



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 DIVISION OF REGULATION AND LICENSURE
 SECTION FOR LONG-TERM CARE REGULATION
AFFILIATE LIST – CORPORATION

ATTACH ADDITIONAL SHEETS IF NECESSARY

All forms may be found on our website at: <http://www.dhss.mo.gov/NursingHomes/AppsForms.html>

| | | | |
|------------------------------|------|--------------------------|----------|
| NAME OF CORPORATION | | | |
| PART I OFFICERS | | | |
| NAME | | PRESIDENT | |
| ADDRESS | CITY | STATE | ZIP CODE |
| NAME | | VICE PRESIDENT | |
| ADDRESS | CITY | STATE | ZIP CODE |
| NAME | | SECRETARY | |
| ADDRESS | CITY | STATE | ZIP CODE |
| NAME | | TREASURER | |
| ADDRESS | CITY | STATE | ZIP CODE |
| PART II DIRECTORS | | | |
| NAME | | | |
| ADDRESS | CITY | STATE | ZIP CODE |
| NAME | | | |
| ADDRESS | CITY | STATE | ZIP CODE |
| NAME | | | |
| ADDRESS | CITY | STATE | ZIP CODE |
| PART III STOCKHOLDERS | | | |
| NAME | | PERCENTAGE OF STOCK HELD | |
| ADDRESS | CITY | STATE | ZIP CODE |
| NAME | | PERCENTAGE OF STOCK HELD | |
| ADDRESS | CITY | STATE | ZIP CODE |
| NAME | | PERCENTAGE OF STOCK HELD | |
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