

Massachusetts Department of Public Health Determination of Need Affiliated Parties

rsion: DRAFT 3-15-17

DRAFT

| Application Date: | Application Number: Atrius Health, Inc22101711-RE | | | | | | | | | | | | | |
|---|---|-----------------------------------|-----------------|-----------------------------------|-----------|------------------------|-----------------|----------------------------------|---|-------------------------------------|--|---------------------------------|---|---|
| Applicant In | formatio | n | | | | | | | | | | | | |
| Applicant Name: | Atrius Health, Inc. | | | | | | | | | | | | | |
| Contact Person: | Jessica Miller | | | | | | Title: | Title: Associate General Counsel | | | | | | |
| Phone: | 6175598016 | | Ext: | E-mail: Jessica_Miller@Atriusheal | | | | lth.org | | | | | | |
| Affiliated Pa | rties | | | | | | | | | | | | | |
| 1.9 Affiliated Par List all officers | | the board of directors, trustees, | stockholders, p | artners, and | d other P | ersons wh | o have an equ | uity | or otherwise controlling interes | t in the applic | ation. | | | |
| Add/ Del Rows Name (Last) | Name (First) Mailing Address | | | City | | State Affilia | | n | 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 |
| + - Strongwater, MD | Steven | 5 Phillips Pond Road | Natick | Natick | | MA Atrius Health, Inc. | | | Officer - President and Chief Executive | | | No | | No |
| Document R | eady for | Filing | | | | | | | | | | | | |
| When o | ocument is co | • | ument then lock | c file and su | ıbmit Ke | ep a copy | for your record | rds. | stamp the form. To make chang . Click on the "Save" button at the ubmission to Determination of N | e bottom of tl | | check the "do | ocument is ready to file" b | oox. |

E-mail submission to Determination of Need

Date/time Stamp: 11/17/2022 2:35 pm

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