 draft version 3-15-2017

**Massachusetts Department of Public Health**

**Determination of Need**

**Affiliated Parties**

Application Date: 11/17/2022

Application Number: ESC-22101909-AS

**Applicant Information**

Applicant Name: EXCEL SURGERY CENTER

Contact Person: RAMI R. RUSTUM, MD

Title: Owner/President

Phone: 9782576600

E-mail: RRRUSTUM@YAHOO.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** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| +/- | RUSTUM | RAMI | 1641 SALEM ST | NORTH ANDOVER | MA | OWNER | OWNER | Shares | 100% | No | NONE | No |
| +/- |  |  |  |  |  |  |  |  |  |  |  |  |
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