

NEVADA STATE BOARD OF PHARMACY
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

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

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

Facility Name: LINCARE INC.

Physical Address: 3744 CIVIC CENTER DRIVE

Mailing Address: P.O BOX 9004 ATTN: LICENSING CLEARWATER FL 33758

City: N LAS VEGAS State: NV Zip Code: 89030

Telephone: 702-878-9200 Fax: 702-878-9207

Toll Free Number: 888-830-9200

E-mail: sbowley@lincare.com Website: www.lincare.com

Facility Manager: TRACY FENNER

Professional qualifications and experience of facility manager: Been with Lincare 9 years, has QP3 training and also medical assistance training.

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled be firm:

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

95350

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This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP? Yes No
(If yes, provide a copy of the certificate.)

Licensed as a Manufacturer by the FDA? Yes No
(If yes, provide a copy of the FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes No

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

1) RESPIRONICS 1010 MURRAY RIDGE LANE MURRYSVILLE, PA 15668
Name Address
CPAP AND OXYGEN CONCENTRATORS
Business

2) DRIVE MEDICAL 12 HARBOR PARK DRIVE PORT WASHINGTON NY 11050
Name Address
OXYGEN CONCENTRATORS AND DME EQUIPMENT
Business

3) FISHER & PAYKEL HEALTHCARE 22982 ALCODE DR LAGUNA HILLS, CA 92653
Name Address
CPAP
Business

4) APPLIED HOME HEALTHCARE EQUIPMENT 28825 RANNEY PKWY W.LAKE OH 44145
Name Address
PORTABLE OXYGEN CONCENTRATORS
Business

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes No

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

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4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

GREGORY MCCARTHY

Original Signature of Person Authorized to Submit Application, no copies or stamps



DEC 16 2016

Print Name of Authorized Person

Date

Board Use Only Received: _____ Amount: \$500.00

APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: DELAWARE

Parent Company if any: LINCARE HOLDINGS

Corporation Name: LINCARE INC

Mailing Address: 19387 US HIGHWAY 19 N

City: CLEARWATER State: FL Zip: 33764

Telephone: 727-431-8278 Fax: 877-524-9504

Contact Person: STEPHANIE BOWLEY

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?

a) LINCARE HOLDINGS 19387 US HIGHWAY 19 N CLEARWATER, FL 33764
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

2) Provide the number of shares issued by the corporation. 500 SHARES

3) What was the price paid per share? .01

4) What date did the corporation actually receive the cash assets? 3/11/1987

5) Provide a copy of the corporation's stock register evidencing the above information N/A