaled be firm:
	Poisons or Chemicals Controlled Substances (include copy of DEA)



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NEVADA STATE BOARD OF PHARMACY

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

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New Wholesaler
(Please provide current license number if making changes. Wit
Publicly Traded Corporation – Pages 1,2,3,4
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.
1 leade offedit best for type of entiretemp and a final fina
GENERAL INFORMATION
Facility Name: Hisun Phanmaceuticals USA, Inc.
Physical Address: 212 Carnegie Center STE 302 Princeton, NJ 08542
Mailing Address: 212 Cannelly Center STE 302
city: Princeton State: NJ Zip Code: 03540
Telephone: <u>1009 - 275 - 5505</u> Fax: <u>1009 - 275 - 5056</u>
Toll Free Number:
E-mail: Hony. Zhao Phisunush.com Website: Www.hisunusa.com
Facility Manager: Hong Zhao
Professional qualifications and experience of facility manager: Professional
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 Devices Devices Devices Devices Devices Devices Devices Devices Devices Devices Devices Devices
☐ Controlled Substances (include copy of DEA)
☐ Other:

Page 1



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

☐ New Wholesaler ☐ Ownership Change (Please provide current license number if	making changes: WH_00508
 □ Publicly Traded Corporation – Pages 1,2,3,4 □ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b □ Please check box for type of ownership and complete complet	☐ Sole Owner – Pages 1.2.3.7
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: <u>512-225-2000</u> Fax: <u>5</u>	12-244-4126
Toll Free Number:	4.
E-mail: wesley.davis@pfizer.com Website	www.icumed.com
Facility Manager: Sandra Antone	
Professional qualifications and experience of facility ma	anager: See attached resume
Types of licensed outlets or authorized persons firm wil	l serve:
☐ Pharmacies ☐ Practitioners ☑ Other: Manufacturers	d Hospitals
Type of Products to be handled or wholesaled be firm:	
 ✓ Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other: 	☐ Hypodermic Devices☐ Veterinary Legend Drugs



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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

Application must be printed legibly or typed

☐ 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 be firm:
 ✓ Legend Pharmaceuticals, Supplies or Devices ✓ Poisons or Chemicals ✓ Controlled Substances (include copy of DEA) ✓ Other: Medical Devices, Injectables



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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

Application must be printed legibly or typed

□ New Wholesaler
 □ 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 19406
Mailing Address: 600 N. Field Drive D- 283 Bldg HW1
City: Lake Forest State: Zip Code: 60045
Telephone: 610-265-9100 Fax: 610-265-9103
Toll Free Number: 215-539-0430
E-mail: wesley.davis@pfizer.com Website: www.icumed.com
Facility Manager: Tim Hammond
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 be firm:
 ✓ Legend Pharmaceuticals, Supplies or Devices ✓ Poisons or Chemicals ✓ Controlled Substances (include copy of DEA) ✓ Other: Medical Devices, Injectables



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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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Application must be printed legibly or typed

New Wholesaler				
	(Please provide current license numb	er if n	naking changes: W	H)
Publicly Traded C	Corporation – Pages 1,2,3,4		Partnership - Pag	ges 1,2,3,6
□ Non Publicly Trace	ded Corporation – Pages 1,2,3,5a,5	b 🗆	Sole Owner - Pa	ges 1,2,3,7
Please check bo	x for type of ownership and comple	te cor	rrect part of the ap	pplication.
GENERAL INFOR	MATION			2
Facility Name: Iso	Tis OrthoBiologics, Inc.			
Physical Address:	2 Goodyear, Irvine, CA 92618			
Mailing Address:	5770 Armada Drive			
City: Carlsbad	State: C	Α	Zip (Code: 92008
Telephone: (760)	727-8399 State: C	c: (76	60) 683-6874	
Toll Free Number:				- €
		bsite:	www.Seaspine	e.com
Facility Manager:				
Professional qualif	ications and experience of facilit Assurance			
Types of licensed	outlets or authorized persons firm	n will	serve:	
	☐ Practitioners		Hospitals	☑ Wholesalers
Type of Products to	o be handled or wholesaled be fi	<u>rm:</u>		
☐ Poisons or Che	aceuticals, Supplies or Devices emicals stances (include copy of DEA)			mic Devices ry Legend Drugs



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
(Please provide current license frumber it 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 Boy Pharmaceuticals, Inc.
Physical Address: <u>2000 Powell Street</u> Suite 1150
Mailing Address: 2000 Powell Street Suite 1150
City: <u>Emeryville</u> State: <u>CA</u> zip Code: <u>94608</u>
Telephone: 510 - 899 - 8800 Fax: 510 - 474 - 1577
Toll Free Number:
E-mail: hall@novabay.com Website: Www. Novabay.com
Facility Manager:
Professional qualifications and experience of facility manager: Senior Vice President General Course!
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 ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other:
Page 4

Page 1



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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

□ New Wholesaler	Ownership (nges: WH)
☐ Publicly Traded Co ☑ Non Publicly Trade Please check box	orporation – Pages 1,2,3,4 ed Corporation – Pages 1,2,3,5 c for type of ownership and cor	☐ Partnersh 5a,5b ☐ Sole Own nplete correct part c	nip - Pages 1,2,3,6 ner – Pages 1,2,3,7 of the application.
GENERAL INFORM	MATION		
Facility Name:	OptiNose US, Inc.		
Physical Address:	1020 Stony Hill Road, Suite 30	00	
Mailing Address: _	1020 Stony Hill Road, Suite 30	0	
City: Yardley	State:	PA	Zip Code:
Telephone: 267-36	54-3500	Fax: <u>267-395-211</u>	19
Toll Free Number:	n/a		€
E-mail:_info@opting	ose.com	Website: www.op	otinose.com
Facility Manager: _	Ramy Aly Mahmoud		
Professional qualific	cations and experience of fa	cility manager: _S	See Attached Resume
Types of licensed o	utlets or authorized persons	firm will serve:	
☑ Pharmacies ☑ Other: Specialty	☐ Practitioners Distributors, Retailers, Militar	🖾 Hospital y, Specialty Pharma	
Type of Products to	be handled or wholesaled b	oe firm:	
☐ Poisons or Cher	ceuticals, Supplies or Devicenticals tances (include copy of DEA	□V	lypodermic Devices 'eterinary Legend Drugs





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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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✓ New Wholesaler
(Ficase provide current license number it 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: SeaSpine Orthopedics Corporation
Physical Address: 5770 Armada Drive, Carlsbad, CA 92008
Mailing Address: (Same as Above)
City: 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 be firm:
 ∠ Legend Pharmaceuticals, Supplies or Devices ∠ Poisons or Chemicals ∠ Controlled Substances (include copy of DEA) ∠ Other:

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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☐ New Wholesaler ☐ Ownership Change (Please provide current license number if making changes: WH 02186)		
☐ 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: 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: vbostic@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 be firm:		
 ☑ Legend Pharmaceuticals, Supplies or Devices ☑ Poisons or Chemicals ☑ Controlled Substances (include copy of DEA) ☑ Other: Dental, Over the counter drugs ☑ Hypodermic Devices ☑ Veterinary Legend Drugs 		



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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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□ New Wholesaler
 □ 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 ☐ Poisons or Chemicals ☑ Controlled Substances (include copy of DEA) ☑ Other: Dental, Over the counter drugs ☐ Hypodermic Devices ☑ Veterinary Legend Drugs



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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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Application must be printed legibly or typed

New Wholesaler				
Non Publicly Traded Corporation - Pages 1,2,3,5a,5b				
Non Publicly Traded Corporation - Pages 1,2,3,5a,5b				
Facility Name: Teve Phonocouticals USA, Inc. Physical Address: 605 Tri - State Pt., Grunde IL 6063/ Mailing Address: 60 Kelly O'Donochue 4d5 Privetta City: Horsham State: PA Zip Code: 19044 Telephone: 847-371-560/ Toll Free Number: 600 Teve USA E-mail: Kelly odonoghue teve phane Website: www.teva.com Facility Manager: George Guiwara is Professional qualifications and experience of facility manager: see attacked Types of licensed outlets or authorized persons firm will serve: Type of Products to be handled or wholesaled be firm: Type of Products to be handled or wholesaled be firm: Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices Poisons or Chemicals Useriany Legend Drugs	Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7			
Physical Address: 605 Tri - State Pt., Grunel 12 6053/ Mailing Address: 40 Kelly O'D moghue 445 Priveted City: 403 Nam State: 12 Zip Code: 19044 Telephone: 847 371 - 500 Fax: 847 - 317 - 5001 Toll Free Number: 500 TRV - USA E-mail: Kelly odonoghue teve phane Website: www. teva usa. con Facility Manager: Clorge Guivas is Professional qualifications and experience of facility manager: see attacked Types of licensed outlets or authorized persons firm will serve: Type of Products to be handled or wholesaled be firm: Type of Products to be handled or wholesaled be firm: Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices Poisons or Chemicals Veterinary Legend Drugs	GENERAL INFORMATION			
Mailing Address: do Kelly O'D Moghue 4d5 Privet Cd City: Horsham State: PA Zip Code: 19044 Telephone: 847-317-5501 Toll Free Number: 800 TENT USA E-mail: Kelly odonoghue Leva phare Website: www.teva vsa.com Facility Manager: See affacted Types of licensed outlets or authorized persons firm will serve: Types of licensed outlets or authorized persons firm will serve: Type of Products to be handled or wholesaled be firm: Type of Products to be handled or wholesaled be firm: Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices Veterinary Legend Drugs	Facility Name: Teva Pharmaceuticals USA, Inc.			
City: Horsham State: A Zip Code: 19044 Telephone: 841.511-9500 Fax: 847-317-5501 Toll Free Number: 800 TWV- USA E-mail: Kully.odonoghue@feva.pham.a. Website: www.teva.vsa.com Facility Manager: Clorge GuiveGis Professional qualifications and experience of facility manager: sel attached Types of licensed outlets or authorized persons firm will serve: Types of Products to be handled or wholesaled be firm: Type of Products to be handled or wholesaled be firm: Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices Poisons or Chemicals Veterinary Legend Drugs	Physical Address: 605 Tri-State Ply, Gurnee 12 60531			
Telephone: 841.311- GOD TENT OSA E-mail: Kully odonoshue feve plan www Yeva vsa. con Facility Manager: Close Guivas is Professional qualifications and experience of facility manager: See affacted Types of licensed outlets or authorized persons firm will serve: Types of Products to be handled or wholesaled be firm: Type of Products to be handled or wholesaled be firm: Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices Poisons or Chemicals Veterinary Legend Drugs				
E-mail: Kully od on og hue Dteva phan a Website: www. teva vsa.com Facility Manager: Cloge Guvarg is Professional qualifications and experience of facility manager: see attached Types of licensed outlets or authorized persons firm will serve: Type of Products to be handled or wholesaled be firm: Type of Products to be handled or wholesaled be firm: Legend Pharmaceuticals, Supplies or Devices Poisons or Chemicals Hypodermic Devices Veterinary Legend Drugs	City: Horsham State: PA zip Code: 19044			
E-mail: Kelly od on og hue bevægham a Website: www. teva vsa.com Facility Manager: Clorge Guivagis Professional qualifications and experience of facility manager: cel 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 be firm: Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices Poisons or Chemicals Hypodermic Devices Veterinary Legend Drugs	Telephone: 847-371- 9500 Fax: 847-317- 9501			
Professional qualifications and experience of facility manager: Types of licensed outlets or authorized persons firm will serve: Pharmacies Practitioners Hospitals Wholesalers Other: Distributors Type of Products to be handled or wholesaled be firm: Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices Poisons or Chemicals Veterinary Legend Drugs	Toll Free Number: 800 TEVIL- USA			
Professional qualifications and experience of facility manager: Types of licensed outlets or authorized persons firm will serve: Pharmacies Practitioners Hospitals Wholesalers Other: Distributors Type of Products to be handled or wholesaled be firm: Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices Poisons or Chemicals Veterinary Legend Drugs	E-mail: Kelly.odonoghue@tevapham.coWebsite: www.tevavsa.com			
Professional qualifications and experience of facility manager: Types of licensed outlets or authorized persons firm will serve: Pharmacies Practitioners Hospitals Wholesalers Other: Type of Products to be handled or wholesaled be firm: Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices Poisons or Chemicals Veterinary Legend Drugs	Facility Manager: Clorge Quivargis			
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				
Pharmacies				
Type of Products to be handled or wholesaled be firm: Legend Pharmaceuticals, Supplies or Devices Poisons or Chemicals Under the supplies of Devices Veterinary Legend Drugs	Types of licensed outlets or authorized persons firm will serve:			
Type of Products to be handled or wholesaled be firm: Legend Pharmaceuticals, Supplies or Devices Poisons or Chemicals Under the supplies of Devices Veterinary Legend Drugs				
☐ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices ☐ Veterinary Legend Drugs	Pharmacies Practitioners Wholesalers Other: Distributors			
☐ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices ☐ Veterinary Legend Drugs	Type of Products to be handled or wholesaled be firm:			
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs	/ / / / / / / / / / / / / / / / / / /			
Other:	☐ Poisons or Chemicals ☐ Veterinary Legend Drugs ☐ Controlled Substances (include copy of DEA)			

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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

⊠ New Wholesaler				
	(1 lease provide current license in	inber ir making (manges. vvn	
□ 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 INFORM	MATION			
Facility Name:T	OP QUALITY MANUFACTUR	ING, INC		
Physical Address:	800 PRIMOS AVE, FOLCRO	FT PA 19032		
Mailing Address: _	800 PRIMOS AVE			
City: FOLCROFT	State:	PA	Zip Co	ode:
	61-6100 F	ax:310-461	-6108	
Toll Frée Number:	800-483-8559	÷		
E-mail:BEBERHART@	TOPQUALITYGLOVES.COM	/ebsite: www	/.TOPQUALITY	GLOVES.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 ☐ Other:	☑ Practitioners	•	tals	□ Wholesalers
Type of Products to	be handled or wholesaled be	firm:		
☐ Poisons or Chem	ceuticals, Supplies or Devices nicals ances (include copy of DEA)		Hypoderm Veterinary	ic Devices Legend Drugs



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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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Application must be printed legibly or typed

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: UPS Supply Chain Solutions, Inc.			
Physical Address: 2210 outer Loop Louisville, Ky 4021			
Mailing Address: 211 Lake Dr. Ste. F			
City: Newark State: DE Zip Code: 19702			
Telephone: $302-181-1892$ Fax: $302-631-5238$			
Toll Free Number: N/A			
E-mail: Caliconsing Qupsicom Website: www. upsscs, com			
Facility Manager: Heather Johnson			
Professional qualifications and experience of facility manager:			
Types of licensed outlets or authorized persons firm will serve:			
Pharmacies Practitioners Hospitals Wholesalers Other:			
Type of Products to be handled or wholesaled be firm:			
 Legend Pharmaceuticals, Supplies or Devices □ Poisons or Chemicals □ 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
□ Publicly Traded Corporation – Pages 1,2,3,4 □ 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: 1 Halstead LLC DBA: COASTA Tharmacy
Physical Address: 498 Y Halstend Road Suite A (This must be a business address, we can not issue a license to a home address)
Mailing Address: 998 M. Halstead Road, Suite A
City: ORENN Sprangs State: MS Zip Code: 39564
Telephone: 228-215-1911 Fax: 228-215-1906
E-mail: nhalsteadpharmacy agnail.com Website: www.coastalpharmacy acom
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 900 to 600 Tue: 9:00 to 600 Wed: 9:00 to 600 Thu: 9:00 to 600 Thu
Fri: 9:00 to 6:00 Sat: to Sun: to Holidays: to
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Earn Hollis
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosethics ☐ Other:
Other:
rare in the event of an emergency. Provide name and telephone number of Nevada contact
Name: Telephone:
Page 1

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

Application must be printed legibly or typed

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

•		
New MDEG Ownership Change		
(Please provide current license number if making changes: MP or MW)		
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 □ Non Publicly Traded Corporation – Pages 1,2,3,5 □ Sole Owner – Pages 1,2,3,7		
Mon 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.		
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 nome 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)		
 ☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic Supplies ☐ Assistive Equipment ☐ Parenteral and Enteral Equipment** ☐ Orthotics and Prosethics ☐ Othor: GENERAL HME, HOSPITAL BEDS, WHEELCHAIR, MOBILITY, NEBULIZERS AND SUIT 		
Medical Gases** Assistive Equipment Respiratory Equipment** Parenteral and Enteral Equipment**		
M Respiratory Equipment ☐ Life-sustaining equipment** ☐ Orthotics and Prosethics		
☐ Diabetic Supplies ☐ Diabetic Supplies ☐ Other: GENERAL HME, HOSPITAL BEDS, WHEELCHAIR, MOBILITY, NEBULIZERS AND SUPPLIE		
**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 Page 1		
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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

New MDEG	☐ Ownership Chan (Please provide current	ge icense number if making	g changes: MP or MW)
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 □ Non Publicly Traded Corporation – Pages 1,2,3,5 □ Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.				
FACILITY INFORM	MATION			
Facility Name:	Lofta			
Physical Address:	7661 Girard Ave Si			_
-	(This must be a business add	dress, we can not issue a licens	e to a home address)	
Mailing Address:				
City: La Jolla		State:CA	Zip Code: ⁹²⁰³⁷	=
Telephone: 858-4	61-7700	Fax:85	58-461-7999	_
E-mail: jlevitt@	Plofta.com	Website:	lofta.com	
DAYS AND HOUR	S THAT THE FACIL	ITY WILL BE REGL	JLARLY 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 ADMINISTR	ATOR INFORMATI	ON: Person in char	ge on a daily basis	
Name:			gramma damy dame	
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)				
TTPE OF MIDEG P	RODUCIS THAT W	ILL BE SOLD (CHE	CK ALL APPLICABLE)	
☐ Medical Gases*	*	☐ Assistive	Equipment	
Respiratory Equipment**				
☐ Life-sustaining equipment** ☐ Orthotics and Prosethics				
☐ Diabetic Supplies **If providing these types of services you are required to have in place a mechanism to ensure continued				
care in the event of an emergency. Provide name and telephone number of Nevada contact.			ned	
Name: Jay Levitt Telephone: 858-224-7000				
		Page 1		116C



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APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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	☐ Ownership Change [Please provide current license number if making changes: MP or MW)		
Non Publicly Trace ■ Non Publicly Trace ■ Trace	Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Sole Owner – Pages 1,2,3,7 heck box for type of ownership and complete correct part of the application.		
FACILITY INFORM	MATION		
Facility Name: Opt	tion Care Enterprises, Inc.		
Physical Address:	2050 S. Finley Rd. Suite 20 Lombard, 1L 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: Zip Code: 60015		
Telephone:	877-974-4844 Fax: 877-974-4845		
E-mail:oc-PEandL@	optioncare.com Website: www.optioncare.com		
DAYS AND HOUR	S 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 amto 5:30 pm Sat: On Callto Sun: On Call to Holidays: On Call to			
MDEG ADMINISTR	RATOR INFORMATION: Person in charge on a daily basis		
Name: Steven Hess			
TYPE OF MDEG F	PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)		
☐ Medical Gases'			
 □ Respiratory Equipment** □ Life-sustaining equipment** □ Orthotics and Prosethics 			
☐ Diabetic Supplies Other: ReLizorb			
**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.			
ivame:	Telephone: Page 1		
	Page 1 ale 45		



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☑New MDEG ☐ Ownership Change (Please provide current license number if making changes: MP or MW)			
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ 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			
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING			
Mon: 8:00am 5:00pm Tue: 8:00am Ved: 8:00am Ved: 8:00am Thu: 8:00am 5:00pm			
Fri: 8:00are 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)			
□ Medical Gases** □ Assistive Equipment			
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**			
☐ Crthotics and Prosethics			
☐ Diabetic Supplies Other: DME - breast pumps *If providing these types of sorvices you are required by the formula of the f			
*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.			
lame: NA Telephone: NA			
Page 1			



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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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New MDEG Ownership Change (Please provide current license number if making changes: MP or MW)			
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ 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: KY Zip Code: 40475			
Telephone: 859-623-0912 Fax: 859-623-1661			
E-mail: dembre 2 Quality providers ervice. 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)			
☐ Medical Gases** ☐ Assistive Equipment			
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**			
☐ Life-sustaining equipment** ☐ Orthotics and Prosethics			
☐ Diabetic Supplies Other:			
**If providing these types of services you are required to have in place a mechanism to ensure continued			
Name: Debie Embrec Telephone: 859-623-0912			
Page 1			



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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

☑Ñew MDEG ☐ Ownership Change (Please provide current license number if making changes: MP or MW)			
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ Sole Owner – Pages 1,2,3,7 ☐ Please check box for type of ownership and complete correct part of the application.			
FACILITY INFORMATION			
Facility Name: Nevach & Company LLC, Aba Restorative Medical			
Physical Address: 2491 Armstrum Dr Winsten Salen, 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 a 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: <u>Clotoed</u> Sun: <u>Clotoed</u> Holidays: <u>closed</u>			
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis			
Name: Randal Wood			
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)			
☐ Medical Gases** ☐ Assistive Equipment			
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**			
☐ Life-sustaining equipment** ☐ Orthotics and Prosethics			
☐ 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:			
Page 1			

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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

	one a mendation of the fame of the otate of movada.		
	☐ Name Change ☐ Location Change nse number if making changes: PH)		
(i rease provide current ricer	ise number it making changes. FTI		
☐ Publicly Traded Corporation ☐ Pages 1,2,3,7,8a,8b☐ Non Publicly Traded Corporation ☐ Pages 1,2,4a,4b, Please check box for type of ownership and			
GENERAL INFORMATION to be completed by al	I types of ownership		
Pharmacy Name: Green Valley Sura	en Center LLC		
Physical Address: 7365 S. Pecos Rd	Las Vegas, NV 89120		
Mailing Address: 1012 Corsica Lane			
City: Las Vegas State: 1 Telephone: 702-355-6816 Fax	U / Zip Code: 89144		
Telephone: 702-355-6816 Fax	x: NA		
Toll Free Number: N/A			
E-mail: Chery legreen Valleys urgeny center. Conswel	bsite: N/A		
E-mail: Chery legreen Walleys urgeny center. Com Website: N/A Managing Pharmacist: Mary Grear RPh License Number: 10687			
Hours of Operation:			
Monday thru Friday <u>bw</u> am <u>5.00</u> pm	Saturday Closed pm		
Sunday <u>los</u> em pm	24 Hours NA		
TYPE OF PHARMACY	SERVICES PROVIDED		
☐ Retail	☐ Off-site Cognitive Services		
☐ Hospital (# beds)	☐ Parenteral		
☐ Internet	☐ Parenteral (outpatient)		
☐ Nuclear	☐ Outpatient/Discharge		
☐ Out of State	☐ Mail Service		
Ambulatory Surgery Center	☐ 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

<u> </u>				
	☐ Ownership Chai (Please provide curr	nge ☐ Name Change ☐ Location Change ent license number if making changes: PH)		
- 5 103 T. 1-10-				
Non Publicly Trade	 ☑ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b ☐ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b ☐ Sole Owner – Pages 1,2,6,7,8a,8b ☐ Partnership - Pages 1,2,5,7,8a,8b ☐ Sole Owner – Pages 1,2,6,7,8a,8b ☐ Pages 1,2,5,7,8a,8b ☐ Sole Owner – Pages 1,2,6,7,8a,8b ☐ Pages 1,2,5,7,8a,8b ☐ Sole Owner – Pages 1,2,6,7,8a,8b ☐ Pages 1,2,5,7,8a,8b ☐ Sole Owner – Pages 1,2,6,7,8a,8b ☐ Pages 1,2,5,7,8a,8b ☐ Sole Owner – Pages 1,2,6,7,8a,8b 			
GENERAL INFORMATION to be completed by all types of ownership				
Pharmacy Name:I	Humana Pharmacy, Inc.			
Physical Address: _	1397 Loop Road			
Mailing Address:1	397 Loop Road			
City: Pahrump	Sta	te: <u>NV</u> Zip Code: <u>89048</u>		
Telephone: 513-67	2-6040	Fax: 513-755-3907		
Toll Free Number: _	Not available at this time. We w	ill provide at a later date		
E-mail: hawadallah@hu	umana.com	Website: www.humanapharmacy.com		
Managing Pharmacis	t. Heba Awadallah	License Number: 18864		
Hours of Operation:				
Monday thru Friday ₋	8:30 am <u>5:00 pm</u>	Saturday <u>N/A</u> am <u>N/A</u> pm		
Sunday _	N/A am N/A pm	24 Hours <u>N/A</u>		
TYPE (OF PHARMACY	SERVICES PROVIDED		
⊠ Retail		☐ Off-site Cognitive Services		
☐ Hospi	tal (# beds)	☐ Parenteral		
☐ Intern	et	☐ Parenteral (outpatient)		
□ Nuclear □ Outpatient/Discharge				
☐ Out of State ☐ Mail Service				
□ Ambul	atory Surgery Center	☐ Long Term Care		

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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Application must be printed legibly or typed

New Pharmacy	
(Please provide current	license number if making changes: PH)
□, Publicly Traded Corporation – Pages 1,2,3,7,8a,	Bb □ Partnership - Pages 1,2,5,7,8a,8b
Non Publicly Traded Corporation – Pages 1,2,4a	
	and complete correct part of the application.
GENERAL INFORMATION to be completed by	v all types of ownership
Pharmacy Name: DRyon Vallad JURGERY CONTER	
canal Miles	N 80120
Physical Address: 30/9 1160001K	. Jt. Las Vagas, 190 091591
Mailing Address: ,	
City: LOS VOGAS State:	NV Zip Code: <u>89103</u>
Telephone: (702)-927-4440	Fax:
Toll Free Number:	*
E-mail: PRICE NDIME dical Com	Website: WWW. lasvegasprininstitutes.co
Managing Pharmacist: Avalus Frederick	a mmannticense Number: 13340
Managing Friatriacist.	CAMITATIN LICENSE Number: 1501
Hours of Operation:	
Monday thru Friday 600am 0600pm	Saturday 0800 am 0430m
Sunday <u>D</u> am <u>p</u> m	24 Hours
TYPE OF PHARMACY	SERVICES PROVIDED
☐ Retail	☐ Off-site Cognitive Services
☐ Hospital (# beds)	☐ Parenteral
☐ Internet	Parenteral (outpatient)
☐ Nuclear	Outpatient/Discharge
☐ Out of State	☐ Mail Service
Ambulatory Surgery Center	☐ Long Term Care



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

APPLICATION FOR NEVADA 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

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: vbostic@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 be firm:	
 ☑ Legend Pharmaceuticals, Supplies or Devices ☑ Poisons or Chemicals ☑ Controlled Substances (include copy of DEA) ☑ Other: Dental, Over the Counter drugs 	