



# 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
+ -	Shields	Thomas	45 Satuit Meadow Lane	Norwell	MA	Shields Health Care Group	Partnership			No	Legal Name Southeastern Massachusetts Regional MRI Limited Partnership Fall River-New Bedford Regional MRI Limited Partnership Fall River-New Bedford Regional MRI Limited Partnership Shields Healthcare of Cambridge Inc South Shore MRI Limited Partnership Massachusetts Bay Regional MRI Limited Partnership Massachusetts Bay Regional MRI Limited Partnership Shields MRI & Imaging Center of Cape Cod LLC U Mass Memorial MRI & Imaging Center LLC U Mass Memorial MRI & Imaging Center LLC U Mass Memorial MRI & Imaging Center LLC U Mass Memorial MRI & Imaging Center LLC U Mass Memorial MRI & Imaging Center LLC	No



<input type="checkbox"/> <input type="checkbox"/>	White	Joseph	9 Cedar Ln	Tyngsboro	MA	The Lowell General Hospital	CEO & President			No	Wellforce, Inc.; Circle Health; Tufts Medical Center; MelroseWakefield Healthcare; Home Health Foundation	No
<input type="checkbox"/> <input type="checkbox"/>	Wyman	William	1 Canal St Unit 1109	Boston	MA	The Lowell General Hospital	SVP of Finance & Treasurer			No	ellforce, Inc.; Circle Health; Tufts Medical Center; MelroseWakefield Healthcare Home Health Foundation	No
<input type="checkbox"/> <input type="checkbox"/>	Alter	Steven	300 West Street	Carlisle	MA	Chelmsford ASC HoldCo, LLC	Partnership		0%	No	None	No
<input type="checkbox"/> <input type="checkbox"/>	Tomany	Kevin	89 Skyfields Drive	Groton	MA	Chelmsford ASC HoldCo, LLC	Partnership		0%	No	None	No
<input type="checkbox"/> <input type="checkbox"/>					MA							
<input type="checkbox"/> <input type="checkbox"/>					MA							
<input type="checkbox"/> <input type="checkbox"/>					MA							

### 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: 01/19/2021 1:39 pm

E-mail submission to  
Determination of Need