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

☐New Pharmacy or ☐Ownership Change (Provide curre	ent license number if making changes: PHO33957
Check box below for type of ownership and complete all re	quired 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
Mont ability traded comportation in ages 1,2,1,1	Z con commercial control of the cont
GENERAL INFORMATION to be completed by all ty	
Pharmacy Name: Accorate Rx Pharm	nacy Consulting LLC
Physical Address: 103-B Corporate Lo	
Mailing Address: 103-B Corporate La	ke Dr.
City: Columbia State: MC	
Telephone: $573-256-4279$ Fax: 57	3-442-6429
Toll Free Number: <u>888-335-4279</u> (Requ	uired per NAC 639.708)
E-mail: <u>Credentialing Qaccurater</u> Websi	ite: <u>www.acconterx.net</u>
Managing Pharmacist: Jay Bryant - Wimp	License Number: <u>M0# 4316</u> 5
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
)≰ □ Retail	☐ ☑ Off-site Cognitive Services
□ 🧖 Hospital (# beds)	□ 🕅 Parenteral **
□ 🗖 Internet	Parenteral (outpatient)
☐ 154 Nuclear	☐ ☑ Outpatient/Discharge
☐ '∯ Ambulatory Surgery Center	∑ □ Mail Service
☐ 🔁 Community	□ 🖄 Long Term Care
□ 🗖 Other:	□ 🕱 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,



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

■New Pharmacy or □Ownership Change Check box below for type of ownership and compared to the compart of the compared to the c	e (Provide current license number if making changes: PH complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,	3,7
■ Non Publicly Traded Corporation – Pages	s 1,2,4,7
GENERAL INFORMATION to be complete	
Pharmacy Name: ARJ Infusion Ser	vices, Inc.
Physical Address: 3730 South 149t	th Street, Suite 102, Omaha, NE 68144
Mailing Address: 7930 Marshall Dri	ive
	State: KS Zip Code: 66214
Telephone: 866-451-8804	Fax: 913-451-8914
Toll Free Number: 866-451-8804	(Required per NAC 639.708)
E-mail: info@arjinfusion.com	Website: http://www.arjinfusion.com/
Managing Pharmacist: Kristen L. Rite	chie License Number: 14065 (NE)
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 C	Center
☐ ☐ 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 comp	plete 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



\$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 Change (Provide Check box below for type of ownership and complete Publicly Traded Corporation Pages 1,2,3,7 Non Publicly Traded Corporation Pages 1,2,4,7	all required forms.
GENERAL INFORMATION to be completed by	all types of ownership
Pharmacy Name: FLTX LLC DBA DMG HEALTH PHARM	IACY
Physical Address: 3163 South Church Street Suite A, Mur	freesboro, TN 37127
Mailing Address: _150 E. Boca Raton Road, Boca Raton, F	EL 33432
City: Murfreesboro State:	Tennessee Zip Code: 37127
Telephone: 615-225-8870 Fax: 8	377-501-4225
Toll Free Number: 888-800-0466 (Required per NAC 639.708)
E-mail: 111602 dmg heathpharmacy v	Vebsite:
Managing Pharmacist: Adedayo Onafowokan	License Number:
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
N □ Retail	□ ☐ Off-site Cognitive Services
☐ M Hospital (# beds)	☐ ✓ Parenteral **
□ ✓ Internet	□
□ ▼ Nuclear	☐
☐ ☑ Ambulatory Surgery Center	Mail Service
□ ✓ Community	□ ▼ Long Term Care
□ 1 Other:	☐ ✓ Sterile Compounding **
	□ ✓ Non Sterile Compounding
All boxes must be checked	☐
For the application to be complete	□ ✓ Other Services:

C

^{**}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,

O

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)

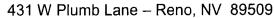
Application must be printed legibly or typed

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	
GENERAL INFORMATION to be completed by all types of ownership	
Pharmacy Name: FortBend RX Pharmacy	_
Physical Address: 1100 FM 1092, #D	_
Mailing Address:	_
City: Missouri City State: Texas Zip Code: 77459	
Telephone: <u>281-969-7611</u> Fax: <u>281-969-7711</u>	
Toll Free Number: <u>1-877-408-6747</u> (Required per NAC 639.708)	
E-mail: fortbendrx@gmail.com Website:N/A	
Managing Pharmacist: <u>Fatemeh Khajehei</u> License Number: 41171	_
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 -only if licensed in that	state
☑ □ Community □ ☑ Long Term Care	1
☑ □ Other: Non-Resident □ ☑ Sterile Compounding **	
☐ ☑ Non Sterile Compounding	I
All boxes must be checked	tric
For the application to be complete Other Services:	-
	1

**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,

97929



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 co	·
Check box below for type of ownership and complete all publicly Traded Corporation – Pages 1,2,3,7	required forms. ☐ Partnership - Pages 1,2,5,7
☐ 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	
Pharmacy Name: GIANNOTTO'S PHAR	
Physical Address: 195 1 St AVE WEST,	NEWARK NJ 07107-2699
Mailing Address: P.O. Box 110, BLoomF	IELD, NJ 07003 -0110
City: Bloomfield State:	NIS Zip Code: 07003-0110
Telephone: (973) 482 - 8220 Fax: (97	
Toll Free Number: (855) 442- 6668 (Re	quired per NAC 639.708)
E-mail: 910px @ gmail. Com Web	osite: www. 910 bharm. com
Managing Pharmacist: LABHUBHAI PATEL	
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
-देर्⊓ □ Retail	□ 💆 Off-site Cognitive Services
□	☐ X Parenteral **
□ 💢 Internet	□ 💢 Parenteral (outpatient)
□ 🕱 Nuclear	□ 💢 Outpatient/Discharge
□ 🕱 Ambulatory Surgery Center	♣ □ Mail Service
□ Community	र्द्य □ Long Term Care
文 B Other: SPECIALTY	☐ 🕱 Sterile Compounding **
,	□ Non Sterile Compounding
All boxes must be checked	☐ 🧏 Mail Service Sterile Compounding **
For the application to be complete	Other Services: Specialty pharmacy (Non compounding)
	- Injectable

**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,

97474



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

Check box below for type of ownership and	le (Provide current license number if making changes: PH complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2 ☐ Non Publicly Traded Corporation – Page.	,3,7
GENERAL INFORMATION to be comp Pharmacy Name: Lakeforest Pharm	leted by all types of ownership
	Pkwy #104,Wentzville,MO,63385
Mailing Address: 950 Corporate Pk	kwy #104
City: Wentzville	State: Missouri Zip Code: 63385
Telephone: 636-856-9555	
Toll Free Number: 855-215-4662	(Required per NAC 639.708)
E-mail: info@lakeforestpharmacy.com	
Managing Pharmacist: Patrick Wehr	neier License Number: 2007027808
TYPE OF PHARMACY	AND SERVICES PROVIDED
Yes/No	Yes/No
☑ □ Retail	□ ■ Off site Cognitive Services
☐ ■ Hospital (# beds	_) □ ■ Parenteral **
□ ■ Internet	☐ ■ Parenteral (outpatient)
□ ■ Nuclear	☐ ■ Outpatient/Discharge
☐	Center ☑
☐ ■ Community	☐ ■ Long Term Care
☐ ■ Other	☐ ■ Sterile Compounding **
	□ ■ Non Sterile Compounding
All boxes must be checked	☐ ■ Mail Service Sterile Compounding **
For the application to be com	plete ☐ ■ 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

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 curi Check box below for type of ownership and complete all re Depublicly Traded Corporation – Pages 1,2,3,7 Don Publicly Traded Corporation – Pages 1,2,4,7	rent license number if making changes: PH equired forms. Partnership - Pages 1,2,5,7 DSole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be completed by all t	ypes of ownership
Pharmacy Name:	
Physical Address: 1911 Church Street 5	vite 202
Mailing Address: _save	
City: Nashville State: IN	Zip Code: 37203
Telephone: 844-319-2259 Fax: 84	
Toll Free Number: 844 - 319 - 2259 (Req	uired per NAC 639.708)
E-mail: bwescott@xpatnesnytrom Webs	ite: NA
Managing Pharmacist: Brantley Wescott	License Number: TN 1302
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
Retail	
Hospital (# beds)	Parenteral **
Internet	Parenteral (outpatient)
	□ ☑Outpatient/Discharge
Ambulatory Surgery Center	Mail Service
Community	Long Term Care
Other:	Sterile Compounding **
S. American Co. of the	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 required to make an appearance at the board meeting,



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

☐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	required forms. ☐ Partnership - Pages 1.2.5.7
☑ Non Publicly Traded Corporation - Pages 1,2,4,7 GENERAL INFORMATION to be completed by all	
Pharmacy Name: Restore Rx, Inc.	
Physical Address: 5169 Brunswick Road, Box 305	
Mailing Address: 5169 Brunswick Road, Box 305	
City: Brunswick State: TN	Zip Code: 38014
Telephone:877-388-0507 Fax:901-	
Toll Free Number: <u>877-388-0507</u> (Rec	quired per NAC 639.708)
	site: restorerx.com
Managing Pharmacist:Wilber Mitchell Pleasants	License Number: 9439
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
⊠ □ Retail	☐ ☑ Off-site Cognitive Services
☐ ☒ Hospital (# beds)	□ Parenteral **
□ 🕱 Internet	□
□ 🕱 Nuclear	□ 🛱 Outpatient/Discharge
☐	Mail Service
☑ □ Community	□ 💢 Long Term Care
	□ Sterile Compounding **
	□ 🕱 Non Sterile Compounding
All boxes must be checked	☐
For the application to be complete	□ X 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

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

Check hox below for type of ownership and c	(Provide current license number if making changes: PHomplete all required forms.
Publicly Traded Corporation - Pages 1,2,3	3,7 ☐ Partnership - Pages 1,2,5,7
□ Non Publicly Traded Corporation – Pages	1,2,4,7
GENERAL INFORMATION to be comple	eted by all types of ownership
Pharmacy Name: Synergy Rx LLC	dba Synergy Rx
Physical Address: 55 Coburg Rd #1	05, Eugene,OR,97401
Mailing Address: 55 Coburg Rd #10	05,Eugene,OR,97401
City: Eugene	State: Oregon Zip Code: 97401
Telephone: 541-342-4928	Fax: 541-342-4930
Toll Free Number: 800-424-9123	(Required per NAC 639.708)
E-mail: synergyrxpharm@yahoo.com	Website: n/a
Managing Pharmacist: Lacy Miron	License Number: RPH-0011062
	AND SERVICES PROVIDED
Yes/No	Yes/No
✓ □ Retail	☐ ☐ Off-site Cognitive Services
☐ 🖬 Hospital (# beds	
☐ ☐ Internet	☐ ■ Parenteral (outpatient)
🗆 🖬 Nuclear	□ ■ Outpatient/Discharge
☐	enter
Community	□ ■ Long Term Care
□ ■ Other none	Sterile Compounding **
	☐ ☐ Non Sterile Compounding
All boxes must be checked	☐ ■ Mail Service Sterile Compounding **
For the application to be com	plete 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,

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

Mew Pharmacy or ☐Ownership Change (Provide cur Check box below for type of ownership and complete all r ☐ 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 t	
Pharmacy Name: Family Cace Pharmac	ves
Physical Address: 12350 Westhermer P	
Mailing Address: 12350 Westheimer 1	2d. Ste. D
City: Houston State:	Tx Zip Code: <u>77077</u>
Telephone: <u>888-679-6367</u> Fax: <u>866</u>	
Toll Free Number: 888 679 6367 (Req	uired per NAC 639.708)
E-mail: Pharmacy licensing (a Gmui). com Webs	
Managing Pharmacist: Lisa Nguyen - Le	License Number: 47029
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
☑ □ Retail	☐ ☑ Off-site Cognitive Services
☐ ⑤ ´Hospital (# beds)	☐ ☑ Parenteral **
□ ☑ Internet	□ Parenteral (outpatient)
□ ☑ Nuclear	
	□ ☑ Outpatient/Discharge
☐ ☑ Ambulatory Surgery Center	☐ ☐ Mail Service
☑ Community	,
·	☑
☑ Community	□ Mail Service □ ☑ Long Term Care
☑ Community	✓ ☐ Mail Service☐ ☑ Long Term Care☐ ☑ Sterile Compounding **
☐ Community☐ ☑ Other:	☐ Mail Service ☐ ☐ Long Term Care ☐ ☐ Sterile Compounding ** ☐ Non Sterile Compounding

^{**}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

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

Mew Pharmacy or Ownership Change (Provide curr	
Check box below for type of ownership and complete all re	quired forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Non Publicly Traded Corporation – Pages 1,2,4,7	Partnership - Pages 1,2,5,7
Non Publicity Traded Corporation – Pages 1,2,4,7	
GENERAL INFORMATION to be completed by all to	pes of ownership
Pharmacy Name: Good Samaritan Pharma	ey & compounding
Physical Address: 1301 Fall brook Dr # 13	24
Mailing Address: 11301 Fallbrook Dr #1	24
City: Houston State:	Tx Zip Code:
Telephone: <u>432 - 804 - 6405</u> Fax:	
Toll Free Number: <u>888.290.5663</u> (Requ	uired per NAC 639.708)
E-mail: GSAM @GMAIL. COM Webs	te:
Managing Pharmacist: Mary Mckinney	Lineman Number: 7852 b
3	License Number56520
TYPE OF PHARMACY AND	SERVICES PROVIDED
TYPE OF PHARMACY AND	SERVICES PROVIDED
TYPE OF PHARMACY AND Yes No Retail	Yes/No
TYPE OF PHARMACY AND Yes/No	Yes/No ☐ ✓ Off-site Cognitive Services
TYPE OF PHARMACY AND Yes No Retail Hospital (# beds)	Yes/No ☐ ✓ Off-site Cognitive Services ☐ ✓ Parenteral **
TYPE OF PHARMACY AND Yes No Retail Hospital (# beds) Internet	Yes/No □ ✓ Off-site Cognitive Services □ ✓ Parenteral ** □ ✓ Parenteral (outpatient)
Yes/No Retail Hospital (# beds) Internet Nuclear	Yes/No ☐ ✓ Off-site Cognitive Services ☐ ✓ Parenteral ** ☐ ✓ Parenteral (outpatient) ☐ ✓ Outpatient/Discharge
Yes No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center	Yes/No ☐ ✓ Off-site Cognitive Services ☐ ✓ Parenteral ** ☐ ✓ Parenteral (outpatient) ☐ ✓ Outpatient/Discharge ☑ Mail Service
TYPE OF PHARMACY AND Yes No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community	Yes/No ☐ ✓ Off-site Cognitive Services ☐ ✓ Parenteral ** ☐ ✓ Parenteral (outpatient) ☐ ✓ Outpatient/Discharge ☑ Mail Service ☐ ✓ Long Term Care
TYPE OF PHARMACY AND Yes No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community	Yes/No ☐ Ø Off-site Cognitive Services ☐ Ø Parenteral ** ☐ Ø Parenteral (outpatient) ☐ Ø Outpatient/Discharge ☑ Mail Service ☐ Ø Sterile Compounding ** ☑ Mail Service Sterile Compounding **
Yes No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community Other:	Yes/No Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge Mail Service Dang Term Care Sterile Compounding ** Non Sterile Compounding

^{**}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,