

A

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7

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

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

Pharmacy Name: AIDS Healthcare Foundation dba AHF Pharmacy

Physical Address: 19300 S. Hamilton Ave., Suite 170/180, Gardena, CA 90248-4400

Mailing Address: 6255 W. Sunset Blvd., Floor 21

City: Los Angeles State: CA Zip Code: 90028

Telephone: 310-464-8241 Fax: 310-771-0621

Toll Free Number: 866-819-5001 (Required per NAC 639.708)

E-mail: Megan.Southwell@aidshealth.org Website: aidshealth.org

Managing Pharmacist: Tatyana Bukrinsky License Number: 61263

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

96090

B

# NEVADA STATE BOARD OF PHARMACY

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

☐ Partnership - Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: Sorkin's Rx LTD d/b/a CareMed Pharmaceutical Services

Physical Address: 1981 Marcus Avenue STE 225 Lake Success, NY 11042-2060

Mailing Address: 1981 Marcus Avenue STE 225

City: Lake Success State: NY Zip Code: 11042-2060

Telephone: 877-227-3405 Fax: 877-542-2731

Toll Free Number: 877-227-3405 (Required per NAC 639.708)

E-mail: compliance@pharmerica.com Website: www.caremedsp.com

Managing Pharmacist: Bincy Varghese License Number: 050660

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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C

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

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

Pharmacy Name: Integra Rx

Physical Address: 2661 W Atlantic Blvd

Mailing Address: 2661 W Atlantic Blvd

City: Pompano Beach State: FL Zip Code: 33069

Telephone: 954-917-6813 Fax: 954-917-6814

Toll Free Number: 844-891-0434 (Required per NAC 639.708)

E-mail: qualityassurance@integra-rx.com Website: N/A

Managing Pharmacist: Harry Zifferblatt License Number: PS21141

### TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

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☒ New Pharmacy

☐ Ownership Change

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

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☐ Partnership - Pages 1,2,5,7

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

☐ Sole Owner - Pages 1,2,6,7

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

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

Pharmacy Name: Point Rx

Physical Address: 139 W. Richmond Ave. Ste. B

Mailing Address: 139 W. Richmond Ave. Ste. B

City Point Richmond State: California Zip Code: 94801

Telephone: 510-232-7879 Fax: 844-929-9868

Toll Free Number: 844-300-3244 (Required per NAC 639.708)

E-mail: Management@p-square.com Website: Pointpharm.com

Managing Pharmacist: Fady Heikal License Number: 72262

**TYPE OF PHARMACY AND**

**SERVICES PROVIDED**

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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96163



E

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☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: **PH 02277**)  
Check box below for type of ownership and complete all required forms.

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

☐ Partnership - Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: Prescriptions Plus, Inc.

Physical Address: 3361 Fairlane Farms Rd.

Mailing Address: 3361 Fairlane Farms Rd.

City: Wellington State: FL Zip Code: 33414

Telephone: (561) 795-1636 Fax: (561) 472-7957

Toll Free Number: (888) 507-5539 (Required per NAC 639.708)

E-mail: compliance@prescriptionsplus.com Website: www.prescriptionsplus.com

Managing Pharmacist: Jennifer Gibson License Number: PS 43336

### TYPE OF PHARMACY

AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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F

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

☐ Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: Recept Pharmacy #101

Physical Address: 4011 Crescent Park Dr., Riverview, FL 33578

Mailing Address: 1620 W. Northwest Hwy, Suite 100

City: Grapevine State: TX Zip Code: 76051

Telephone: 813-330-2329 Fax: 813-330-2330

Toll Free Number: 888-664-6746 (Required per NAC 639.708)

E-mail: tammie@receptrx.com Website: receptrx.com

Managing Pharmacist: Steven bale License Number: PS17508

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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96088

G

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

☐ Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: Pharma Buddies Corp DBA Rosemont Specialty Pharmacy

Physical Address: 5860 N. Orange Blossom Trail

Mailing Address: 5860 N. Orange Blossom Trail

City: Orlando State: FL Zip Code: 32810

Telephone: 407-822-1121 Fax: 407-822-1921

Toll Free Number: 877-592-7988 (Required per NAC 639.708)

E-mail: phbuddies@gmail.com Website: rosemontspecialtyrx.com

Managing Pharmacist: Sowjanya Shakmorri License Number: PS49557

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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95777

H

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☐ 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 types of ownership

Pharmacy Name: Schraft's 2.0

Physical Address: 3 Wing Drive Suite 102

Mailing Address: Same As Above

City: Cedar Knolls State: NJ Zip Code: 07927

Telephone: 855-724-7238 Fax: 844-876-4545

Toll Free Number: 855-724-7238 (Required per NAC 639.708)

E-mail: adam@schrafts2.com

Website: www.schrafts2.com

Managing Pharmacist: Victoria Khavulya License Number: 28RI02865100

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds \_\_\_\_\_)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☒ ☐ Community

☐ ☒ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral \*\*

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding \*\*

☐ ☒ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding \*\*

☐ ☒ Other Services: \_\_\_\_\_

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I

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

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

Pharmacy Name: SMA PHARMACY #10.  
Physical Address: 1110 E PLEASANT RUN RD, DESOTO TX 75115  
Mailing Address: 1110 E PLEASANT RUN RD. DESOTO, TX 75115  
City: DESOTO State: TX Zip Code: 75115  
Telephone: 877-752-7279 Fax: 972-274-0521  
Toll Free Number: 877-752-7279 (Required per NAC 639.708)  
E-mail: SYED@Qmed-solutions.com Website: N/A  
Managing Pharmacist: SYED SALEEM License Number: TX-44137

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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# NEVADA STATE BOARD OF PHARMACY

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☐ Partnership – Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: Southside Pharmacy 3

Physical Address: 7700 Main Street, Suite 260 Houston TX 77030

Mailing Address: 7700 Main Street, Suite 260

City: Houston State: TX Zip Code: 77030

Telephone: 8325531374 Fax: 7136614828

Toll Free Number: 1-888-660-6337 (Required per NAC 639.708)

E-mail: ROMIL@SSRX.COM Website: WWW.SSRX.COM

Managing Pharmacist: ROMIL PATEL License Number: 52072

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

~~All boxes must be checked~~

~~For the application to be complete~~

Yes/No

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

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K

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☐ Partnership - Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: SPRX, Inc.

Physical Address: 3740 Saint Johns Bluff Road S. Suite 21

Mailing Address: 3740 Saint Johns Bluff Road S. Suite 19

City: Jacksonville State: FL Zip Code: 32224

Telephone: 877-811-6337 Fax: 844-904-2667

Toll Free Number: 877-811-6337 (Required per NAC 639.708)

E-mail: compliance@smartpharmacy.com Website: None at this time

Managing Pharmacist: Jeffrey Brooks License Number: PS53691

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

95900

**NEVADA STATE BOARD OF PHARMACY**

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☐ Partnership – Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: SUCCESSWARE LLC, DBA THE PHARMACIE

Physical Address: 1890 BONANZA DRIVE SUITE 107 PARK CITY, UT 84060

Mailing Address: 1710 HIGHWAY 34

City: FARMINGDALE State: NJ Zip Code: 07727

Telephone: 866-777-7000 Fax: 435-776-7529

Toll Free Number: 866-534-1234 (Required per NAC 639.708)

E-mail: Contact@thepharmacie.net Website: thepharmacie.net

Managing Pharmacist: CHRISTINA REY License Number: 7699120-1701

**TYPE OF PHARMACY**

**AND**

**SERVICES PROVIDED**

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

9576A

M

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

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

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

Pharmacy Name: TopCare Pharmacy, LLC  
Physical Address: 430 College Drive, Middleburg FL 32068  
Mailing Address: 430 College Drive  
City: Middleburg State: FL Zip Code: 32068  
Telephone: 904-375-1591 Fax: 904-375-1641  
Toll Free Number: 866-374-5210 (Required per NAC 639.708)  
E-mail: Nick@topcarepharmacy.net Website: topcarepharmacy.net  
Managing Pharmacist: Russell N. Hatchee License Number: 7544251

**TYPE OF PHARMACY AND**

**SERVICES PROVIDED**

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

96010



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

☐ Publicly Traded Corporation – Pages 1,2,3,7☐ Partnership – Pages 1,2,5,7☐ Non Publicly Traded Corporation – Pages 1,2,4,7☒ Sole Owner – Pages 1,2,6,7**GENERAL INFORMATION to be completed by all types of ownership**Pharmacy Name: VETERINARY INTERNET COMPANY RETAIL PHARMACYPhysical Address: 9542-B UNION GROVE ROADMailing Address: 9542-B UNION GROVE ROADCity: UNION GROVE State: AL Zip Code: 35775Telephone: 256/530-0940 Fax: 877-824-2983Toll Free Number: 877-367-4486 (Required per NAC 639.708)E-mail: PHARMACY@VETINTERNETCO.COM Website: VETERINARY INTERNET COMPANYManaging Pharmacist: MICHAEL DALE ARROWOOD License Number: 16424**TYPE OF PHARMACY**

AND

**SERVICES PROVIDED**

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

95786

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

☐ Partnership - Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: West Valley Pharmacy LLC

Physical Address: 12851 W. Bell Rd. Ste. 110, Surprise, AZ 85378-9600

Mailing Address: 130 Crossways Park Dr.

City: Woodbury State: NY Zip Code: 11797

Telephone: 623-533-6514 Fax: 623-518-2860

Toll Free Number: 844-882-1326 (Required per NAC 639.708)

E-mail: slagreca@lindencare.com

Website:

Managing Pharmacist: Gloria Uchendu License Number: 5016011 (AZ)

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

96199

P

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH\_\_\_\_)  
Check box below for type of ownership and complete all required forms.  
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☒ Partnership – Pages 1,2,5,7  
☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: The Woodlands Apothecary

Physical Address: 9303 Pinecroft Dr. Ste. 300, Spring, Tx 77380

Mailing Address: 9303 Pinecroft Dr. Ste. 300

City: Spring State: Tx Zip Code: 77380

Telephone: 346-224-2125 Fax: 346-224-2143

Toll Free Number: 1-844-132-3280 (Required per NAC 639.708)

E-mail: Vtran@thewoodlandsrx.com Website: thewoodlandsrx.com

Managing Pharmacist: Vu Tran License Number: Tx-46762

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

96011

Q

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

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

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

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

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

**GENERAL INFORMATION**

Facility Name: ACI HEALTHCARE USA, INC.  
Physical Address: 10100 W. SAMPLE ROAD SUITE-406 CORAL SPRINGS, FL 33065  
Mailing Address: 10100 W. SAMPLE ROAD SUITE-406  
City: CORAL SPRINGS State: FL Zip Code: 33065  
Telephone: 754-702-5116 Fax: 754-702-5122  
Toll Free Number: N/A  
E-mail: SHAFI-RAHMAN@ACIHEALTHCAREUSA.COM Website: ACIHEALTHCAREUSA.COM  
Facility Manager: SHAFI RAHMAN  
Professional qualifications and experience of facility manager: PLEASE ATTACHED RESUME

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled be firm:

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

manu

95788

R

**NEVADA STATE BOARD OF PHARMACY**

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

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

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

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

Application must be printed legibly or typed

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☐ New Wholesaler

☒ Ownership Change See Attachment A

(Please provide current license number if making changes: WH 01880 )

☐ 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: Aegerion Pharmaceuticals, Inc.

Physical Address: One Main Street, Suite 800, Cambridge, MA 02142

Mailing Address: Same as Physical Address.

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

Telephone: 617-500-7867 Fax: 617-945-7968

Toll Free Number: N/A

E-mail: Joseph.shulman@aegerion.com Website: http://www.aegerion.com

Facility Manager: Joseph J. Shulman

Professional qualifications and experience of facility manager: See Attachment C

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies

☐ Practitioners

☐ Hospitals

☐ Wholesalers

☒ Other: Distributors

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Poisons or Chemicals

☐ Controlled Substances (include copy of DEA)

☐ Other: \_\_\_\_\_

☐ Hypodermic Devices

☐ Veterinary Legend Drugs



S

**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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Application must be printed legibly or typed

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

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

**GENERAL INFORMATION**

Facility Name: Aries Pharmaceuticals, Inc.

Physical Address: 9276 Scranton Road, Suite 600, San Diego, CA 92121

Mailing Address: 9276 Scranton Road, Suite 600,

City: San Diego State: CA Zip Code: 92121

Telephone: (858) 202-6122 Fax: N/A

Toll Free Number: (858) 202-6122

E-mail: statelicensing@aries-pharma.com Website: www.aries-pharma.com

Facility Manager: Thomas Joyce, President & CEO

Professional qualifications and experience of facility manager: See attached

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

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

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

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

Vm

916091

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

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Application must be printed legibly or typed

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

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

**GENERAL INFORMATION**

Facility Name: Array BioPharma Inc.

Physical Address: 3200 Walnut Street

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

City: Boulder State: CO Zip Code: 80301

Telephone: 303.381.6600 Fax: 303.381.6652

Toll Free Number: N/A

E-mail: licensing@arraybiopharma.com Website: http://www.arraybiopharma.com/

Facility Manager: Andrew Robbins

Professional qualifications and experience of facility manager: See Attached

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

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

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

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

U

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

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

Facility Name: AstraZeneca Pharmaceuticals LP

Physical Address: 355 Omicron Court

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

City: Shepherdville State: KY Zip Code: 40165

Telephone: 502-543-5100 Fax: 502-921-2181

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

E-mail: martinc@medimmune.com Website: www.astrazeneca.com

Facility Manager: Christopher Martin

Professional qualifications and experience of facility manager: Christopher Martin  
resume attached

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

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

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

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

✓

**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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Application must be printed legibly or typed

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☒ New Wholesaler

☐ Ownership Change

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

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

☐ Partnership - Pages 1,2,3,6

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

☐ Sole Owner □ Pages 1,2,3,7

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

**GENERAL INFORMATION**

Facility Name: Bioverativ U.S. LLC

Physical Address: 225 Second Avenue

Mailing Address: 225 Second Avenue

City: Waltham

State: MA

Zip Code: 02451

Telephone: 888-862-0575

Fax: n/a

Toll Free Number: 888-862-0575

E-mail: marisa.bookman@biogen.com

Website: www.bioverativ.com

Facility Manager: Suzanne Murray - Quality & Regulator CMC

Professional qualifications and experience of facility manager: See Attached Resume

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies

☒ Practitioners

☒ Hospitals

☒ Wholesalers

☒ Other: Specialty Distributors, Specialty Pharmacies, Military

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Hypodermic Devices

☐ Poisons or Chemicals

☐ Veterinary Legend Drugs

☐ Controlled Substances (include copy of DEA)

☐ Other: \_\_\_\_\_

W

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

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

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

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

**GENERAL INFORMATION**

Facility Name: Cambridge Therapeutic Technologies, LLC  
Physical Address: 500 Frank W. Burr Boulevard, Suite 4  
Mailing Address: 500 Frank W. Burr Boulevard, Suite 4  
City: Teaneck State: NJ Zip Code: 07666  
Telephone: 844.810.0004 Fax: 201.254.5206  
Toll Free Number: \_\_\_\_\_  
E-mail: bposner@cambridgett.com Website: www.cambridgett.com  
Facility Manager: Barry A Posner

Professional qualifications and experience of facility manager: See Attached Resume

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

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96006



X

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

☒ 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: D+H Wholesale Medical, Inc. dba D+H Medical Supply

Physical Address: 609 Willow Glen; Ruston, LA 71270

Mailing Address: PO Box 40

City: Ruston State: LA Zip Code: 71273

Telephone: 318-251-3038 Fax: 318-255-4285

Toll Free Number: 1-800-442-9288

E-mail: acannady@dhmedsupply.com Website: www.dhmedsupply.com

Facility Manager: David Trussell

Professional qualifications and experience of facility manager: has over seen all aspects of this company for 29 years

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies

☒ Practitioners

☐ Hospitals

☒ Wholesalers

☒ Other: Veterinarians

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Poisons or Chemicals

☒ Controlled Substances (include copy of DEA)

☒ Other: OTC items + some equipment

☒ Hypodermic Devices

☒ Veterinary Legend Drugs

Y

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

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

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

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

**GENERAL INFORMATION**

Facility Name: FedEx Supply Chain, Inc.  
Physical Address: 3955 E. Holmes Road, Memphis, TN 38118  
Mailing Address: 700 Cranberry Woods Drive  
City: Cranberry Township State: PA Zip Code: 16066  
Telephone: 901-215-3545 Fax: 901-363-1368  
Toll Free Number: N/A  
E-mail: PharmaLicensing@genco.com Website: supplychain.fedex.com  
Facility Manager: Seth McIntire  
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: Other Distributors

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

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

**NEVADA STATE BOARD OF PHARMACY**

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

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

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

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

Application must be printed legibly or typed

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

☒ New Wholesaler

☐ Ownership Change

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

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

☐ Partnership - Pages 1,2,3,6

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

☐ Sole Owner – Pages 1,2,3,7

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

**GENERAL INFORMATION**

Facility Name: Integra LifeSciences Corporation

Physical Address: 105 Morgan Lane, Plainsboro, NJ 08536

Mailing Address: 311 Enterprise Drive

City: Plainsboro State: NJ Zip Code: 08536

Telephone: (609) 275-0500 Fax: (609) 750-4233

Toll Free Number: (800) 654-2873

E-mail: mary.gardineer@integralife.com Website: www.integralife.com

Facility Manager: Mary Gardineer, Plant Manager

Professional qualifications and experience of facility manager: See Exhibit 4

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies

☒ Practitioners

☒ Hospitals

☒ Wholesalers

☒ Other: Surgery Centers

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Hypodermic Devices

☐ Poisons or Chemicals

☐ Veterinary Legend Drugs

☐ Controlled Substances (include copy of DEA)

☒ Other: Medical Devices only - no drugs

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Page 1

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AA

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

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

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

☒ 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: Integra LifeSciences Corporation DBA Integra NeuroSciences  
 Physical Address: 5955 Pacific Center Blvd., San Diego, CA 92121  
 Mailing Address: 311 Enterprise Drive  
 City: Plainsboro State: NJ Zip Code: 08536  
 Telephone: (858) 455-1115 Fax: (858) 455-5816  
 Toll Free Number: None  
 E-mail: steve.dirocco@integralife.com Website: www.integralife.com  
 Facility Manager: Stephen DiRocco, Director of Operations  
 Professional qualifications and experience of facility manager: See Exhibit 4

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

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers  
☒ Other: Surgery Centers

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

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices  
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☒ Other: Medical Devices only - no drugs

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BB

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

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

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

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

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

**GENERAL INFORMATION**

Facility Name: ISDIN Corp.

Physical Address: 36 Cattano Avenue, 3rd Floor, Morristown, NJ 07960

Mailing Address: 36 Cattano Avenue, 3rd Floor

City: Morristown State: NJ Zip Code: 07960

Telephone: 862-242-8129 Fax: N/A

Toll Free Number: N/A

E-mail: regulatory.us@isdin.com Website: www.isdin.com

Facility Manager: Robert D'Urso

Professional qualifications and experience of facility manager: Managing the day-to-day activities of the Morristown facility. For further information, please see the attached resume.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies      ☒ Practitioners      ☐ Hospitals      ☒ Wholesalers  
☒ Other: Distributors and (OTC products to) Internet Customers

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices      ☐ Hypodermic Devices  
☐ Poisons or Chemicals      ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☒ Other: 510K device; OTC lotions, shampoos, creams & emulsions

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CC

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

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

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

**GENERAL INFORMATION**

Facility Name: KY Meds Inc.

Physical Address: 11381 Decimal Drive, Louisville KY 40299

Mailing Address: 11381 Decimal Drive

City: Louisville State: KY Zip Code: 40299

Telephone: 877-559-5963 Fax: 877-683-2065

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

E-mail: robert@kymeds.com Website: www.kymeds.com

Facility Manager: Robert Hoppe

Professional qualifications and experience of facility manager: Warehouse manager and Compliance officer since 2008 in drug distribution.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

96092

DD

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

☐ New Wholesaler

☒ Ownership Change

(Please provide current license number if making changes: WH 01276 )

☐ 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: Mallinckrodt Nuclear Medicine LLC

Physical Address: 2703 Wagner Place, Maryland Heights, MO 63043

Mailing Address: 2703 Wagner Place

City: Maryland Heights

State: MO

Zip Code: 63043

Telephone: 314-654-6078 / 314-654-7702

Fax: N/A

Toll Free Number: N/A

E-mail: bob.budenholzer@mallinckrodt.com

Website: N/A

theresa.ahern@mallinckrodt.com

Facility Manager: Sarah Jaeger

Professional qualifications and experience of facility manager: (See Resume Attached)

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies

☐ Practitioners

☒ Hospitals

☐ Wholesalers

☐ Other: Commercial Nuclear Pharmacies

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Hypodermic Devices

☐ Poisons or Chemicals

☐ Veterinary Legend Drugs

☐ Controlled Substances (include copy of DEA)

☐ Other: \_\_\_\_\_

EE

## NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

☒ New Wholesaler☐ Ownership Change

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

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

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

**GENERAL INFORMATION**Facility Name: PRAXIS MED INTERNATIONAL, LLC dba PRAXIS MEDPhysical Address: 13600 SHORELINE DRIVE SUITE 200Mailing Address: SAMECity: EARTH CITY State: MO Zip Code: 63045Telephone: 314-455-9109 Fax: 1-888-711-0660Toll Free Number: 1-844-338-2224E-mail: GMAZZULLO@PRAXMED.COM Website: N/AFacility Manager: AUGUST MAZZULLOProfessional qualifications and experience of facility manager: CA - DESIGNATED REP.  
20+ YEARS IN PHARMA WHOLESALER DISTRIBUTION, FL - CERTIFIED DESIGNATED REP.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

FF

## NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

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

**GENERAL INFORMATION**Facility Name: Radius Health, Inc.Physical Address: 950 Winter Street

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

City: Waltham State: MA Zip Code: 02451Telephone: 617-551-4000 Fax: 617-551-4701

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

E-mail: statelicensing@radiuspharm.com Website: www.radiuspharm.comFacility Manager: Brent Hatzis-SchochProfessional qualifications and experience of facility manager: See AttachedTypes of licensed outlets or authorized persons firm will serve:

☒ Pharmacies      ☒ Practitioners      ☒ Hospitals      ☒ Wholesalers  
☒ Other: Mail Order, Clinics

Type of Products to be handled or wholesaled by firm:

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

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GG

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

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

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Partnership - Pages 1,2,3,6 <input type="checkbox"/> Sole Owner – Pages 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: VetDC, Inc.

Physical Address: 320 E. Vine Drive, Suite 218, Fort Collins, CO 80524

Mailing Address: 320 E. Vine Drive, Suite 218,

City: Fort Collins State: CO Zip Code: 80524

Telephone: 970-632-2200 Fax: N/A

Toll Free Number: N/A

E-mail: steven.roy@vet-dc.com Website: www.vetdc.com

Facility Manager: Abigail Christman

Professional qualifications and experience of facility manager: See Resume Attached

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

96093



# HH

## NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

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

### FACILITY INFORMATION

Facility Name: Alliqua Biomedical, Inc.

Physical Address: 11495 Valley View Road, Eden Prairie, MN 55344

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

Mailing Address: C/O State License Servicing, 1751 State Route 17A, Ste. 3

City: Florida State: NY Zip Code: 10921

Telephone: 845-544-2482 Fax: 845-544-2481

E-mail: alq@slny.com Website: www.alliqua.com

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

Mon: 8:00 to 5:00 Tue: 8:00 to 5:00 Wed: 8:00 to 5:00 Thu: 8:00 to 5:00  
Fri: 8:00 to 5:00 Sat: closed to Sun: closed to Holidays: closed to

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

Name: Kathy Simpson

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

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

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

Name: N/A

Telephone: N/A

## NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW <u>MP00775</u> )
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

**FACILITY INFORMATION**Facility Name: American Medical Supplies, Inc.Physical Address: 751 Park of Commerce DR. Suite 136  
(This must be a business address, we can not issue a license to a home address)Mailing Address: 751 Park of Commerce, DR. Suite 136City: Boca Raton State: FL Zip Code: 33487-3623Telephone: 561-362-7105 Fax: 561-367-7775E-mail: medicaid@amsdiabetic.com Website: americandiabetic.com**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 5 Sat: closed to Sun: closed to Holidays: closed to

**MDEG ADMINISTRATOR INFORMATION:** Person in charge on a daily basisName: Larry Dickson**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

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

- ☐ Assistive Equipment  
☐ Parenteral and Enteral Equipment\*\*  
☐ Orthotics and Prosthesis  
 Other: \_\_\_\_\_

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

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

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

11

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

### FACILITY INFORMATION

Facility Name: Geodis Logistics, LLC

Physical Address: 281 Airtech Parkway  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 281 Airtech Parkway

City: Plainfield State: IN Zip Code: 46168

Telephone: 317-494-1357 Fax: 317-839-4689

E-mail: jesse.lee@geodis.com Website: www.geodis.us

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

Mon: 7:00 to 4:00 Tue: 7:00 to 4:00 Wed: 7:00 to 4:00 Thu: 7:00 to 4:00

Fri: 7:00 to 4:00 Sat:     to     Sun:     to     Holidays:     to    

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

Name: Jesse Lee

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

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Gases**             | <input type="checkbox"/> Assistive Equipment                |
| <input type="checkbox"/> Respiratory Equipment**     | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis           |
| <input type="checkbox"/> Diabetic Supplies           | Other: <u>NG G + J feeding tubes</u>                        |

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

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

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## NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

### FACILITY INFORMATION

Facility Name: Maquet Cardiovascular US Sales, LLC d/b/a Maquet Medical Systems USA

Physical Address: 45 Barbour Pond Drive, Wayne, NJ 07470  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: State License Servicing, 1751 State Route 17A, Suite 3, Florida, NY 10921

City: Wayne State: NJ Zip Code: 07470

Telephone: 973-709-7487 Fax: 973-807-1658

E-mail: MSA@SLSNY.COM Website: www.maquet.com/us

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

Mon: 9 AM to 5 PM Tue: 9 AM to 5 PM Wed: 9 AM to 5 PM Thu: 9 AM to 5 PM

Fri: 9 AM to 5 PM Sat: closed to Sun: closed to Holidays: closed to

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

Name: Jose Giraldo, Manager Q&C

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

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

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

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

LL

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

### FACILITY INFORMATION

Facility Name: Roche Diabetes Care Inc

Physical Address: 9115 Hague Road Indianapolis Indiana 46256

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

Mailing Address: 9115 Hague Road

City: Indianapolis State: Indiana Zip Code: 46256

Telephone: 800-280-7801 Fax: 317-570-5300

E-mail: fishers.contract\_administration@roche.com Website: Accu-check.com

### DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING 24/7 SUPPORT

Mon: 8 to 8 Tue: 8 to 8 Wed: 8 to 8 Thu: 8 to 8 LINE /  
Fri: 8 to 8 Sat: N/A to Sun: N/A to Holidays: N/A to EMERGENCY  
LINE

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

Name: Tom Adkins

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

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

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment\*\*
- ☐ Orthotics and Prosthesis
- Other: \_\_\_\_\_

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

Name: Tom Adkins

Telephone: 317-570-5300



MM

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

### FACILITY INFORMATION

Facility Name: Roche Health Solutions Inc

Physical Address: 9115 Hague Road Suite 100 Indianapolis, Indiana 46256  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 9115 Hague Road Suite 100

City: Indianapolis State: Indiana Zip Code: 46256

Telephone: 800-280-7801 Fax: 317-570-5300

E-mail: fishers.contract\_administration@roche.com Website: http://www.coaguchek.com

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

Mon: 8 to 8 Tue: 8 to 8 Wed: 8 to 8 Thu: 8 to 8 24/7 Support  
Fri: 8 to 8 Sat: 8 to 8 Sun: n/a to Holidays: n/a to Line /Emergency  
line

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

Name: Cheryl Duwve

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

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

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

Name: Cheryl Duwve Telephone: 800-280-7801 opt. 6

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

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

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

Application must be printed legibly or typed

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

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

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

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

Pharmacy Name: Culinary Pharmacy

Physical Address: 650 N. Nellis Blvd. Las Vegas, NV 89110

Mailing Address: 650 N. Nellis Blvd. Attn: Susan Rounds

City: Las Vegas State: NV Zip Code: 89110

Telephone: 1-702-650-4417 Fax: 1-702-369-5940

Toll Free Number: N/A

E-mail: Susan.Rounds@optum.com Website: N/A

Managing Pharmacist: Susan Anne Rounds License Number: 13868

**Hours of Operation:**

Monday thru Friday 7:00am 6:00pm      Saturday 7:00am 2:00pm

Sunday Closedam \_\_\_\_\_pm      24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

96148

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

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

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

Application must be printed legibly or typed

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

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

☐ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b      ☒ Partnership - Pages 1,2,5,7,8a,8b  
☐ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b      ☐ Sole Owner – Pages 1,2,6,7,8a,8b  
Please check box for type of ownership and complete correct part of the application.

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

Pharmacy Name: DE Blue Diamond, LLC dba Dignity St. Rose - Blue Diamond

Physical Address: 4855 Blue Diamond Road, Las Vegas, NV 89139

Mailing Address: 8686 New Trails Dr.

City: The Woodlands State: TX Zip Code: 77381

Telephone: 713-637-1009 Fax: 713-637-1305

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

E-mail: tamarah.walker@emerus.com Website: www.strosenh.org

Managing Pharmacist: Heather Grolet, PharmD License Number: 19003

**Hours of Operation:**

Monday thru Friday \_\_\_\_\_am \_\_\_\_\_pm      Saturday \_\_\_\_\_am \_\_\_\_\_pm  
Sunday \_\_\_\_\_am \_\_\_\_\_pm      24 Hours x

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

- ☐ Retail
- ☒ Hospital (# beds 8)
- ☐ Internet
- ☐ Nuclear
- ☐ Out of State
- ☐ Ambulatory Surgery Center

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

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

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

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

Application must be printed legibly or typed

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

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

☐ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b      ☒ Partnership – Pages 1,2,5,7,8a,8b  
☐ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b      ☐ Sole Owner – Pages 1,2,6,7,8a,8b  
Please check box for type of ownership and complete correct part of the application.

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

Pharmacy Name: DE Flamingo, LLC dba Dignity St. Rose - Flamingo

Physical Address: 9880 W. Flamingo Rd, Las Vegas, NV 89147

Mailing Address: 8686 New Trails Dr.

City: The Woodlands      State: TX      Zip Code: 77381

Telephone: 713-637-1009      Fax: 713-637-1305

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

E-mail: tamarah.walker@emerus.com

Website: www.strosenh.org

Managing Pharmacist: Heather Grolet, PharmD      License Number: 19003

**Hours of Operation:**

Monday thru Friday \_\_\_\_\_am \_\_\_\_\_pm

Saturday \_\_\_\_\_am \_\_\_\_\_pm

Sunday \_\_\_\_\_am \_\_\_\_\_pm

24 Hours x

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

- ☐ Retail  
☒ Hospital (# beds 8)  
☐ Internet  
☐ Nuclear  
☐ Out of State  
☐ Ambulatory Surgery Center

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

96231

QQ

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

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

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

Application must be printed legibly or typed

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

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

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

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

Pharmacy Name: UNLV Medicine Mojave Pharmacy

Physical Address: 4000 E. Charleston Blvd. B-130

Mailing Address: 4000 E. Charleston Blvd. B-130

City: Las Vegas State: NV Zip Code: 89104

Telephone: 702-968-4038 Fax: 702-968-4033

Toll Free Number: N/A

E-mail: kpieper@med.unr.edu Website: N/A

Managing Pharmacist: Karen S Pieper License Number: 09899

**Hours of Operation:**

Monday thru Friday 8 am 5 pm

Saturday closed am \_\_\_\_\_ pm

Sunday closed am \_\_\_\_\_ pm

24 Hours no

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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



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

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH 03076)	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b

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

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

Pharmacy Name: Well Care Apothecary, LLC

Physical Address: 4235 E. Charleston Blvd.

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

City: Las Vegas State: NV Zip Code: 89104

Telephone: 702-410-7801 Fax: 702-988-8806

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

E-mail: \_\_\_\_\_ Website: www.thewellcaregroup.com

Managing Pharmacist: marie katrina Labrador License Number: 19074

**Hours of Operation:**

Monday thru Friday 9 am 7 pm      Saturday Closed am \_\_\_\_\_ pm  
 Sunday Closed am \_\_\_\_\_ pm      24 Hours n/a

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

SS

# NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

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

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

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

MDEG Name: Nocturna Sleep Center, LLC

Physical Address: 9077 S. Pecos Rd, #3700  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 9077 S. Pecos Rd, #3700

City: Henderson State: NV Zip Code: 89074

Telephone: 702 896-7378 Fax: 702 897-8252

E-mail: christina@nocturnasleep.net Website: www.nocturnasleep.com

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

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

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

Name: Christina Malfetta

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

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

\*\*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Christina Malfetta Telephone: 702 210-8464

96009