



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
+ -	Kaldawy	Roger	391 East Central Street	Franklin	MA	Milford-Franklin Eye Center, LLC	Transferee Manager			No		Yes
+ -	Hatch	John	391 East Central Street	Franklin	MA	Milford-Franklin Eye Center, LLC	Manager			No		Yes
+ -	Cataract Surgery Center of Milford		145 West Street	Milford	MA		Transferor			No		Yes
+ -	Goodman	Glenn	145 West Street	Milford	MA	Cataract Surgery Center of Milford	Transferor President/future Employee of ASC			No		Yes

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