

**APPENDIX 6:**  
**AFFILIATED PARTIES FORM**



Massachusetts Department of Public Health  
Determination of Need  
Affiliated Parties

Version: DRAFT  
3-15-17

DRAFT

Application Date: 04/21/2025      Application Number: TIM-25041809-RE

Applicant Information

Applicant Name: Tellica Imaging - Massachusetts, LLC

Contact Person: Brad Isaacson      Title: President and Chief Operating Officer, Tellica Imaging, LLC

Phone: 6107727252      Ext:      E-mail: Brad.Isaacson@tellicaimaging.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
<input type="checkbox"/> <input type="checkbox"/>	Greally	Doug	36 South Street, Suite 2200	Salt Lake City	UT	Tellica Imaging, LLC	Manager			No		Yes
<input type="checkbox"/> <input type="checkbox"/>	Isaacson	Brad	36 South Street, Suite 2200	Salt Lake City	UT	Tellica Imaging, LLC	Manager			No	Tellica - Imaging Entity, Intermountain Health affiliation	Yes
<input type="checkbox"/> <input type="checkbox"/>	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
<input type="checkbox"/> <input type="checkbox"/>	Agrawal	Ankur	One Boston Medical Center Place	Boston	MA	BMC Health System, Inc.	Manager			No		Yes
<input type="checkbox"/> <input type="checkbox"/>	Latson	Josh	One Boston Medical Center Place	Boston	MA	BMC Health System, Inc.	Manager			No		Yes

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E-mail submission to  
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