

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: [X] New MDEG, [ ] Ownership Change, [ ] Name Change, [ ] Location Change. (Please provide current license number if making changes: MP or MW \_\_\_\_\_)

Form with checkboxes: [ ] Publicly Traded Corporation – Pages 1,2,3,4, [ ] Partnership - Pages 1,2,3,6, [ ] Non Publicly Traded Corporation – Pages 1,2,3,5a,5b, [X] Sole Owner – Pages 1,2,3,7. Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: HARVARD MedTech of Nevada
Physical Address: 6280 S. Valley View Rd, suite 412, Las Vegas NV 89118
Mailing Address: 10624 S. Eastern Ave, suite A-967
City: Henderson State: NV Zip Code: 89052
Telephone: 847-910-2101 Fax:
E-mail: SPADDA@HarvardMedTech Website:

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10 to 4 Tue: 10 to 4 Wed: 10 to 4 Thu: 10 to 4
Fri: 10 to 4 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: KULDARSHAN PADDA

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

- Medical Gases\*\*, Assistive Equipment, Respiratory Equipment\*\*, Parenteral and Enteral Equipment\*\*, Life-sustaining equipment\*\*, Orthotics and Prosthesis, Diabetic Supplies, Other: Rehabilitation equipment.

\*\*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:

# APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

_____	_____	_____
_____	_____	_____
_____	_____	_____

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes  No  *KSP*
- 2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes  No
- 3) Are any of the owners health professionals? If yes, please check the box and list name.
- |   |             |
|---|-------------|
| <input type="checkbox"/> Practitioner                     | Name: _____ |
| <input type="checkbox"/> Advanced Practitioner of Nursing | Name: _____ |
| <input type="checkbox"/> Physician's Assistant            | Name: _____ |
| <input type="checkbox"/> Physical Therapist               | Name: _____ |
| <input type="checkbox"/> Occupational Therapist           | Name: _____ |
| <input type="checkbox"/> Registered Nurse                 | Name: _____ |
| <input type="checkbox"/> Respiratory Therapist            | Name: _____ |

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

**APPLICATION FOR NEVADA MDEG LICENSE**

This page must be submitted for all types of ownership.

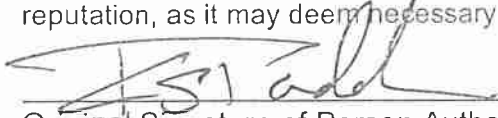
Within the last five (5) years:

- 1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes  No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes  No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes  No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes  No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes  No

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

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

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



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

K.S. PADDA  
Print Name of Authorized Person

11/4/16  
Date

Board Use Only	Received: _____	Amount: <u>\$500.00</u>
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APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: KULDARSHAN PADDA  
Business Name: Harvard MedTech of Nevada.  
Current Business Address: 6280 S. valley View Rd, suite 412, Las Vegas N  
City: HENDERSON State: NV Zip: 89052 <sup>89118</sup>  
Telephone: 847-910-2101 Fax: N/A

SOLE OWNER

Include with the application for a sole owner

Complete personal history record Must be original signature(s), no copies or stamps. Download the form from the website. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

**PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler**

Date 10/29/16.

**GENERAL INSTRUCTIONS**

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for MDEG License (Distribute Durable MEDICAL EQUIPMENT)  
HARVARD MedTech of Nevada Nature of License  
6280 S. Valley View Blvd., Suite 412, Las Vegas, NV Name and Address of Establishment for Which License Is Requested  
NA If applicable, Name Under Which It Is Now Operated 89118

**1. PERSONAL INFORMATION:**

PADDA Last Name KULDARSHAN First Name SINGH Middle Name

SHAN Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

70 HUNT VALLEY TRAIL HENDERSON NV 89052 Present Residence Address-Street or RFD City State/Zip

6280 S. Valley View Rd, Suite 412 LAS VEGAS NV 89118 Present Business Address City State/Zip

BUSINESS MANAGEMENT Dates NA Occupation Phone: Residence

Business NA.

1 FERROZEPUR, PUNJAB, INDIA Place of Birth (City, County, State)

55 Age --- Social Security Number M Sex

BROWN Color of Eyes BLACK Color of Hair Brown Complexion 180 Weight Medium Build 5'10" Height

Scars, tattoos or distinguishing marks and/or characteristics NO

Are you a citizen of the United States? Yes  No  If alien, registration No. \_\_\_\_\_

If naturalized, certificate No. \_\_\_\_\_ Date issued March 24, 2007

Place St. Croix, U.S. VIRGIN ISLANDS (If naturalized, document must be verified.) see attached photocopy

**2. MARITAL INFORMATION:**

Single  Married  Separated  Divorced  Widowed  Engaged

Applicant's initial KSI

MARITAL INFORMATION-Continued

A. **Current Marriage** NA

Spouse's full name (Maiden) NA Date \_\_\_\_\_ City, County and State \_\_\_\_\_  
 S.S. No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Resident address \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Residence \_\_\_\_\_ Business \_\_\_\_\_

Spouse's employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address of employer \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
HEATHER RHODES	2009	2009 (TAMPA, FL)	DIVORCE	TAMPA, HILLSBORO FLORIDA

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
NA - recently deceased.					

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
NA			

B. **Child Support Information:**

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial K.S.

**FAMILY INFORMATION-Continued**

District attorney or public agency responsible for enforcing the child support order:

Name N/A  
 Address \_\_\_\_\_  
 Contact person \_\_\_\_\_

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	DARSHAN PADDA		HENDERSON, NV 70 HUNT VALLEY TRAIL	Retired UNIV. PROFESSOR
Mother	KULWANTI SANDHU (MAIDEN NAME)			Retired School Teacher
Father-in-Law				

Mother-in-Law \_\_\_\_\_

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
Spouse	DARSH PAUL PADDA		4240 W. FLAMINGO Rd LAS VEGAS, NV	ATTORNEY
Spouse				
Spouse				
Spouse				

**4. EDUCATION:**

	Name of School	Location	Dates Attended	Graduate
Grammar School	ST. CROIX COUNTRY DAY	ST. CROIX, USVI.	till 1974	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	" "	" "	till 1978	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	HARVARD UNIV	CAMBRIDGE, MA.	1978-1982	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any BA - BIOLOGY

College or university where obtained HARVARD UNIVERSITY

Applicant's initial ASP

**5 MILITARY INFORMATION:**

A. Have you ever served in any armed forces? Yes  No

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes  No  If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes  No

County St. Croix State U.S. VIRGIN ISLANDS Date registered 1978

**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes  No  If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes  No  If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes  No
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes  No
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes  No
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes  No   
If yes, when?.....city, county and state.....
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes  No   
If yes when?.....city, county and state.....
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes  No   
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
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~~See~~ See page 10.

Applicant's initial K.S.I. Page 4



**ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued**

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?  
 Yes  No  (Other than divorces)  
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
DEMNIS CHU/SABRATEK CORP.		U.S. District Court, Northern Illinois 99C351		DISMISSED 9/20/2000

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?  
 Yes  No  If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

**7. RESIDENCES:**

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
8/2005 - 4/2016	1212 E. Whiting St, 503	TAMPA	FL
10/2001 - 8/2005	950 N Michigan Ave, 4501	CHICAGO	IL
12/1990 - 10/2001	1901 N. CLYBORN	CHICAGO	IL

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

6/1982 → 6/1984 CROWD CAPS / Minneapolis, MN Wanted to live in Chicago  
 Month and Year Name/Mailing Address of Employer/Business Reason for Leaving  
 Title Description of Duties Name of Supervisor  
 Market Manager Devise Marketing strategies BRAD

7/1984 → 12/84 ANDENS / Chicago, IL. Wanted to start my own company  
 Month and Year Name/Mailing Address of Employer/Business Reason for Leaving  
 Title Description of Duties Name of Supervisor  
 Sales Manager. Head of Sales. DENNIS

1/89 → 1/90 Unemployed, looking for right new business once  
 Month and Year Name/Mailing Address of Employer/Business Reason for Leaving  
 Title Description of Duties Name of Supervisor

1/90 → 6/2000 SABRAEK / Chicago, IL Time for leadership change  
 Month and Year Name/Mailing Address of Employer/Business Reason for Leaving  
 Title Description of Duties Name of Supervisor  
 CEO Overall mgmt of business

7/2000 → 6/2005 Looking for next opportunity.  
 Month and Year Name/Mailing Address of Employer/Business Reason for Leaving  
 Title Description of Duties Name of Supervisor

7/2005 → 4/2016 Health Integrated, TAMPA, FL Time for Leadership Change  
 Month and Year Name/Mailing Address of Employer/Business Reason for Leaving  
 Title Description of Duties Name of Supervisor  
 CEO Overall mgmt of Business.

7/2005 → Present Health Integrated Tampa, FL Still in position.  
 Month and Year Name/Mailing Address of Employer/Business Reason for Leaving  
 Title Description of Duties Name of Supervisor  
 Chairman of BOD Make sure company is following good governance.

Month and Year Name/Mailing Address of Employer/Business Reason for Leaving  
 Title Description of Duties Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial JS Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name REVEREND DR. WAYNE MEISEL Home		Princeton, NJ				15
Employer McORMICK THEOLOGICAL SEMINARY Business		Chicago, IL				
Name Brett Johnson Home		N.Y.	N.Y.	10028		35
Employer OneMed Place Business		N.Y.	N.Y.	10028	N/A	
Name Sarah Larson Home		Chicago, IL				30
Employer Chicago Public School system Business		CHICAGO, IL			N/A	
Name Traver Hutchins Home		Greenwich, CT				15
Employer Medizine Business		N.Y.	N.Y.	N/A		
Name JOE LIPMAN Home		Chicago, IL				25
Employer AAR Business		Wood Dale, IL		60191		

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes  No   
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
N/A			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:
- |            |            |                                |                      |           |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor     | Lawyer     | Race horse/race dog owner      | Securities dealer    | Insurance |
| Doctor     | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming    |
| Accountant | Pilot      | Sports promoter                | Trainer or manager   | Educator  |
- Yes  No   
If yes, state type, where and years held

N/A

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes  No   
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A.

Applicant's initial KSJ Page 7

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes  No

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes  No

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes  No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes  No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes  No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes  No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes  No

ATTN

TAI

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Date of photograph 10/29/16

Applicant's initial [Signature]

STATE OF NEVADA

SS.

COUNTY OF CLARK

I, KUCDARSHAN PADDA being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

*[Handwritten Signature]*

Original Signature of Applicant

Subscribed and Sworn to before me this 4<sup>TH</sup> day of

NOVEMBER, 2016

*[Handwritten Signature]*

Notary Public

(seal)



Applicant's Initial *[Handwritten Initials]*

# APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 10/29/16.

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

## GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for distributor of Durable Medical Equipment  
Nature of MDEG  
Harvard MedTech of Nevada, 6280 S. Valley View Rd., suite 412.  
Name and Address of Business for Which MDEG Administrator Is Requested  
NA  
If applicable, Name Under Which It Is Now Operated LAS Vegas, NV  
89118

1. PERSONAL INFORMATION:

PADDA  
Last Name

KUZDARSHAN  
First Name

SINGH  
Middle Name

Shan  
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

70 HUNT VALLEY TRAIL HENDERSON NV 89052  
Present Residence Address-Street or RFD City State/Zip

6280 S. Valley View Rd, Suite 412 LAS VEGAS NV 89118  
Present Business Address City State/Zip

~~XXXXXXXXXXXXXXXXXXXX~~ XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX  
Present Business Address City State/Zip

MANAGER Dates 10/29/16.  
Present Position with the MDEG

Phone: 847-910-2101 Fax: \_\_\_\_\_

Email address: SPADDA@Harvard Med Tech

Date of Birth \_\_\_\_\_ Place of Birth Ferozepur, Punjab, INDIA  
(City, County, State)

55 \_\_\_\_\_ M  
Age Social Security Number Sex

BROWN BLACK 180 5'10"  
Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics NO

Are you a citizen of the United States? Yes  No

If alien, registration No \_\_\_\_\_

If naturalized, \_\_\_\_\_  
Date issued March 24, 2007

Place St. Croix, U.S. Virgin Islands. (If naturalized, document must be verified.)

*see attached copy  
at end of document*

**EMPLOYMENT:**

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

8/2005 till 4/2016	Health Integrated	22,240
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
CEO	MANAGEMENT	N/A
Title	Description of Duties	Name of Supervisor
	10008 N. DALE MABRY HWY TAMPA, FL 33618	
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor



I have  I have not  been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have  I have not  been charged, arrested or convicted of a felony or misdemeanor.
2. I have  I have not  been the subject of an administrative action whether completed or pending.
3. I have  I have not  had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information **and** provide a written explanation and/or documents.

a) Board Administrative Action: State: \_\_\_\_\_  
b) Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

c) Criminal Action: State: \_\_\_\_\_

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

County: \_\_\_\_\_

Court: \_\_\_\_\_

4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes  No

5 .Will you be employed fulltime with the MDEG? Yes  No

6 .Will you be present at the site of the MDEG during its normal operating hours? Yes  No

If you answer No to questions 4, 5 or 6 please provide a written letter

.....  
.....  
.....  
.....  
.....

ATTACH

TAKE

30 C

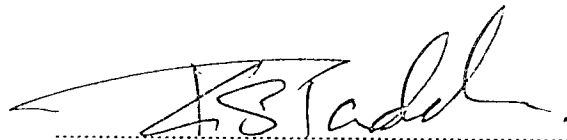


Date of photograph \_\_\_\_\_

10/29/16

I, KULDARSHAN PADDA, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.

A handwritten signature in black ink, appearing to read 'K. Padda', written over a horizontal dotted line.

Original Signature of Applicant