



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

ADDRESS CITY STATE ZIP CODE

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

ADDRESS CITY STATE ZIP CODE