

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.

[X] 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
[X] 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: Accredo Health Group, Inc.

Physical Address: 10400 N. 25th Ave., Suite 120

Mailing Address: - same as physical address -

City: Phoenix State: AZ Zip Code: 85021

Telephone: 602-944-1199 Fax: 602-944-1787

Toll Free Number: 800-232-1199 (Required per NAC 639.708)

E-mail: Bryan.Bakke@AccredoHealth.com Website: www.accredo.com

Managing Pharmacist: Bryan Bakke License Number: S008250 (AZ)

TYPE OF PHARMACY AND SERVICES PROVIDED

- Yes/No
[X] [] Retail
[] [X] Hospital (# beds _____)
[] [X] Internet
[] [X] Nuclear
[] [X] Ambulatory Surgery Center
[X] [] Community
[X] [] Other: Specialty

- Yes/No
[] [X] Off-site Cognitive Services
[] [X] Parenteral **
[] [X] Parenteral (outpatient)
[] [X] Outpatient/Discharge
[X] [] Mail Service
[] [X] Long Term Care
[] [X] Sterile Compounding **
[] [X] Non Sterile Compounding
[] [X] Mail Service Sterile Compounding **
[X] [] Other Services: Exhibit A

All boxes must be checked
For the application to be complete

(Description of services)

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

91673

Accredo Health Group, Inc. and Affiliates

Description of Services

Accredo Health Group, Inc. is a pharmacy, offering “specialty pharmacy care management services”. These services are provided in connection with the dispensing or administration of a covered outpatient drug (per a bona fide prescription) which requires:

- (1) significant caregiver and provider contact and education regarding the relevant disease state, prevention, treatment, drug indications, benefits, risks, complications, use, pharmacy counseling, and explanation of existing provider guidelines;
- (2) patient compliance services, including coordination or provider visits with drug delivery, compliance with a drug dosing regimen, compiling compliance data, and assisting providers in developing compliance programs; or
- (3) tracking services, including developing referral processes with providers, screening referrals, and tracking patient weight for dosing requirements.

All patients receiving services by the applicant shall be provided with training. Each patient receiving pharmaceutical services only shall be trained in all areas relative to his drug therapy by an appropriately qualified individual. When the patient’s pharmaceutical services involve the use of specialized devices or administering methods (i.e. infusion pumps), a qualified healthcare professional will perform the patient training.

Patient counseling and training may occur in the hospital, in the patient’s home environment or via telephone as appropriate. Written training materials are also provided to patients for further review and future reference. The applicant offers both oral training and written materials in Spanish.

Counseling and training personnel must evaluate educability, determine language barriers or communication deficiencies and identify physical/mental barriers which may negatively influence training or ongoing compliance.

The pharmacy routinely delivers drug product to a patient’s home via express courier to ensure speed of delivery, delivery verification and properly handling and transport. The pharmacy routinely delivers drug product to patients via same day or overnight express courier service; although, walk-in service is available if a practical alternative for the patient.

Pharmacy staff coordinates delivery of drug products with patients by phone in advance of shipments to ensure timely delivery and receipt. A verification of delivery is obtained to confirm delivery to and receipt by the patient.

Accredo Health Group, Inc. and Affiliates

Description of Services (Continued)

Pharmacists are available to patients by phone toll-free 24 hours/day, 7 days/week. Should a patient not receive his medication, the pharmacy will respond immediately upon notice by consulting its internal shipping logs and contacting the courier to determine package routing and delivery in an effort to locate the package and ensure its safe, same-day delivery to the patient. Should a drug product not be received timely by the patient, the applicant will make every effort to facilitate same day or next day delivery to meet patient needs, or otherwise refer the patient to a healthcare professional or emergency services facility.

B

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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

LLC

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Alameda Pharmacy, LLC

Physical Address: 1555 Doolittle Drive Suite 160

Mailing Address: 1555 Doolittle Drive Suite 160

City: San Leandro State: CA Zip Code: 94577

Telephone: 510-362-7255 Fax: 510-362-7256

Toll Free Number: 855-1094-2644 (Required per NAC 639.708)

E-mail: pharmacist@alamedapharmacy.com Website: N/A

Managing Pharmacist: Angel Poy License Number: 7D116

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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C

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Avita Drugs, LLC

Physical Address: 5551 Corporate Blvd Suite 102 Baton Rouge, LA 70808

Mailing Address: Same as physical address

City: _____ State: _____ Zip Code: _____

Telephone: (225) 924-1930 Fax: (877) 284-8232

Toll Free Number: (888) 792-8482 (Required per NAC 639.708)

E-mail: corporatenotices@avitadrugs.com Website: avitapharmacy.com

Managing Pharmacist: Keisha Rapp Taylor License Number: PST.018416

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
<input checked="" type="checkbox"/>	<input type="checkbox"/> Retail	<input type="checkbox"/>	<input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/>	<input checked="" type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/>	<input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/>	<input checked="" type="checkbox"/> Internet	<input type="checkbox"/>	<input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/>	<input checked="" type="checkbox"/> Nuclear	<input type="checkbox"/>	<input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/>	<input checked="" type="checkbox"/> Ambulatory Surgery Center	<input checked="" type="checkbox"/>	<input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/>	<input type="checkbox"/> Community	<input checked="" type="checkbox"/>	<input type="checkbox"/> Long Term Care
<input type="checkbox"/>	<input checked="" type="checkbox"/> Other: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Other Services: <u>walk in pharmacy; MTM services</u>

All boxes must be checked
 For the application to be complete

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

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D

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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: Diplomat Specialty Pharmacy of Flint, LLC dba Diplomat Specialty Pharmacy

Physical Address: G-3320 Beecher Rd

Mailing Address:

City: Flint State: MI Zip Code: 48532

Telephone: 810-732-8720 Fax: 810-732-2580

Toll Free Number: 800-722-8720 (Required per NAC 639.708)

E-mail: licensing@diplomat.is Website: www.diplomat.is

Managing Pharmacist: Stacey Kennedy License Number: 5302038042

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- Checked boxes for Retail, Hospital, Internet, Nuclear, Ambulatory Surgery Center, Community, and Other: Specialty

All boxes must be checked

For the application to be complete

Yes/No

- Checked boxes for Off-site Cognitive Services, Parenteral, Parenteral (outpatient), Outpatient/Discharge, Mail Service, Long Term Care, Sterile Compounding, Non Sterile Compounding, Mail Service Sterile Compounding, and Other Services: Specialty

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

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E

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Application type and ownership options: New Pharmacy or Ownership Change, Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, Sole Owner.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Healthcare Specialty Transaction Services, LLC
Physical Address: 1267 Professional Parkway, Suite 200, Gainesville, Georgia 30507
Mailing Address: 1267 Professional Parkway, Suite 200
City: Gainesville State: Georgia Zip Code: 30507
Telephone: (678) 248-3131 Fax: (844) 375-3004
Toll Free Number: (844) 375-3003
E-mail: stran@procarerx.com Website: n/a
Managing Pharmacist: Sy Quoc Tran License Number: RPH024859

TYPE OF PHARMACY AND SERVICES PROVIDED

Table with two columns: TYPE OF PHARMACY AND SERVICES PROVIDED. Includes checkboxes for Retail, Hospital, Internet, Nuclear, Ambulatory Surgery Center, Community, Other, Off-site Cognitive Services, Parenteral, Outpatient/Discharge, Mail Service, Long Term Care, Sterile Compounding, Non Sterile Compounding, Mail Service Sterile Compounding, and 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,

F

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Application type and ownership options: New Pharmacy, Ownership Change, Publicly Traded Corporation, Partnership, Non Publicly Traded Corporation, Sole Owner.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Infiniti Pharmacy and Infusion Services, Inc

Physical Address: 1338 North Federal Highway

Mailing Address: 1338 North Federal Highway

City: Pompano Beach State: Florida Zip Code: 33062

Telephone: 954-414-9900 Fax: 954-943-4573

Toll Free Number: 800-995-7615 (Required per NAC 639.708)

E-mail: licensing@infinitipharmaey.com Website: WWW.infinitipharmaey.com

Managing Pharmacist: James Neff License Number: PS15732

TYPE OF PHARMACY AND SERVICES PROVIDED

Checkboxes for pharmacy types (Retail, Hospital, Internet, Nuclear, Ambulatory Surgery Center, Community, Other) and services (Off-site Cognitive Services, Parenteral, Mail Service, Long Term Care, Sterile Compounding, etc.).

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

G

NEVADA STATE BOARD OF PHARMACY
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<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" 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: Long's Drugs of Lexington, South Carolina, Inc.

Physical Address: 1216 West Main Street, Lexington, South Carolina, 29072

Mailing Address: 1216 West Main Street

City: Lexington State: SC Zip Code: 29072

Telephone: (803) 358-3030 Fax: (803) 358-3040

Toll Free Number: (866) 437-6717 (Required per NAC 639.708)

E-mail: lexington@longsrx.com Website: https://longsrx.com

Managing Pharmacist: Brenna Veres License Number: SC 12528

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	AND	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
All boxes in this section must be checked for the application to be complete		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

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H

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Application form section with checkboxes for 'New Pharmacy' or 'Ownership Change' and various ownership types like 'Publicly Traded Corporation' and 'Partnership'.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: MEDSTAR PHARMACY LLC

Physical Address: 9843 SW 184TH ST , PALMETTO BAY, FL 33157

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

City: DORAL State: FL Zip Code: 33122

Telephone: (305) 278-1659 Fax: (305) 278-1660

Toll Free Number: 877-853-1538 (Required per NAC 639.708)

E-mail: licensing@medstar-rx.com Website: N/A

Managing Pharmacist: MARTHE ANTOINE License Number: PS 30371

TYPE OF PHARMACY AND SERVICES PROVIDED

Large form section with two columns of checkboxes for 'TYPE OF PHARMACY' and 'SERVICES PROVIDED'. Includes instructions: 'All boxes must be checked For the application to be complete'.

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

91590

I

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Application form section with checkboxes for ownership types: New Pharmacy, Ownership Change, Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, Sole Owner.

GENERAL INFORMATION to be completed by all types of ownership

General information form fields: Pharmacy Name, Physical Address, Mailing Address, City, State, Zip Code, Telephone, Fax, Toll Free Number, E-mail, Website, Managing Pharmacist, License Number.

TYPE OF PHARMACY AND SERVICES PROVIDED table with checkboxes for various services like Retail, Hospital, Internet, Nuclear, Ambulatory Surgery Center, etc.

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

91500

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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: Roche Diabetes Care, Inc.

Physical Address: 10300 Kincaid Drive Fishers , In. 46037

Mailing Address: 9115 Hague Road

City: Indianapolis State: Indiana Zip Code: 46250

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

Toll Free Number: 800-280-7801 (Required per NAC 639.708)

E-mail: fishers.contract_administration@roche.com Website: accuchek.com

Managing Pharmacist: James Richter License Number: 26014124A

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- [X] [] Retail
[] [X] Hospital (# beds _____)
[] [X] Internet
[] [X] Nuclear
[] [X] Ambulatory Surgery Center
[] [X] Community
[] [X] Other: _____

All boxes in this section must be checked for the application to be complete

Yes/No

- [] [X] Off-site Cognitive Services
[] [X] Parenteral **
[] [X] Parenteral (outpatient)
[] [X] Outpatient/Discharge
[X] [] Mail Service
[] [X] Long Term Care
[] [X] Sterile Compounding **
[] [X] Non Sterile Compounding
[] [X] Mail Service Sterile Compounding **
[] [X] 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,

K

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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: The Nebraska Medical Center Clinic Pharmacy

Physical Address: 989200 Nebraska Medical Center, Durham Outpatient Center, Omaha, NE 68198-9200

Mailing Address: 4401 Emile Street

City: Omaha State: Nebraska Zip Code: 68198

Telephone: 402-559-5215 Fax: 402-559-8762

Toll Free Number: 1-800-233-3455 (Required per NAC 639.708)

E-mail: mengel@nebraskamed.com Website: www.nebraskamed.com/pharmacy

Managing Pharmacist: Mark D Engel License Number: 8958

TYPE OF PHARMACY AND SERVICES PROVIDED

- Yes/No
- Retail
 - Hospital (# beds _____)
 - Internet
 - Nuclear
 - Ambulatory Surgery Center
 - Community
 - Other: _____

- Yes/No
- Off-site Cognitive Services
 - Parenteral **
 - Parenteral (outpatient)
 - Outpatient/Discharge
 - Mail Service
 - Long Term Care
 - Sterile Compounding **
 - Non Sterile Compounding
 - Mail Service Sterile Compounding **
 - Other Services: _____

All boxes must be checked
For the application to be complete

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

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L

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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: United Specialty Pharmacy

Physical Address: 425 Westpark Way Ste. 2

Mailing Address: 425 Westpark Way Ste. 2

City: Ewless State: Tx Zip Code: 76040

Telephone: 817-283-6060 Fax: 972-767-0400

Toll Free Number: 1-888-470-0573 (Required per NAC 639.708)

E-mail: AM@USPRX.com Website: N/A

Managing Pharmacist: Jennit Raju License Number: 50740

TYPE OF PHARMACY AND

SERVICES PROVIDED

- Yes/No
- Retail
 - Hospital (# beds _____)
 - Internet
 - Nuclear
 - Ambulatory Surgery Center
 - Community
 - Other: _____

- Yes/No
- Off-site Cognitive Services
 - Parenteral **
 - Parenteral (outpatient)
 - Outpatient/Discharge
 - Mail Service
 - Long Term Care
 - Sterile Compounding **
 - Non Sterile Compounding
 - Mail Service Sterile Compounding **
 - Other Services: _____

All boxes must be checked

For the application to be complete

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

M

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GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: WALGREENS #16272 SPECIALTY PHARMACY

Physical Address: 615 PIIKOI STREET SUITE 105,

Mailing Address: PO BOX 901, DEERFIELD, IL 60015

City: HONOLULU State: HI Zip Code: 96814

Telephone: (808) 593-4600 Fax: (808) 206-7501

Toll Free Number: 800-852-8975 (Required per NAC 639.708)

E-mail: MICHELLE.MAZZENGA@WALGREENS.COM Website: WWW.WALGREENS.COM

Managing Pharmacist: Amy Song License Number: PH-3364

TYPE OF PHARMACY AND SERVICES PROVIDED

Checkboxes for pharmacy types (Retail, Hospital, Internet, Nuclear, Ambulatory Surgery Center, Community, Other) and services (Off-site Cognitive Services, Parenteral, Mail Service, Long Term Care, Sterile Compounding, etc.).

All boxes must be checked For the application to be complete

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

Handwritten initials

N

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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: Advanced Rx Pharmacy 060

Physical Address: 1410 Donelson Pike B6

Mailing Address: 1410 Donelson Pike B6

City: Nashville State: TN Zip Code: 37217

Telephone: 615.866.6292 Fax: 615.866.6293

Toll Free Number: 844.866.6292 (Required per NAC 639.708)

E-mail: mlassalle@advancedrxmgmt.com Website: N/A

Managing Pharmacist: Roger S. Shaw Jr License Number: PR5391

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,**

91579

D

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: APOTEK GLOBAL D.B.A. - CDM DRUGS
 Physical Address: 2865 East Coast Highway #150
 Mailing Address: 2865 East Coast Highway #150
 City: Corona Del Mar State: CA Zip Code: 92625
 Telephone: (949) 644-7575 Fax: (949) 644-2340
 Toll Free Number: 800-946-6715 (Required per NAC 639.708)
 E-mail: laleh@cdmdrugs.com Website: www.cdmdrugs.com
 Managing Pharmacist: Laleh Taheri License Number: 64858

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	AND	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked
For the application to be complete

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

91781

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: FOREST HILL PHARMACY LLC

Physical Address: 2939 FOREST HILL BLVD WPB, FL 33406

Mailing Address: 120 N FEDERAL HWY

City: LAKE WORTH State: FL Zip Code: 33460

Telephone: 561 965 4289 Fax: 561 965 1787

Toll Free Number: 844-766-7779 (Required per NAC 639.708)

E-mail: JHACKWORTH@pharmacygrid.com Website: _____

Managing Pharmacist: Daniel Bautista License Number: PS. 47594

TYPE OF PHARMACY AND SERVICES PROVIDED

TYPE OF PHARMACY	AND	SERVICES PROVIDED
Yes/No		Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked
For the application to be complete

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

91577

Q

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

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: PH02754)
 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: ImprimisRx

Physical Address: 780 Primos Avenue, Unit E, Folcroft, PA 19032

Mailing Address: 12264 El Camino Real, Suite 350

City: San Diego State: CA Zip Code: 92130

Telephone: (888) 824-8100 Fax: (866) 302-7625

Toll Free Number: (888) 824-8100 (Required per NAC 639.708)

E-mail: imprimislabs@imprimispharma.com Website: www.tagaspetic.com

Managing Pharmacist: Tari Shapiro License Number: RP441666

TYPE OF PHARMACY	AND	SERVICES PROVIDED
Yes/No		Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked
 For the application to be complete

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

R

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

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: PHARMATEK PHARMACY INC.

Physical Address: 11001 N. 99TH AVE STE 112, PEORIA, AZ 85345

Mailing Address: 11001 N. 99TH AVE STE 112, PEORIA, AZ 85345

City: PEORIA State: AZ Zip Code: 85345

Telephone: 623-251-4040 Fax: 623-251-7855

Toll Free Number: 844-741-4912 (Required per NAC 639.708)

E-mail: PHARMATEK26@GMAIL.COM Website: N/A

Managing Pharmacist: GEORGE ENRIQUE WIESNER License Number: S017598

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes in this section 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,**

9190

S

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

(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: SMA PHARMACY #20

Physical Address: 2603 OAK LAWN AVE STE 102 DALLAS TX 75219

Mailing Address: 3824 CEDAR SPRINGS RD # 433

City: DALLAS State: TX Zip Code: 75219

Telephone: 214-948-1848 Fax: 214-948-1822

Toll Free Number: 877-931-1386 (Required per NAC 639.708)

E-mail: ap@smapharmacy20.com Website: smapharmacy20.com

Managing Pharmacist: STEVE R BALDRIDGE License Number: 37252

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,

9177A

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: Advanced Inventory management, Inc

Physical Address: 9645 W. Willow Lane, Mokena, IL 60448

Mailing Address: Same

City: Mokena State: IL Zip Code: 60448

Telephone: 888-416-2409 Fax: 708-478-3519

Toll Free Number: _____

E-mail: Krista@estures.com Website: estures.com

Facility Manager: Anthony Taderosa

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: _____

91627

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
(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: Adapt Pharma Inc.

Physical Address: Four Radnor Corporate Center, 100 Matsonford Road, 2nd Floor, Radnor, PA 19087

Mailing Address: Four Radnor Corporate Center, 100 Matsonford Road, 2nd Floor

City: Radnor State: PA Zip Code: 19087

Telephone: 844-232-7811 Fax: n/a

Toll Free Number: n/a

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

Facility Manager: Matthew Ruth

Professional qualifications and experience of facility manager: more than 15 years pharmaceutical executive management experience, including marketing, sales, product development, and commercialization

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: _____

manu

91678

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: Anutra Medical, Inc.

Physical Address: 1000 Perimeter Park Drive Ste E

Mailing Address: same

City: Morrisville State: NC Zip Code: 27560

Telephone: 844-268-8721 Fax: 844-268-8721

Toll Free Number: _____

E-mail: cameron@anutramedical.com Website: www.anutramedical.com

Facility Manager: Kevin Olcott

Professional qualifications and experience of facility manager: See attached.

Types of licensed outlets or authorized persons firm will serve:

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

91504

W

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

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

<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: Areva Pharmaceuticals

Physical Address: 7112 Areva Drive NE

Mailing Address: P.O. Box 396 (or street address)

City: Georgetown State: IN Zip Code: 47122

Telephone: 812-399-3599 Fax: 812-951-1099

Toll Free Number: 855-853-4760

E-mail: Crogers@arevapharma.com Website: www.arevapharma.com

Facility Manager: Virek Swaminathan - CEO / President

Professional qualifications and experience of facility manager: Registered pharmacist; owned Areva for several years, along with a closed door pharmacy. 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: _____

91676

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.

Form with checkboxes for 'New Wholesaler' and 'Ownership Change', including a field for current license number.

Form with checkboxes for ownership types: Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, and Sole Owner.

GENERAL INFORMATION

Facility Name: Aytu BioScience, Inc.

Physical Address: 373 Inverness Parkway, Suite 206

Mailing Address: Same as above

City: Englewood State: CO Zip Code: 80112

Telephone: 1(855) 298-8246 Fax: (720) 437-6501

Toll Free Number: 1(855) 298-8246

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

Facility Manager: Sneha Shah

Professional qualifications and experience of facility manager: Please. See attached.

Types of licensed outlets or authorized persons firm will serve:

Form with checkboxes for Pharmacies, Practitioners, Hospitals, Wholesalers, and Other: Virtual Manufacturers.

Type of Products to be handled or wholesaled by firm:

Form with checkboxes for Legend Pharmaceuticals, Supplies or Devices, Poisons or Chemicals, Controlled Substances, Other, Hypodermic Devices, and Veterinary Legend Drugs.

4

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

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

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

New Wholesaler Ownership Change
(Please provide current license number if making changes: WH 01372)

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: Boehringer Ingelheim Pharmaceuticals, Inc.

Physical Address: 700 Manor Park Drive, Columbus, Ohio 43228-9396

Mailing Address: P.O. Box 28398, Columbus, Ohio 43228

City: _____ State: _____ Zip Code: _____

Telephone: 614-851-4000 Fax: 614-851-3228

Toll Free Number: 614 851 4001

E-mail: Jennifer.peck@boehringer-ingelheim.com Website: http://www.boehringer-ingelheim.com/

Facility Manager: Jeffrey Bowers

Professional qualifications and experience of facility manager: 12 Years w/Company

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: _____

2

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

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

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

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: CVS ORLANDO FL DISTRIBUTION, LLC

Physical Address: 8201 CHANCELLOR DR., ORLANDO, FL 32809

Mailing Address: ONE CVS DR., MC #1160,

City: WOONSOCKET State: RI Zip Code: 02895

Telephone: 407-858-4022 Fax: 407-858-4107

Toll Free Number: N/A

E-mail: N/A Website: N/A

Facility Manager: THOMAS KEITH FANSHER

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: _____

91772

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: Greiner Bio-One NA Inc.

Physical Address: 4238 Capital Drive, Monroe, NC 28110

Mailing Address: 4238 Capital Drive

City: Monroe State: North Carolina Zip Code: 28110

Telephone: 704-261-7800 Fax: 704-261-7899

Toll Free Number: N/A

E-mail: HARALD.GRUELLENBERGER@GBO.COM Website: www.gbo.com

Facility Manager: HARALD GRUELLENBERGER, EV7 OPERATIONS

Professional qualifications and experience of facility manager: ENGINEERING AND BUSINESS MANAGEMENT, MBA

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: Laboratories

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: _____

mail

91582

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.

Form with checkboxes for 'New Wholesaler' and 'Ownership Change', including a note to provide current license number if making changes.

Form with checkboxes for ownership types: Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, and Sole Owner.

GENERAL INFORMATION

Facility Name: HEALTHSOURCE DISTRIBUTORS LLC

Physical Address: 7200 RUTHERFORD RD

Mailing Address:

City: WINDSOR MILL State: MD Zip Code: 21244

Telephone: 410 653-1112 Fax: 410 415-7004

Toll Free Number: 855-458-4772

E-mail:

Website: HEALTHSOURCE DISTRIBUTORS.COM

Facility Manager: Jerry Wolosky

Professional qualifications and experience of facility manager: President HealthSource Distributors 2002-current. Vice President Amerisource Bergen 1982-2002

Types of licensed outlets or authorized persons firm will serve:

Form with checkboxes for 'Pharmacies', 'Practitioners', 'Hospitals', 'Wholesalers', and 'Other'.

Type of Products to be handled or wholesaled by firm:

Form with checkboxes for product types: Legend Pharmaceuticals, Supplies or Devices; Poisons or Chemicals; Controlled Substances; Other; Hypodermic Devices; Veterinary Legend Drugs.

91674

CC

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

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

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

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

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: Incyte Corporation

Physical Address: 1801 Augustine Cut-Off

Mailing Address: _____

City: Wilmington State: DE Zip Code: 19803

Telephone: 302-498-6700 Fax: 302-425-2707

Toll Free Number: _____

E-mail: licenseadmin@incyte.com Website: www.incyte.com

Facility Manager: David Gryska

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

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: _____

PT

91505

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 _____)

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: Intercept Pharmaceuticals, Inc.

Physical Address: 450 W. 15th Street, Suite 505

Mailing Address: 450 W. 15th Street, Suite 505

City: New York State: NY Zip Code: 10011

Telephone: (646) 747-1000 Fax: (646) 747-1001

Toll-Free Number: (844) 871-4965

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

Facility Manager: Scott Kopperud

Professional qualifications and experience of facility manager: Management positions in supply chain, warehouse operations and distribution for pharmaceutical and medical device industries for 20+ years.

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: 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: _____

PT

91773

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: J. Knipper & Company, Inc.

Physical Address: 1250 Patrol Road, Charlestown, IN 47111

Mailing Address: One Healthcare Way

City: Lakewood State: NJ Zip Code: 08701

Telephone: 732-905-7878 Fax: 732-886-9205

Toll Free Number: 888-KNIPPER

E-mail: geraldine.treacy@knipper.com Website: www.knipper.com

Facility Manager: Geraldine Treacy, Vice President of Operations

Professional qualifications and experience of facility manager: _____
15 Years experience in the warehousing and fulfillment industry. Please See Attachment A for Resume

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: Manufacturer's Sales Representatives

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: _____

91629

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

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 O1355)

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: Kremers Urban Pharmaceuticals Inc.

Physical Address: 1101 C Avenue West, Seymour, Indiana 47274

Mailing Address: 1101 C Avenue West

City: Seymour State: Indiana Zip Code: 47274

Telephone: (812) 523-3457 Fax: (812) 523-1887

Toll Free Number: (800) 457-9856

E-mail: delores.williams@ucb.com Website: www.kremersurban.com

Facility Manager: Michael R. Dornhecker, Vice President Pharmaceutical Operations

Professional qualifications and experience of facility manager: _____
See attached résumé of Michael R. Dornhecker

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: Non-prescription (OTC) drug products

manu

GG

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

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

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: WH01276)

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 WH01276

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

Mailing Address: 675 McDonnell Blvd.,

City: Hazelwood State: MO Zip Code: 63042

Telephone: 314-654-6137 Fax: 314-654-6496

Toll Free Number: _____

E-mail: State.Licensing@Mallinckrodt.com Website: www.mallinckrodt.com

Facility Manager: Sarah Jaeger

Professional qualifications and experience of facility manager: B.S. Industrial Engineering
11 + years of industry experience.

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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HH

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

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

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: Med-Pro Distributors, LLC

Physical Address: 3650F Centre Circle Dr

Mailing Address: 3650F Centre Circle Dr

City: Fort Mill State: SC Zip Code: 29715

Telephone: 704-625-9994 Fax: 704-585-1499

Toll Free Number: 855-633-7761

E-mail: Candice@medprodistributors.com Website: www.medprodistributors.com

Facility Manager: Michael Sumas

Professional qualifications and experience of facility manager: Please 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 be firm:

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

91677

II

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

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: Sigma Pharmaceuticals, LLC

Physical Address: 955 236th Street, Suite 1

Mailing Address: _____

City: North Liberty State: IA Zip Code: 52317

Telephone: 800-779-3784 Fax: 866-920-6589

Toll Free Number: _____

E-mail: nichole.moreau@sigmapharmaceuticals.com Website: www.sigmapharmaceuticals.com

Facility Manager: Nichole Moreau

Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

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

91630

JJ

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: Southern Anesthesia & Surgical, Inc.

Physical Address: 2308 North Sweetgum Avenue, Broken Arrow, OK 74012

Mailing Address: One Southern Court

City: West Columbia State: SC Zip Code: 29169

Telephone: 800-624-5926 Fax: -----

Toll Free Number: 800-624-5926

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

Facility Manager: Don Behnken

Professional qualifications and experience of facility manager: - see attached Resume-

Types of licensed outlets or authorized persons firm will serve:

<input type="checkbox"/> Pharmacies	<input checked="" type="checkbox"/> Practitioners	<input type="checkbox"/> Hospitals	<input 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 checked="" type="checkbox"/> Veterinary Legend Drugs
<input checked="" type="checkbox"/> Controlled Substances (include copy of DEA)	
<input checked="" type="checkbox"/> Other: <u>Supplies, OTC, Rx and CRx items for use by a Dentist, Veterinarian, Oral and Max Surgeon</u>	

LY

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: Sunstar Americas, Inc.

Physical Address: 301 E. Central Road

Mailing Address: State License Servicing, 1751 State Rte 17A Ste 3
Florida, NY 10921

City: Schaumburg State: IL Zip Code: 60195

Telephone: 847-794-4400 Fax: 800-553-2014

Toll Free Number: 888-777-3101

E-mail: SUN@SLSNY.COM Website: www.gumbrand.com

Facility Manager: Greg Belair

Professional qualifications and experience of facility manager: _____
Director of Quality Assurance & Regulatory Affairs for Sunstar Americas (2001 to Present)

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: Distributors

Type of Products to be handled or wholesaled be firm:

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

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LL

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION

Facility Name: Taiho Oncology, Inc.

Physical Address: 101 Carnegie Center

Mailing Address: _____

City: Princeton State: NJ Zip Code: 08540

Telephone: 609-285-5300 Fax: 609-750-7450

Toll Free Number: _____

E-mail: LegalSupportServices@TaihoOncology.com Website: www.taihooncology.com/us/

Facility Manager: Eric Benn

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, Retailers

Type of Products to be handled or wholesaled be firm:

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

MM

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: Trigen Laboratories, LLC
Physical Address: 2500 Main Street Extension, Suite 6, Sayreville, NJ 08872
Mailing Address: 2500 Main Street Extension, Suite 6
City: Sayreville, State: NJ Zip Code: 08872
Telephone: 732-721-0070 Fax: 732-721-3430
Toll Free Number: N/A
E-mail: cklein@verticalpharma.com Website: www.trigenlab.com
Facility Manager: Wendy Jean Reese

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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91626

NN

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.

Form with checkboxes for New MDEG, Ownership Change, Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, and Sole Owner. Includes instruction to check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Alivio Corporation DBA Alivio Medical Supplies Inc.
Physical Address: 901 W Main Street Suite C Lowell MI 49331
Mailing Address: 901 W Main Street Suite C
City: Lowell State: MI Zip Code: 49331
Telephone: 616-425-7025 Fax: 877-542-6420
E-mail: Nick@AlivioMed.com Website: AlivioMed.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 basis

Name: Nicholas Bozzo or Lorraine Migoski

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

Form with checkboxes for Medical Gases, Respiratory Equipment, Life-sustaining equipment, Diabetic Supplies, Assistive Equipment, Parenteral and Enteral Equipment, Orthotics and Prosthesis, and 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: Lorraine Migoski Telephone: 616-557-2012

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<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.

FACILITY INFORMATION

Facility Name: Luv MedGroup LLC

Physical Address: 1102 S Main St.
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Po Box 9

City: Van Alstyne State: TX Zip Code: 75495

Telephone: 877-482-0044 Fax: 877-825-6642

E-mail: heather@Luvmedgroup.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 3 Tue: 9 to 3 Wed: 9 to 3 Thu: 9 to 3

Fri: 9 to 3 Sat: N/A Sun: N/A Holidays: N/A

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Heather Cates

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

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

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

Name: N/A Telephone: N/A

91501

pp

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

New MDEG Ownership Change
 (Please provide current license number if making changes: MP or MW _____)

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

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

FACILITY INFORMATION

Facility Name: Reliant Medgroup Inc

Physical Address: 5260 E Hwy 120 Ste 6
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5260 E Hwy 120 Ste 6

City: Pottsboro State: TX Zip Code: 75076

Telephone: 888-835-0388 Fax: 888-392-1121

E-mail: lightfoot@reliantmedgroupinc.com Website: reliantmedgroupinc.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: N/A Sun: N/A Holidays: N/A

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jeff Lightfoot

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: _____

91503

QR

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 cashler'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 type="checkbox"/> Non Publicly Traded Corporation - Pages 1,2,3,5	<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.	

FACILITY INFORMATION

Facility Name: Son's Sonas Medical Supply

Physical Address: 1501 S. Armstrong #101
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1501 S. Armstrong #101

City: Denison State: NX Zip Code: 75020

Telephone: 888.345.4017 Fax: 888.790.5509

E-mail: vhfner@sonasmedical.com Website: www.Sonasmedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8am to 5pm Sat: closed Sun: closed Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: DT Woody

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

- Medical Gases**
- Respiratory Equipment**
- Life-sustaining equipment**
- Diabetic Supplies
- Assistive Equipment
- Parenteral and Enteral Equipment**
- Orthotics and Prosethics

Other: off the shelf Bracing

**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

91502

RR

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.

Application type selection box containing checkboxes for New MDEG, Ownership Change, Publicly Traded Corporation, Partnership, Non Publicly Traded Corporation, and Sole Owner. Includes a note to check the box for type of ownership and complete the correct part of the application.

FACILITY INFORMATION

Facility Name: THE BETTY MILLS COMPANY, INC.

Physical Address: 2121 S. EL CAMINO REAL BLVD., STE C-120 (This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME

City: SAN MATEO State: CA Zip Code: 94403

Telephone: 650-344-8228 Fax: 650-341-1888

E-mail: OFER@BETTYMILLS.COM Website: WWW.BETTYMILLS.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 6 to 4:30 Tue: 6 to 4:30 Wed: 6 to 4:30 Thu: 6 to 4:30 Fri: 6 to 4:30 Sat: - to - Sun: - to - Holidays: - to -

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: OFER SABADOSH

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:

91625

SS

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 type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<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.	

FACILITY INFORMATION

Facility Name: USMed, LLC

Physical Address: 2655 Pan American Fwy Ste G Albuquerque, NM 87107
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 8428 Sterling St

City: Irving State: TX Zip Code: 75063

Telephone: 972-354-7300 Fax: 972-354-7311

E-mail: jrosenthal@usmedpatientcare.com Website: _____

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: Person in charge on a daily basis

Name: David Kincaid

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: walkers; wheelchairs

**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: Karen St. John Telephone: 702-338-7718

91581

TT

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.

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

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

GENERAL INFORMATION

Facility Name: MDRX, LLC
Physical Address: 118 CORPORATE PARK DR, SUITE 105 HENDERSON, NV 89074
Mailing Address: 118 CORPORATE PARK DR SUITE 105
City: HENDERSON State: NV Zip Code: 89074
Telephone: 931.349.8300 Fax: 931.520.1345
Toll Free Number: _____
E-mail: MARK@MDRXDISPENSE.COM Website: MDRXDISPENSE.COM
Facility Manager: MARK CASAL

Professional qualifications and experience of facility manager: PHARMACIST - OWNER OF INDEPENDENT PHARMACY & WHOLESALER IN TN

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: _____

91774

UV

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: CVS/pharmacy # 10348

Physical Address: 3645 Las vegas Blvd South, las vegas, NV 89109

Mailing Address: One CVS Dr, Licensing Dept/MD1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 401-765-1500 Fax: 401-765-7887

Toll Free Number: N/A

E-mail: Therese.Switzer@cvshealth.com Website: WWW.CVS.COM

Managing Pharmacist: Rhowela Albana License Number: 18334

Hours of Operation:

Monday thru Friday 8 am 10 pm Saturday 9 am 6 pm
Sunday 10 am 6 pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

Retail Off-site Cognitive Services
 Hospital (# beds _____) Parenteral
 Internet Parenteral (outpatient)
 Nuclear Outpatient/Discharge
 Out of State Mail Service
 Ambulatory Surgery Center Long Term Care

91671

VV

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: Dahl's Specialty Pharmacy of Carson

Physical Address: 1851 North Carson Street Suite C

Mailing Address: 1851 North Carson Street Suite C

City: Carson City State: NEVADA Zip Code: 89701

Telephone: (775) 885-8881 Fax: (775) 885-2690

Toll Free Number: N/A

E-mail: carsonrx@dahlrx.com Website: N/A

Managing Pharmacist: Rebekah Keechler License Number: 16372

Hours of Operation:

Monday thru Friday	<u>9</u> am	<u>6</u> pm	Saturday	<u>9</u> am	<u>1</u> pm
Sunday	<u>N/A</u> am	<u>N/A</u> pm	24 Hours	<u>N/A</u>	

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 checked="" type="checkbox"/> Long Term Care

91778

WW

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: PH02650)

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: QHR Pharmacy
Physical Address: 7512 Westcliff DR Las Vegas NV 89145
Mailing Address: 7512 Westcliff DR Las Vegas
City: Las Vegas State: NV Zip Code: 89145
Telephone: 702-331-6796 Fax: 702-629-7130
Toll Free Number: N/A
E-mail: orockmolih@hotmail.com Website: N/A
Managing Pharmacist: MOLIH O. OROCK License Number: 16501

Hours of Operation:

Monday thru Friday 9:00am 7:00pm Saturday 10:00am 4:00pm
Sunday N/Aam N/Apm 24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

Retail Off-site Cognitive Services
 Hospital (# beds _____) Parenteral
 Internet Parenteral (outpatient)
 Nuclear Outpatient/Discharge
 Out of State Mail Service
 Ambulatory Surgery Center Long Term Care

54564

XX

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: QHR PHARMACY 1
Physical Address: 756 N. Nellis BLVD Suite #7 Las Vegas NV 89110
Mailing Address: 7512 Westcliff DR
City: Las Vegas State: NV Zip Code: 89145
Telephone: 702-331-6796 Fax: 702-629-7130
Toll Free Number: N/A
E-mail: orockmolih@hotmail.com Website: N/A
Managing Pharmacist: Udechukwunye Chukwukelu License Number: 13573

Hours of Operation:

Monday thru Friday 9 am 6 pm Saturday 10 am 4 pm
Sunday N/A am N/A pm 24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

Retail Off-site Cognitive Services
 Hospital (# beds ____)
 Internet Parenteral
 Nuclear Parenteral (outpatient)
 Out of State Outpatient/Discharge
 Ambulatory Surgery Center Long Term Care

91672

44

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.

Form with checkboxes for New MDEG, Ownership Change, Name Change, and Location Change. Location Change is checked. License number MP00747 is provided.

Form with checkboxes for ownership types: Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, and Sole Owner. Publicly Traded Corporation is checked.

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Innovative Neurotronics, Inc

Physical Address: 4999 Air Center Circle Ste. 103, Reno, NV 89502
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4999 Air Center Circle Ste. 103

City: Reno State: NV Zip Code: 89502

Telephone: 800-350-1100 x 1827 Fax:

E-mail: pParker@Hanger.com Website:

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: Patrick Parker

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

Form with checkboxes for Medical Gases, Respiratory Equipment, Life-sustaining equipment, Diabetic Supplies, Assistive Equipment, Parenteral and Enteral Equipment, Orthotics and Prosthesis, and Other (Walk Aid-Legend Device).

**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:

