

Application Date:

November 12, 2021

**Massachusetts Department of Public Health Determination of Need**

**Affiliated Parties**

Application Number:

PAM-21111018-TO

Version: DRAFT

3-15-17

DRAFT

#  Applicant Information

Applicant Name:

PAM Cubed, LLC

Contact Person: Title:

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#  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 |
| inactive add row buttoninactive delete row button+ - | Misitano | Anthony | 1828 Good Hope Road, Suite 102 | Enola | PA |  | President & CEO |  |  | No |  | Yes |
| inactive add row buttoninactive delete row button+ - | Misitano | Britany | 1828 Good Hope Road, Suite 102 | Enola | PA |  | Vice President, Secretary, Shareholder | Partnership | 68% | No |  | Yes |
| inactive add row buttoninactive delete row button+ - | Stober | Karick | 1828 Good Hope Road, Suite 102 | Enola PA | PA |  | Vice President and CFO |  |  | No |  | Yes |

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