

Application Date:

10/08/2021

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

**Affiliated Parties**

Application Number:

PHC-20152014-LE

Version: DRAFT

3-15-17

DRAFT

# Applicant Information

Applicant Name:

Wellman Healthcare Group, Inc.

Contact Person: Title:

Emily Kretchmer

Legal Counsel

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6174827211

[ekretchmer@kb-law.com](mailto:ekretchmer@kb-law.com)

# 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 |
| Add row buttonDelete Row button+ - | Cavelier | David | 625 Wellman Ave | No. Chelmsford | MA |  | Officer/Director/Owner | Stock | 100% | No |  | Yes |

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Affiliated Parties Wellman Healthcare Group, Inc.

10/08/2021 11:06 am

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