

BID NO.: 952-5067

DATE: 8-8-12

updated
bidders
list.
as of 8/9/12

On-Site Pharmacy Services

DESCRIPTION OF BID

- ☐ JOB SITE INSPECTION
- ☒ VENDOR CONFERENCE
- ☐ BID OPENING

BID DUE DATE: 9-6-12

BUYER: Patricia Flaherty

COMMUNICARE, INC
COMPANY NAME
STARTON G. ADES
COMPANY REPRESENTATIVE
1800 WASHINGTON BLVD STE 420
COMPANY ADDRESS
BALTIMORE, MD 21230
CITY/STATE/ZIP
STARTONADES@COMMUNICARE.COM
E-MAIL ADDRESS

BF Pharmacy
COMPANY NAME
Sheldon Kay
COMPANY REPRESENTATIVE
540 E Henderson #101
COMPANY ADDRESS
Fresno CA 93720
CITY/STATE/ZIP
sheldon.kay@bfpharmacy.ca
E-MAIL ADDRESS

FOX Drug Store
COMPANY NAME
Tron Jung
COMPANY REPRESENTATIVE
1939 Fish Street
COMPANY ADDRESS
Selma, CALIF
CITY/STATE/ZIP
fds.pharmacy@gmail.com
E-MAIL ADDRESS
559-313-7188
PHONE NUMBER
559-476-2582
FAX NUMBER

COMPANY NAME
COMPANY REPRESENTATIVE
COMPANY ADDRESS
CITY/STATE/ZIP
E-MAIL ADDRESS
PHONE NUMBER
FAX NUMBER

Pharmkee INC
COMPANY NAME
Scott Workman
COMPANY REPRESENTATIVE
PO Box 457
COMPANY ADDRESS
Caruthers CA 93609
CITY/STATE/ZIP
scottworkman58@gmail.com
E-MAIL ADDRESS
559.237-0332
PHONE NUMBER
559.864.3497
FAX NUMBER

COMPANY NAME
COMPANY REPRESENTATIVE
COMPANY ADDRESS
CITY/STATE/ZIP
E-MAIL ADDRESS
PHONE NUMBER
FAX NUMBER

Cedar Pharmacy / Medical Supplies Inc
COMPANY NAME
PETER N. Onwumere
COMPANY REPRESENTATIVE
6767 N. Cedar Ave. Fresno
COMPANY ADDRESS
Fresno, CA 93710
CITY/STATE/ZIP
559-437-3700
PHONE NUMBER
559-437-3727
FAX NUMBER

COMPANY NAME
COMPANY REPRESENTATIVE
COMPANY ADDRESS
CITY/STATE/ZIP
E-MAIL ADDRESS
PHONE NUMBER
FAX NUMBER

Joseph Pharmacy MD

DRH

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added 8-9-12
DBH
Michael Johnson
COMPANY NAME
COMPANY REPRESENTATIVE
COMPANY ADDRESS
CITY/STATE/ZIP
E-MAIL ADDRESS

PHONE NUMBER FAX NUMBER
DBH
Robert Oldham
COMPANY NAME
COMPANY REPRESENTATIVE
COMPANY ADDRESS
CITY/STATE/ZIP
E-MAIL ADDRESS

PHONE NUMBER FAX NUMBER
Signature of Robert Oldham
COMPANY NAME
COMPANY REPRESENTATIVE
COMPANY ADDRESS
CITY/STATE/ZIP
E-MAIL ADDRESS

PHONE NUMBER FAX NUMBER
Pat Flaherty
COMPANY NAME
COMPANY REPRESENTATIVE
COMPANY ADDRESS
CITY/STATE/ZIP
E-MAIL ADDRESS

PHONE NUMBER FAX NUMBER

Gary Cornuelle
COMPANY NAME
COMPANY REPRESENTATIVE
COMPANY ADDRESS
CITY/STATE/ZIP
E-MAIL ADDRESS

PHONE NUMBER FAX NUMBER
Joann Bosquez
COMPANY NAME
COMPANY REPRESENTATIVE
COMPANY ADDRESS
CITY/STATE/ZIP
E-MAIL ADDRESS

PHONE NUMBER FAX NUMBER
COMPANY NAME
COMPANY REPRESENTATIVE
COMPANY ADDRESS
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PHONE NUMBER FAX NUMBER