

Massachusetts Department of Public Health Determination of Need Affiliated Parties

rsion:	DRAFT 3-15-17					
-	AFT					

Appli	cation Date:	11/28/2017	Аррііс	ation	Number:	1/11218	TU-LE								
App	licant In	formatio	n												
Appli	cant Name:	ne: Marquis Health Services, LLC.													
Conta	ct Person:	n: Denise Soucy Title: Director													
Phone	e:	6179848100 Ext: 8163 E-mail: denise.soucy@claconnect.com													
Affil	liated Pa	rties													
	ffiliated Par st all officers		the board of directors, trustees,	stock	holders, p	artners, an	d other Pe	rsons	who have an equity or o	therwise controlling intere	st in the appli	cation.			
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
+ -	Kohn	Yonah	575 RTE. 70, 2nd Floor		Brick			NJ	Management Company	Manager			No	Blueberry Hill Operator, LLC Brentwood Operator LLC Briarwood Operator LLC Cedar View Operator, LLC Chestnut Woods Operator LLC Mont Marie Operator LLC Oakwood Operator LLC River Terrace Operator LLC Webster Park Operator LLC NEB Operator LLC	Yes
+-	Rokowsky	Yitzchok	575 RTE. 70, 2nd Floor		Brick			NJ	Management Company	Manager			No	Blueberry Hill Operator, LLC Brentwood Operator LLC Briarwood Operator LLC Cedar View Operator, LLC Chestnut Woods Operator LLC Mont Marie Operator LLC Gakwood Operator LLC River Terrace Operator LLC Webster Park Operator LLC NEB Operator LLC	Yes

Affiliated Parties Marquis Health Services, LLC. Page 1 of 2

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+-		Nachum	575 RTE. 70, 2nd Floor	Brick	NJ	Management Company	Manager				Blueberry Hill Operator, LLC Brentwood Operator LLC Briarwood Operator LLC Cedar View Operator, LLC Chestnut Woods Operator LLC Mont Marie Operator LLC Oakwood Operator LLC River Terrace Operator LLC Webster Park Operator LLC NEB Operator LLC	Yes
+ -					MA							
+ -					MA							

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

Affiliated Parties Marquis Health Services, LLC. Page 2 of 2