

Attachment 1  
Affiliated Parties



## Massachusetts Department of Public Health Determination of Need Affiliated Parties

Application Date:  Application Number:

### Applicant Information

Applicant Name:

Contact Person:  Title:

Phone:  Ext:  E-mail:











### Affiliated Parties

#### 1.9 Affiliated Parties:

List all officers, members of the board of directors, trustees, stockholders, partners, and other Persons who have an equity or otherwise controlling interest in the application.

Add/ Del Rows	Name (Last)	Name (First)	Mailing Address	City	State	Affiliation	Position with affiliated entity (or with Applicant)	Stock, shares, or partnership	Percent Equity (numbers only)	Convictions or violations	List other health care facilities affiliated with	Business relationship with Applicant
<input type="checkbox"/> <input type="checkbox"/>	Byrne	Robert	1221 Maine St., Suite 208	Holyoke	MA	Holyoke Medical Center	Director			No		Yes
<input type="checkbox"/> <input type="checkbox"/>	Canina	Brian	330 Whitney Avenue	Holyoke	MA	Holyoke Medical Center	Director			No		No
<input type="checkbox"/> <input type="checkbox"/>	Hazen	John	240 South Water Street	Holyoke	MA	Holyoke Medical Center	Director			No		No
<input type="checkbox"/> <input type="checkbox"/>	Koss	Tricia	14 Bobola Road	Holyoke	MA	Holyoke Medical Center	Director			No		No
<input type="checkbox"/> <input type="checkbox"/>	Lawrence	Sara	11 College Street #3	South Hadley	MA	Holyoke Medical Center	Director			No		No
<input type="checkbox"/> <input type="checkbox"/>	Marcotte	Michael	1025 Main Street	Holyoke	MA	Holyoke Medical Center	Director			No		No
<input type="checkbox"/> <input type="checkbox"/>	Maydew	Mary Jo	3 Pheasant Lane	Holyoke	MA	Holyoke Medical Center	Director			No		No
<input type="checkbox"/> <input type="checkbox"/>	Murphy	Michael	490 Westfield Road	Holyoke	MA	Holyoke Medical Center	Director			No		No
<input type="checkbox"/> <input type="checkbox"/>	Panitch	Debra	575 Beech Street	Holyoke	MA	Holyoke Medical Center	Director			No		No
<input type="checkbox"/> <input type="checkbox"/>	Ransford	Doris	171 Central Park Drive	Holyoke	MA	Holyoke Medical Center	Director			No		No
<input type="checkbox"/> <input type="checkbox"/>	Zerbe	Marc	575 Beech Street	Holyoke	MA	Holyoke Medical Center	Director			No		Yes
<input type="checkbox"/> <input type="checkbox"/>	Sugrue	Michael	120 Emerson Way	Florence	MA	Holyoke Medical Center	Director			No		No
<input type="checkbox"/> <input type="checkbox"/>	Smith	Idelia	303 Homestead Avenue	Holyoke	MA	Holyoke Medical Center	Director/Officer			No		No
<input type="checkbox"/> <input type="checkbox"/>	Gurek	Shannon	18 Ashton Lane	South Hadley	MA	Holyoke Medical Center	Director			No		No

Affiliated Parties Holyoke Medical Hospital

Add/ Del Rows	Name (Last)	Name (First)	Mailing Address	City	State	Affiliation	Position with affiliated entity (or with Applicant)	Stock, shares, or partnership	Percent Equity (numbers only)	Convictions or violations	List other health care facilities affiliated with	Business relationship with Applicant
 	Hatiras	Spirodon	575 Beech Street	Holyoke	MA	Holyoke Medical Center	Officer/Director			No		Yes
 	Kozioł	Michael	575 Beech Street	Holyoke	MA	Holyoke Medical Center	Officer/Director			No		Yes
 	Smith	Thomas	802 E. 86th Street	Indianapolis	MA	Leo Brown Group, LLC	CEO/Manager			No	none	Yes
 	Leo Brown Group, LLC		802 E. 86th Street	Indianapolis	MA		Developer			No	none	Yes
 	Holyoke Pavilion Partners, LLC		802 E. 86th Street	Indianapolis	MA	Leo Brown Group, LLC	Landlord of Applicant and subsidiary of Leo Brown Group			No	none	Yes

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To submit the application electronically, click on the "E-mail submission to Determination of Need" button.

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Date/time Stamp: 09/18/2020 1:00 pm

E-mail submission to  
Determination of Need

Affiliated Parties Holyoke Medical Hospital