

8. Attach an organizational chart which reflects the current ownership structure of the licensee and the licensee's relationship with the facility/agency.
9. Respond to the specific question that reflects the ownership structure of the licensee. **The Licensee is the legal entity which will be issued the license to operate.**
  - A. If the Licensee is a **general partnership, limited partnership or limited liability company**, complete Form 1 (attached).
  - B. If the Licensee is a **trust**, complete Form 2 (attached) for the Licensee.
    - i. Attach a list including the name, address and telephone number of all trustees.
  - C. If the Licensee is a **corporation (profit or non-profit)**, complete Form 3 (attached) for the Licensee. Complete a separate Form 3 for each additional corporate entity having 10% or greater ownership interest in the Licensee.
    - i. If the corporation is incorporated in a state other than Connecticut, please attach a Certificate of Good Standing from the Secretary of State of the state of incorporation.
    - ii. Attach a list including the name, address and telephone number of all officers and all directors of the corporation.
10. Attach a current copy of the facility's Certificate of malpractice and public liability insurance. (Note: Information Pages and Insurance Binders are unacceptable. Only Certificates of Insurance will be accepted.). Please note that All Behavioral Health levels of care, except hospitals, and RCH facilities are exempt from the malpractice requirement.
11. Attach evidence of current compliance with the worker's compensation insurance coverage requirements in the form of one of the following:
  - A. a certificate of self-insurance issued by a worker's compensation commissioner pursuant to Section 31-284 of the Conn. General Statutes; or
  - B. a certificate of compliance issued by the Insurance Commissioner pursuant to Section 31-286 of the Conn. General Statutes; or
  - C. a Certificate of Insurance issued by any stock or mutual insurance company or mutual association authorized to write worker's compensation insurance in this state. (Note: Information pages and Insurance Binders are unacceptable. Only Certificates of Insurance will be accepted.)

12. **Ownership of Real Property**

**MPT of Rockville PMH, LLC**

Name

**1000 Urban Center Dr, Ste 501 Birmingham AL 35242 (205) 969-3755**

Business Address

City

State

Zip Code

Telephone

*Phone: (860) 509-7444*

*Telephone Device for the Deaf (860) 509-719*

*410 Capitol Avenue - MS # 12HFL*

*P.O. Box 340308 Hartford, CT 06134*

*An Equal Opportunity Employer*



**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**  
**FACILITY LICENSING & INVESTIGATIONS SECTION**

Attachment 1

**FORM 1**

**FACILITY/AGENCY NAME:** **PROSPECT ROCKVILLE HOSPITAL, INC. D/B/A ROCKVILLE GENERAL HOSPITAL**

**Form 1 must be completed if the facility/agency is owned/operated by, or the Real Property Owner is, a partnership or a limited liability company. Please copy additional sheets if necessary.**

For each partner or manager with a 10% or greater ownership interest in the Licensee/Real Property Owner, provide the information requested below. **Please complete a separate form for each legal entity listed below that is not an individual.**

This information is for: ☐ Licensee \_\_\_\_\_  
Next entity on the organizational chart: \_\_\_\_\_  
☒ **Real Property Owner** **MPT of Rockville PMH, LLC**

1. Name: **MPT Operating Partnership, L.P.**  
Address: **1000 Urban Center Drive, Suite 501, Birmingham, AL 35242**  
Telephone: **(205) 969-3755**  
Please indicate the category which best describes this entity:  
[ ] Manager [X] **Member** [ ] General Partner [ ] Limited Partner  
Partner's/Manager's percentage of ownership: **100%**
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Please indicate the category which best describes this entity:  
[ ] Manager [ ] General Partner [ ] Limited Partner  
Partner's/Manager's percentage of ownership: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Please indicate the category which best describes this entity:  
[ ] Manager [ ] General Partner [ ] Limited Partner  
Partner's/Manager's percentage of ownership: \_\_\_\_\_
4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Please indicate the category which best describes this entity:  
[ ] Manager [ ] General Partner [ ] Limited Partner  
Partner's/Manager's percentage of ownership: \_\_\_\_\_  
[ ] Manager [ ] General Partner [ ] Limited Partner



**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**  
**FACILITY LICENSING & INVESTIGATIONS SECTION**

Attachment 2

**FORM 2**

**FACILITY/AGENCY NAME:** \_\_\_\_\_

**Form 2 must be completed if the facility/agency or Real Property Owner is owned/operated by a trust. Please copy additional sheets if necessary.**

For each beneficiary having an ownership interest of 10% or more in the trust, provide the information requested below:

This information is for: ☐ Licensee \_\_\_\_\_  
Next entity on the organizational chart: \_\_\_\_\_  
☒ Real Property Owner \_\_\_\_\_

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Beneficiary's percentage of ownership: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Beneficiary's percentage of ownership: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Beneficiary's percentage of ownership: \_\_\_\_\_
4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Beneficiary's percentage of ownership: \_\_\_\_\_
5. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Beneficiary's percentage of ownership: \_\_\_\_\_
6. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Beneficiary's percentage of ownership: \_\_\_\_\_



**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**  
**FACILITY LICENSING & INVESTIGATIONS SECTION**

Attachment 3

**FORM 3**

**FACILITY/AGENCY NAME:** \_\_\_\_\_

**Form 3 must be completed if the facility/agency or Real Property Owner is owned/operated by a corporation (profit or non-profit). Please copy additional sheets if necessary.**

For each stockholder with a 10% or greater ownership interest in the Licensee, provide the information requested below. If no owner owns 10% or more of the total shares, please indicate the two largest stockholders. **Please complete a separate form for each legal entity listed below that is not an individual.**

This information is for:

☐ Licensee

☒ Real Property Owner \_\_\_\_\_

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Stockholder's percentage of ownership: \_\_\_\_\_  
Stockholder's occupation with the owner: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Stockholder's percentage of ownership: \_\_\_\_\_  
Stockholder's occupation with the owner: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Stockholder's percentage of ownership: \_\_\_\_\_  
Stockholder's occupation with the owner: \_\_\_\_\_
4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Stockholder's percentage of ownership: \_\_\_\_\_  
Stockholder's occupation with the owner: \_\_\_\_\_

**ADDITIONAL INFORMATION REQUIRED  
CHRONIC & CONVALESCENT NURSING HOMES  
REST HOMES WITH NURSING SUPERVISION  
RESIDENTIAL CARE HOMES**

**REAL PROPERTY INFORMATION**

**1. MPT of Rockville PMH, LLC**

Name of the Real Property Owner(s)

<b>1000 Urban Center Dr, Ste 501</b>	<b>Birmingham</b>	<b>AL</b>	<b>35242</b>	<b>(205) 969-3755</b>
Business Address	City	State	Zip Code	Telephone #

Mailing Address (If Applicable)	City	State	Zip Code
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**2. Attach an organizational chart which reflects the current ownership structure of the real property owner.**

Respond to the specific question that reflects the ownership structure of the real property owner.

If the Real Property Owners is a **general partnership, limited partnership or limited liability company**, complete Form 1 (attached)

If the Real Property Owner is a **trust**, complete Form 2 (attached)

If the Real Property Owner is a Corporation (profit or non-profit), complete Form 3 (attached).

Complete a separate Form 3 for each additional corporate entity having 10% or greater ownership interest in the Licensee.

**3. Attach a list including the name, address & telephone number of all officers and all directors of the corporation.**

If the license holder (licensee/oe) is different from the real property owner, a copy of the lease agreement shall be submitted and shall include the identification of the person or entity responsible for the maintenance, improvement and repairs of all buildings and structures within such licensed institution.

If the Real Property is **Sub-leased**, please provide the following information:

A. \_\_\_\_\_  
Name of the Real Property Owner(s)

Business Address	City	State	Zip Code	Telephone #
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Mailing Address (If Applicable)	City	State	Zip Code
---------------------------------	------	-------	----------

B. Attach an organizational chart which reflects the current ownership structure of the real property owner.

Respond to the specific question that reflects the ownership structure of the real property owner.

If the Real Property Owners is a general partnership, limited partnership or limited liability company, complete Form 1 (attached)

If the Real Property Owner is a trust, complete Form 2 (attached)

If the Real Property Owner is a Corporation (profit or non-profit), complete Form 3 (attached).

Complete a separate Form 3 for each additional corporate entity having 10% or greater ownership interest in the Licensee.

C Attach a list including the name, address & telephone number of all officers and all directors of the corporation.

A copy of the lease/sub-lease agreement shall be submitted and shall include the identification of the person or entity responsible for the maintenance, improvement and repairs of all buildings and structures within such licensed institution.

## **Attachment A – Real Estate Information Question 2**

### **Organizational Chart of Real Property Owner**

## **Attachment B – Real Estate Information Question 3**

### **List of Officers and Directors of Real Property Owner**

<b><u>Name</u></b>	<b><u>Position</u></b>	<b><u>Address</u></b>	<b><u>Phone</u></b>