



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

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Date/time Stamp: 06/24/2022 10:33 am

E-mail submission to
Determination of Need