

RELIANT MEDICAL GROUP, INC.

**DON APPLICATION # N/A-23102710-TS
TRANSFER OF SITE**

BY

**RELIANT MEDICAL GROUP, INC.
100 FRONT STREET
WORCESTER MASSACHUSETTS, 01608**

December 06, 2023

**RELIANT MEDICAL GROUP, INC.
APPLICATION NUMBER #N/A-23102710-TS**

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**DON APPLICATION FORM
RELIANT MEDICAL GROUP, INC.**



Massachusetts Department of Public Health

Determination of Need

Application Form

Version: 11-8-17

Application Type: Application Date: 12/06/2023 11:55 am

Applicant Name:

Mailing Address:

City: State: Zip Code:

Contact Person: Title:

Mailing Address:

City: State: Zip Code:

Phone: Ext: E-mail:

Facility Information

List each facility affected and or included in Proposed Project

1	Facility Name:	<input type="text" value="Reliant Medical Group"/>		
	Facility Address:	<input type="text" value="24 Newton Street"/>		
	City:	<input type="text" value="Southborough"/>	State:	<input type="text" value="Massachusetts"/>
			Zip Code:	<input type="text" value="01772"/>
	Facility type:	<input type="text" value="Primary Care and Specialty Care"/>	CMS Number:	<input type="text" value="M10929"/>
		<input type="button" value="Add additional Facility"/>	<input type="button" value="Delete this Facility"/>	
2	Facility Name:	<input type="text" value="Reliant Medical Group"/>		
	Facility Address:	<input type="text" value="1400 Worcester Street"/>		
	City:	<input type="text" value="Natick"/>	State:	<input type="text" value="Massachusetts"/>
			Zip Code:	<input type="text" value="01760"/>
	Facility type:	<input type="text" value="Primary Care and Specialty Care"/>	CMS Number:	<input type="text" value="M10929"/>
		<input type="button" value="Add additional Facility"/>	<input type="button" value="Delete this Facility"/>	

1. About the Applicant

1.1 Type of organization (of the Applicant):

1.2 Applicant's Business Type: ☒ Corporation ☐ Limited Partnership ☐ Partnership ☐ Trust ☐ LLC ☐ Other

1.3 What is the acronym used by the Applicant's Organization?

1.4 Is Applicant a registered provider organization as the term is used in the HPC/CHIA RPO program? ☒ Yes ☐ No

1.5 Is Applicant or any affiliated entity an HPC-certified ACO? ☒ Yes ☐ No

1.5.a If yes, what is the legal name of that entity? Reliant Medical Group, Inc.

1.6 Is Applicant or any affiliate thereof subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00 (filing of Notice of Material Change to the Health Policy Commission)? ☒ Yes ☐ No

1.7 Does the Proposed Project also require the filing of a MCN with the HPC? ☐ Yes ☒ No

1.8 Has the Applicant or any subsidiary thereof been notified pursuant to M.G.L. c. 12C, § 16 that it is exceeding the health care cost growth benchmark established under M.G.L. c. 6D, § 9 and is thus, pursuant to M.G.L. c. 6D, §10 required to file a performance improvement plan with CHIA? ☐ Yes ☒ No

1.9 Complete the Affiliated Parties Form

2. Project Description

2.1 Provide a brief description of the scope of the project.

See attachment 1 - Narrative

2.2 and 2.3 Complete the Change in Service Form

3. Delegated Review

3.1 Do you assert that this Application is eligible for Delegated Review? ☒ Yes ☐ No

3.1.a If yes, under what section? Transfer of Site or change of a designated Location

4. Conservation Project

4.1 Are you submitting this Application as a Conservation Project? ☐ Yes ☒ No

5. DoN-Required Services and DoN-Required Equipment

5.1 Is this an application filed pursuant to 105 CMR 100.725: DoN-Required Equipment and DoN-Required Service? ☐ Yes ☒ No

6. Transfer of Ownership

6.1 Is this an application filed pursuant to 105 CMR 100.735? ☐ Yes ☒ No

7. Ambulatory Surgery

7.1 Is this an application filed pursuant to 105 CMR 100.740(A) for Ambulatory Surgery? ☐ Yes ☒ No

8. Transfer of Site

8.1 Is this an application filed pursuant to 105 CMR 100.745? ☒ Yes ☐ No

8.2 Current location of Site

Facility Name: Reliant Medical Group

Physical Address: 24 Newton Street

City:	Southborough	State:	Massachusetts	Zip Code:	01772
Facility type:	Primary Care and Specialty Care				
8.3 Location of Proposed Site					
Facility Name:	Reliant Medical Group				
Physical Address:	1400 Worcester Street				
City:	Natick	State:	Massachusetts	Zip Code:	01760
Facility type:	Primary Care and Specialty Care				

8.4 Compare the scope of the project for each element below:

	Current Site	Proposed Site
Gross Square Feet	See Attachment 1 - Narrative	See Attachment 1 - Narrative
Primary Service Area Towns served	See Attachment 1 - Narrative	See Attachment 1 - Narrative
Patient Population (Demographics)	See Attachment 1 - Narrative	See Attachment 1 - Narrative
Patient Access	See Attachment 1 - Narrative	See Attachment 1 - Narrative
Impact on Price	See Attachment 1 - Narrative	See Attachment 1 - Narrative
Total Medical Expenditure	See Attachment 1 - Narrative	See Attachment 1 - Narrative
Provider Costs	See Attachment 1 - Narrative	See Attachment 1 - Narrative
Description	See Attachment 1 - Narrative	See Attachment 1 - Narrative

8.5 Detail all Anticipated Capital Expenditures to be incurred as a result of the proposed Transfer of Site.

Add Del Row	Anticipated Capital Expenditure	Cost
<input type="checkbox"/> + <input type="checkbox"/> -	Relocation Expenses (see Attachment 1 - Narrative)	\$231,053.00
<input type="checkbox"/> + <input type="checkbox"/> -		
<input type="checkbox"/> + <input type="checkbox"/> -		
<input type="checkbox"/> + <input type="checkbox"/> -		
<input type="checkbox"/> + <input type="checkbox"/> -		
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<input type="checkbox"/> + <input type="checkbox"/> -		
<input type="checkbox"/> + <input type="checkbox"/> -		
<input type="checkbox"/> + <input type="checkbox"/> -		
Total Cost		\$231,053.00

9. Research Exemption

9.1 Is this an application for a Research Exemption?

☐ Yes ☒ No

10. Amendment

10.1 Is this an application for a Amendment?

☐ Yes ☒ No

11. Emergency Application

11.1 Is this an application filed pursuant to 105 CMR 100.740(B)?

☐ Yes ☒ No

12. Total Value and Filing Fee

Enter all currency in numbers only. No dollar signs or commas. Grayed fields will auto calculate depending upon answers above.

Your project application is for: Transfer of Site/Change in Designated Location

12.1 Total Value of this project:

\$231,053.00

12.2 Total CHI commitment expressed in dollars: (calculated)

\$0.00

12.3 Filing Fee: (calculated)

\$0.00

12.4 Maximum Incremental Operating Expense resulting from the Proposed Project:

12.5 Total proposed Construction costs, specifically related to the Proposed Project, If any, which will be contracted out to local or minority, women, or veteran-owned businesses expressed in estimated total dollars.

13. Factors

Required Information and supporting documentation consistent with 105 CMR 100.210

Some Factors will not appear depending upon the type of license you are applying for.

Text fields will expand to fit your response.

Documentation Check List

The Check List below will assist you in keeping track of additional documentation needed for your application. Once you have completed this Application Form the additional documents needed for your application will be on this list. E-mail the documents as an attachment to: DPH.DON@state.ma.us

- ☒ Affidavit of Truthfulness Form
- ☐ Notification of Material Change
- ☒ Articles of Organization / Trust Agreement

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: 12/06/2023 11:55 am

E-mail submission to
Determination of Need

Application Number: N/A-23102710-TS

Use this number on all communications regarding this application.

☐ Community Engagement-Self Assessment form

ATTACHMENT 1
DON NARRATIVE

2. Project Description

Reliant Medical Group, Inc. (“**Reliant**”) located at 100 Front Street, Worcester, MA 01608 is filing the requisite forms with the Massachusetts Department of Public Health for a transfer of site involving one of its licensed CT scanners, a 64 slice Siemens Somatom Definition AS (hereinafter referred to as “CT”), currently located at 24 Newton Street Southborough, MA. Reliant is seeking to relocate the machine to its facility located at 1400 Worcester Street, Natick, MA, a distance of approximately 7.8 miles from its current location. This request is only for relocation of an existing piece of equipment, it is not a new, expansion of, or conversion of any DON-required service or DON-required equipment. The CT scanning service is currently provided by Reliant Monday through Friday at the Southborough location. Due to the patient demand anticipated at the more populated proposed location, Reliant will offer same day appointment and weekend availability. This will allow Reliant to meet increased demand and provide easier access to same day scanning without making significant changes to its current operations. The proposed relocation and the increased availability of scanning services will decrease the need for area patients to obtain hospital based CT scanning services. As described below, Reliant anticipates no changes in patient demographics.

8. Transfer of Site

In compliance with the elements set forth at 105 C.M.R. 100.745(D) and the Determination of Need Application Form, the following detailed information is provided relative to the transfer of site request:

1. Description

Reliant provides CT scanning imaging services Monday through Friday at its location in Southborough, MA and wishes to relocate the machine to its office in Natick, MA, which has a larger patient service area as described below. In conjunction with this relocation, Reliant proposes the addition of weekend availability to meet the increase in demand and provide easier access to CT services for patients located in Middlesex and Worcester Counties. The proposed relocation will have no effect on patient demographics, as described below. The primary towns serviced by the Southborough location are Framingham and Marlborough, which are located in Middlesex County. The CT is currently located in neighboring Worcester County and the proposed relocation will better position the services for the majority of Reliant patients who travel from Middlesex County to receive services at the Southborough location. If the transfer of site is approved, Reliant will consider using the available space in Southborough to add new lines of service, subject to DPH approval.

2. Gross Square Feet

Currently in Southborough, the CT scanner is located in a service area that is 656 sq. feet. The proposed location in Natick is 906 sq. feet and Reliant plans to utilize the same set-up as is currently in place in Southborough.

3. Primary Service Area Towns Served

Reliant does not anticipate any change in the primary service area as a result of the relocation from Southborough to Natick. The leading towns served by the Southborough location are Framingham and Marlborough, both located in Middlesex County, and serving 20% and 15% of current patients respectively. The Southborough location is located in Worcester County and the relocation will move the scanning services into the same county as over half of the current patients who utilize the services at the Southborough location. Patients located in Worcester County will continue to have easy access to the Natick location. Reliant anticipates that the primary towns will all remain the same from Southborough to Natick.

The chart below displays the towns, which make up the current patient population of the Southborough location and their respective patient volume.

Town/City	Percentage of Volume	County
Framingham	20%	Middlesex
Marlborough	15%	Middlesex
Southborough	8%	Worcester
Hudson	6%	Middlesex
Ashland	6%	Middlesex
Hopkinton	4%	Middlesex
Northborough	4%	Worcester
Westborough	4%	Worcester
Millbury	4%	Worcester
Shrewsbury	2%	Worcester
Milford	2%	Worcester
Natick	2%	Middlesex
Holliston	2%	Middlesex
Worcester	2%	Worcester
Upton	1%	Worcester
Clinton	1%	Worcester
Bellingham	1%	Norfolk
Grafton	1%	Worcester
North Grafton	1%	Worcester
Berlin	1%	Worcester
Franklin	1%	Norfolk
Sudbury	1%	Middlesex
Medway	1%	Norfolk
Bolton	1%	Worcester
Other	11%	

Natick is accessible to all of the towns listed above. Therefore, Reliant anticipates the scanner will continue to service all existing patients.

4. Patient Population Demographics

Reliant does not anticipate any change in patient demographics stemming from relocation from Southborough to Natick, as evidenced in the chart above.

5. Patient Access

The proposed relocation will increase access to same day CT services for patients throughout the region. Currently, on weekends, patients residing in the greater Natick, Southborough, and Marlborough areas need to utilize hospital based CT services because Reliant does not offer weekend services. The relocation and weekend availability will better position the CT and make the services more accessible to a wider population of patients, but it will also decrease the volume of area patients who must rely on hospital-based services. Hospital based services are generally more costly.

Reliant estimates that the proposed relocation, in conjunction with an increase in service days will increase the volume of patients utilizing the CT service. Currently, the monthly average for scans in Southborough is 260. Reliant estimates that in Natick the average will rise to roughly 303 scans.

6. Impact on Price

The proposed transfer of site will have no impact on price. Reliant has confirmed that pricing and reimbursements will remain the same for all payers, including Medicare and Medicaid in the proposed new location.

7. Total Medical Expenditure

As noted above, there will be no impact on price for CT services due to the relocation. The proposed relocation and additional service days will be proportionate with patient demand. There will be no additional costs related to equipment and Reliant only anticipates a marginal increase in disposable supplies to accommodate increased volume.

8. Provider Costs

The chart below summarizes the current provider/technician costs for Reliant's CT service in Southborough in comparison with anticipated costs in Natick. Reliant anticipates spending an additional \$183,352 in provider/technician costs to accommodate increases in volume and weekend availability.

Location	Provider/Staff	Full-Time Equivalents	Annual Cost
Current (Southborough)	Technician	.9 FTE	\$78,260
Proposed (Natick)	Technician	3.1 FTE	\$261,612

9. Relocation Expenses

Reliant anticipates spending approximately \$231,053 in relocation costs. This includes site preparation in Natick, clean up in Southborough, and the equipment transportation cost.

10. Documentation of Sufficient Interest in the Proposed Site

The proposed site in Natick is properly zoned to provide CT imaging services and Reliant leases the space from Natick Associates, LLC.

ATTACHMENT 2
ARTICLES OF ORGANIZATION

From: [Kopcik, Colton J.](#)
To: [Clarke, Lucy \(DPH\); DPH-DL - DoN Program](#)
Cc: [Huntington, Susan R.](#)
Subject: RE: Reliant Medical Group_ Inc. - Transfer of Site Application N/A23102710-TS
Date: Thursday, December 21, 2023 11:42:42 AM
Attachments: [image005.png](#)
[image003.png](#)

CAUTION: This email originated from a sender outside of the Commonwealth of Massachusetts mail system. Do not click on links or open attachments unless you recognize the sender and know the content is safe.

Hi Lucy,

Apologies, the link below should be accessible.

https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2018/0329/001417843/0005/201898750750_1.pdf

Thank You,
Colton

Colton J. Kopcik | Attorney at Law | [Attorney Bio](#)



One Stamford Plaza, 7th Floor | 263 Tresser Boulevard | Stamford CT 06901
t (203) 977 7362 | f (203) 648 9167 | m (203) 564 3015
ckopcik@daypitney.com | www.daypitney.com

[BOSTON](#) | [CONNECTICUT](#) | [FLORIDA](#) | [NEW JERSEY](#) | [NEW YORK](#) | [PROVIDENCE](#) | [WASHINGTON, DC](#)   

From: Clarke, Lucy (DPH) <Lucy.Clarke2@mass.gov>
Sent: Thursday, December 21, 2023 8:26 AM
To: Kopcik, Colton J. <ckopcik@daypitney.com>; DPH-DL - DoN Program <DPH.DON@MassMail.State.MA.US>
Cc: Huntington, Susan R. <shuntington@daypitney.com>
Subject: Re: Reliant Medical Group_ Inc. - Transfer of Site Application N/A23102710-TS

CAUTION - EXTERNAL EMAIL
DO NOT click links or open attachments unless you recognize the sender and know the content is safe.

Good morning Colton,
I am confirming receipt of the updated submission. The link to the Restated Articles of Organization from the Secretary of State's website is not working for me for some reason. If you could please resend I would appreciate it.

Thank you,

Lucy

Lucy Clarke
Analyst | Determination of Need Program
Massachusetts Department of Public Health
250 Washington Street, 4th floor
Boston, MA 02108
Email: Lucy.Clarke2@mass.gov
Work Cell: 781.223-1779

ATTACHMENT 3
CHANGE IN SERVICE FORM



Massachusetts Department of Public Health

Determination of Need

Change in Service

Version: DRAFT
6-14-17

DRAFT

Application Number: N/A-23102710-TS

Original Application Date: 12/06/2023

Applicant Information

Applicant Name: Reliant Medical Group, Inc.

Contact Person: Susan Huntington Title: Attorney

Phone: 8602750168 Ext: E-mail: shuntington@daypitney.com

Facility: Complete the tables below for each facility listed in the Application Form

1 Facility Name: Reliant Medical Group CMS Number: M10929 Facility type: Primary and Specialty Care

Change in Service

2.2 Complete the chart below with existing and planned service changes. Add additional services with in each grouping if applicable.

Add/Del Rows		Licensed Beds	Operating Beds	Change in Number of Beds (+/-)		Number of Beds After Project Completion (calculated)		Patient Days (Current/ Actual)	Patient Days Projected	Occupancy rate for Operating Beds		Average Length of Stay (Days)	Number of Discharges	Number of Discharges
		Existing	Existing	Licensed	Operating	Licensed	Operating			Current Beds	Projected		Actual	Projected
	Acute													
	Medical/Surgical									0%	0%			
	Obstetrics (Maternity)									0%	0%			
	Pediatrics									0%	0%			
	Neonatal Intensive Care									0%	0%			
	ICU/CCU/SICU									0%	0%			
<input type="checkbox"/>										0%	0%			
	Total Acute									0%	0%			
	Acute Rehabilitation									0%	0%			
<input type="checkbox"/>										0%	0%			
	Total Rehabilitation									0%	0%			
	Acute Psychiatric													

Add/Del Rows		Licensed Beds	Operating Beds	Change in Number of Beds (+/-)		Number of Beds After Project Completion (calculated)		Patient Days (Current/ Actual)	Patient Days Projected	Occupancy rate for Operating Beds		Average Length of Stay (Days)	Number of Discharges	Number of Discharges
		Existing	Existing	Licensed	Operating	Licensed	Operating			Current Beds	Projected		Actual	Projected
	Adult									0%	0%			
	Adolescent									0%	0%			
	Pediatric									0%	0%			
	Geriatric									0%	0%			
<input type="checkbox"/> <input type="checkbox"/>										0%	0%			
	Total Acute Psychiatric									0%	0%			
	Chronic Disease									0%	0%			
<input type="checkbox"/> <input type="checkbox"/>										0%	0%			
	Total Chronic Disease									0%	0%			
	Substance Abuse									0%	0%			
	detoxification									0%	0%			
	short-term intensive									0%	0%			
<input type="checkbox"/> <input type="checkbox"/>										0%	0%			
	Total Substance Abuse									0%	0%			
	Skilled Nursing Facility									0%	0%			
	Level II									0%	0%			
	Level III									0%	0%			
	Level IV									0%	0%			
<input type="checkbox"/> <input type="checkbox"/>										0%	0%			
	Total Skilled Nursing									0%	0%			

2.3 Complete the chart below If there are changes other than those listed in table above.

Add/Del Rows	List other services if Changing e.g. OR, MRI, etc	Existing Number of Units	Change in Number +/-	Proposed Number of Units	Existing Volume	Proposed Volume
<input type="checkbox"/> <input type="checkbox"/>	CT Scanning Services	1		1	260	303

Document Ready for Filing

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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: 12/06/2023 12:50 pm

E-mail submission to
Determination of Need

ATTACHMENT 4
AFFILIATED PARTIES FORM



Massachusetts Department of Public Health Determination of Need Affiliated Parties

Version: DRAFT
3-15-17

DRAFT

Application Date: 12/06/2023

Application Number: N/A-23102710-T5

Applicant Information

Applicant Name: Reliant Medical Group, Inc.

Contact Person: Susan Huntington

Title: Attorney

Phone: 8602750168

Ext:

E-mail: shuntington@daypitney.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"/>	Andreoli	Christopher	100 Front Street	Worcester	MA	Reliant Medical Group, Inc.	Board Member			No	Carroll Center for the Blind	No
<input type="checkbox"/> <input type="checkbox"/>	Schilling	Thad	100 Front Street, WOT 14th Floor	Worcester	MA	Reliant Medical Group, Inc.	Board Member	Shares	100%	No		Yes
<input type="checkbox"/> <input type="checkbox"/>	Sidari	Joseph	123 Summer Street, Suite 300, Worcester Medical Center	Worcester	MA	Reliant Medical Group, Inc.	Board Member			No		Yes
<input type="checkbox"/> <input type="checkbox"/>	Gilcrest	David	5 Neponset Street	Worcester	MA	Reliant Medical Group, Inc.	Board Member			No		Yes

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Date/time Stamp: 12/06/2023 2:22 pm

E-mail submission to
Determination of Need

ATTACHMENT 5

AFFIDAVIT OF TRUTHFULNESS AND COMPLIANCE



Massachusetts Department of Public Health

Determination of Need

Affidavit of Truthfulness and Compliance

with Law and Disclosure Form 100.405(B)

Version: 7-6-17

Instructions: Complete Information below. When complete check the box "This document is ready to print:". This will date stamp and lock the form. Print Form. Each person must sign and date the form. When all signatures have been collected, scan the document and e-mail to: **dph.don@state.ma.us** Include all attachments as requested.

Application Number: N/A-23102710-TS

Original Application Date: 12/6/23

Applicant Name: Reliant Medical Group, Inc.

Application Type: Transfer of Site/Change in Designated Location

Applicant's Business Type: ☒ Corporation ☐ Limited Partnership ☐ Partnership ☐ Trust ☐ LLC ☐ Other

Is the Applicant the sole member or sole shareholder of the Health Facility(ies) that are the subject of this Application? ☒ Yes ☐ No

The undersigned certifies under the pains and penalties of perjury:

1. The Applicant is the sole corporate member or sole shareholder of the Health Facility[ies] that are the subject of this Application;
2. I have read 105 CMR 100.000, the Massachusetts Determination of Need Regulation;
3. I understand and agree to the expected and appropriate conduct of the Applicant pursuant to 105 CMR 100.800;
4. I have read this application for Determination of Need including all exhibits and attachments, and certify that all of the information contained herein is accurate and true;
5. I have submitted the correct Filing Fee and understand it is nonrefundable pursuant to 105 CMR 100.405(B);
6. I have submitted the required copies of this application to the Determination of Need Program, and, as applicable, to all Parties of Record and other parties as required pursuant to 105 CMR 100.405(B);
7. I have caused, as required, notices of intent to be published and duplicate copies to be submitted to all Parties of Record, and all carriers or third-party administrators, public and commercial, for the payment of health care services with which the Applicant contracts, and with Medicare and Medicaid, as required by 105 CMR 100.405(C), et seq.;
8. I have caused proper notification and submissions to the Secretary of Environmental Affairs pursuant to 105 CMR 100.405(E) and 301 CMR 11.00;
9. If subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00, I have submitted such Notice of Material Change to the HPC - in accordance with 105 CMR 100.405(G);
10. Pursuant to 105 CMR 100.210(A)(3), I certify that both the Applicant and the Proposed Project are in material and substantial compliance and good standing with relevant federal, state, and local laws and regulations, as well as with all previously issued Notices of Determination of Need and the terms and Conditions attached therein;
11. I have read and understand the limitations on solicitation of funding from the general public prior to receiving a Notice of Determination of Need as established in 105 CMR 100.415;
12. I understand that, if Approved, the Applicant, as Holder of the DoN, shall become obligated to all Standard Conditions pursuant to 105 CMR 100.310, as well as any applicable Other Conditions as outlined within 105 CMR 100.000 or that otherwise become a part of the Final Action pursuant to 105 CMR 100.360;
13. Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest in the Site or facility; and
14. Pursuant to 105 CMR 100.705(A), I certify that the Proposed Project is authorized under applicable zoning by-laws or ordinances, whether or not a special permit is required; or,
 - a. If the Proposed Project is not authorized under applicable zoning by-laws or ordinances, a variance has been received to permit such Proposed Project; or,
 - b. The Proposed Project is exempt from zoning by-laws or ordinances.

Corporation:

Attach a copy of Articles of Organization/Incorporation, as amended

Type name here	Christopher M. Andreoli, M.D., Chief Executive Officer	<u>Christopher M. Andreoli, MD</u> <small>Christopher M. Andreoli, MD (Nov 7 2023 13:09 EST)</small>	11/06/2023
CEO for Corporation Name:		Signature:	Date
Type name here	Thad F. Schilling, M.D., Director	<u>Thad F. Schilling, M.D.</u> <small>Thad F. Schilling, M.D. (Nov 6 2023 15:57 EST)</small>	11/06/2023
Board Chair for Corporation Name:		Signature:	Date

This document is ready to print: ☒

Date/time Stamp: 11/02/2023 4:09 pm

Wells Fargo Bank, N.A.

 **DAY PITNEY LLP**
Hartford, CT 06103-3499

Check No. 5041274

Date: November 3, 2023

55-2
212

Pay: Five hundred and 00/100*****

\$ ***500.00***

VOID AFTER 180 DAYS

PAY
TO THE
ORDER OF:

COMMONWEALTH OF MASSACHUSETTS
Dept. of Public Health
150 Mount Vernon Street, 1st Fl
Dorchester, MA 02125-3105



Authorized Signature

