

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 Manchester 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 MANCHESTER HOSPITAL, INC. D/B/A MANCHESTER MEMORIAL 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 Manchester 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 Manchester PMH, LLC

Name of the Real Property Owner(s)

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

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