



Massachusetts Department of Public Health

Determination of Need

Affidavit of Truthfulness and Compliance

with Law and Disclosure Form 100.405(B)

Version: 7-6-17

Instructions: Complete Information below. When complete check the box "This document is ready to print:". This will date stamp and lock the form. Print Form. Each person must sign and date the form. When all signatures have been collected, scan the document and e-mail to: **dph.don@state.ma.us** Include all attachments as requested.

Application Number: BESLC-20032516-TS

Original Application Date: 03/02/2022

Applicant Name: Boston Eye Surgery and Laser Center Trust

Application Type: Transfer of Site/Change in Designated Location

Applicant's Business Type: ☐ Corporation ☐ Limited Partnership ☐ Partnership ☒ Trust ☐ LLC ☐ OtherIs the Applicant the sole member or sole shareholder of the Health Facility(ies) that are the subject of this Application? ☒ Yes ☐ No

The undersigned certifies under the pains and penalties of perjury:

1. The Applicant is the sole corporate member or sole shareholder of the Health Facility[ies] that are the subject of this Application;
2. I have read 105 CMR 100.000, the Massachusetts Determination of Need Regulation;
3. I understand and agree to the expected and appropriate conduct of the Applicant pursuant to 105 CMR 100.800;
4. I have read this application for Determination of Need including all exhibits and attachments, and certify that all of the information contained herein is accurate and true;
5. If subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00, I have submitted such Notice of Material Change to the HPC - in accordance with 105 CMR 100.405(G);
6. Pursuant to 105 CMR 100.210(A)(3), I certify that both the Applicant and the Proposed Project are in material and substantial compliance and good standing with relevant federal, state, and local laws and regulations, as well as with all previously issued Notices of Determination of Need and the terms and Conditions attached therein;
7. I have read and understand the limitations on solicitation of funding from the general public prior to receiving a Notice of Determination of Need as established in 105 CMR 100.415;
8. Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest in the Site or facility; and
9. Pursuant to 105 CMR 100.705(A), I certify that the Proposed Project is authorized under applicable zoning by-laws or ordinances, whether or not a special permit is required; or,
 - a. If the Proposed Project is not authorized under applicable zoning by-laws or ordinances, a variance has been received to permit such Proposed Project; or,
 - b. The Proposed Project is exempt from zoning by-laws or ordinances.

Trust

All Trustees must sign. Attach a copy of the trust instrument as amended. Add additional Trustees as needed.

Michael B. Raizman, MD

Trustee Name:

DocuSigned by:

CDDFBCD1283446B...

3/2/2022

Date

Bradford J. Shingleton, MD

Trustee Name:

DocuSigned by:

97A0D0FDDC64D1...

3/2/2022

Date

Michael F. Oats, MD

Trustee Name:

DocuSigned by:

0C9C2F40A8TC41A...

3/2/2022

Date

Claudia U. Richter, MD

Trustee Name:

DocuSigned by:

5A1BF7334C73404...

3/2/2022

Date

Date/time Stamp: 03/02/2022 10:53 am