



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
+	Zachareas	Michael	29 University Lane	Manchester	MA			Shares	36%	No	New England Urology	Yes
+	McLaughlin	Robert	110 Pleasant St.	Manchester	MA			Shares	18%	No	North Shore Shoulder	Yes
+	Patel	Minesh	24 Holyoke St. #1	Boston	MA			Shares	14%	No	North Shore Pain Management	Yes
+	Chrzanowski	David	21 Harold St.	Manchester	MA			Shares	8%	No	North Shore ENT	Yes
+	Mugge	Richard	20 Boren Lane	Boxford	MA			Shares	7%	No	North Shore ENT	Yes
+	Banville	Paul	129 Main St.	Atkinson	NH			Shares	6%	No		No
+	Glavas	Ioannis	236 Nahant Road	Nahant	MA			Shares	6%	No	The Glavas Centre For Ocuol-Facial Plastic and Reconstructive Surgery	Yes
+	LoMonaco	Anthony	690 Bay Road	Hamilton	MA			Shares	5%	No	North Shore Pain Management	

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Determination of Need