



Massachusetts Department of Public Health Determination of Need Affiliated Parties

Version: DRAFT
3-15-17

DRAFT

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 Ext: 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
<input type="checkbox"/> <input type="checkbox"/>	RUSTUM	RAMI	1641 SALEM ST	NORTH ANDOVER	MA	OWNER	OWNER	Shares	100%	No	NONE	No

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: 11/17/2022 4:33 pm

E-mail submission to
Determination of Need