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 draft version 3-15-2017

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

**Affiliated Parties**

Application Date: 06/22/2022

Application Number: 20072809-AS

**Applicant Information**

Applicant Name: New England Surgery Center, LLC

Contact Person: Norma Bacon

Title: Administrator

Phone: 9789224670

E-mail: [nbacon@ne-surgerycenter.org](mailto:nbacon@ne-surgerycenter.org)

**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** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| +/- | Zachareas | Michael | 29 University Lane | Manchester | MA |  |  | Shares | 36% | No | New England Urology | Yes |
| +/- | McLaughlin | Robert | 121 Pine St. | Manchester | MA |  |  | Shares | 18% | No | North Shore Shoulder | Yes |
| +/- | Patel | Minesh | 24 Holyoke St., #1 | Boston | MA |  |  | Shares | 14% | No | North Shore Pain Management | Yes |
| +/- | Chrzanowski | David | 21 Harold St. | Manchester | MA |  |  | Shares | 8% | No | North Shore ENT | Yes |
| +/- | Mugge | Richard | 20 Boren Lane | Boxford | MA |  |  | Shares | 7% | No | North Shore ENT | Yes |
| +/- | Banville | Paul | 129 Main St. | Atkinson | NH |  |  | Shares | 6% | No |  | No |
| +/- | Glavas | Ioannis | 201 Willow Road | Nahant | MA |  |  | Shares | 6% | No | The Glavas Centre for Occulo- Facial Plastics and Reconstructive Surgery | Yes |
| +/- | LoMonaco | Anthony | 690 Bay Road | Hamilton | MA |  |  | Shares | 5% | No | North Shore Pain Management | Yes |

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