**APPENDIX 6:**

**AFFILIATED PARTIES FORM**

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 draft version 3-15-2017

**Massachusetts Department of Public Health**

**Determination of Need**

**Affiliated Parties**

Application Date: 04/21/2025

Application Number: TIM-25041809-RE

**Applicant Information**

Applicant Name: Tellica Imaging - Massachusetts, LLC

Contact Person: Brad Isaacson

Title: Legal Counsel

Phone: 6175575995

E-mail: khealy@rc.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** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| +/- | Greally | Doug | 36 South Street, Suite 2200 | Salt Lake City | UT | Tellica Imaging, LLC | Manager |  |  | No |  | Yes |
| +/- | Isaacson  | Brad | 36 South Street, Suite 2200 | Salt Lake City | UT | Tellica Imaging, LLC | Manager |  |  | No | Tellica - Imaging Entity, Intermountain Health affiliation | Yes |
| +/- | Liston | Eric | 36 South Street, Suite 2200 | Salt Lake City | UT | Tellica Imaging, LLC | Manager |  |  | No | Classic Air Medical,Intermountain Home Services, Intermountain Health affiliation | Yes |
| +/- | Agrawal | Ankur | One Boston Medical Center Place | Boston | MA | BMC Health System, Inc. | Manager |  |  | No |  | Yes |
| +/- | Latson | Josh | One Boston Medical Center Place | Boston | MA | BMC Health System, Inc. | Manager |  |  | No |  | Yes |

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