



Massachusetts Department of Public Health Determination of Need Affiliated Parties

Version: DRAFT
3-15-17

DRAFT

Application Date: Application Number:

Applicant Information

Applicant Name:

Contact Person: Title:

Phone: Ext: E-mail:

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
+ -	Woods	Thomas	30 Watertown Street	Lexington	MA	President		Partnership	70%	No	Long Term Centers Group	Yes
+ -	Sweeney	Matthew	30 Watertown Street	Lexington	MA	COO		Partnership	15%	No	Long Term Centers Group	Yes
+ -	Harrington	John	30 Watertown Street	Lexington	MA	CFO		Partnership	15%	No	Long Term Centers Group	Yes

Document Ready for Filing

When document is complete click on "document is ready to file". This will lock in the responses and date and time stamp the form. To make changes to the document un-check the "document is ready to file" box. Edit document then lock file and submit. Keep a copy for your records. Click on the "Save" button at the bottom of the page.

To submit the application electronically, click on the "E-mail submission to Determination of Need" button.

This document is ready to file: Date/time Stamp:

E-mail submission to
Determination of Need