## COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES ED

Department of Public Health

Bureau of Health Care Safety and Quality APR 2 5 2019 99 Chauncy Street, 11th Floor, Boston, MA 02111-121 (617) 753-8000

## APPLICATION FOR CLINIC LICENSE RENEWAL

Date: 4/26/19

In accordance with the "Regulations for the Licensure of Clinic, 105 CMR 140", the undersigned hereby applies for a license to establish and/or maintain a clinic at the premises set forth below under provisions of the General Laws, Chapter 111, Section 51 and 56.

1.	NAME OF LICENSEE:	Heatmquanter	S, FUC.	
	NAME OF CLINIC:			
3.	ADDRESS:100 Cum	minage Ctr (if same, write same)  Suite 131-  City or	Town Beverly MA	0191S
		922 4490 EM		realthy.
5.	LICENSE NUMBER:	7WSC Date cu	rrent license expires: June	21,2019
6.	SERVICES (check all the	hat apply)		
	Medical	Substance Abuse	Dental	<u> </u>
	Surgical ————	Physical Rehabilitation ——	Mental Health	
	Birth Center ———	Mobile Medical	Transfusion	
	Pharmacy	Limited Services		
7.	NAME OF CLINIC	ADMINISTRATOR:		

Clinic Name He	attravarters The
Application Date —	4/26/19
Application Date —	

8.	NAME AND ADDRESS OF ALL SATELLITE LOCATIONS MAINTAINED UNDER LICENSEE:
1.	Name of Clinic: Heal Thquarters INC - Havenhill Clinic
	Name of Clinic: HealThquapters TDC - Havenhill Clinic  215 Summer St. Suite 16 HAVERNII, MA 01830  Street: Suite #/Floor City/Zip Code  Telephone Number: 978 5214444 Days and Hours of Operation: 7, 11-7
	Services offered: MedicAC
	Department of Public Safety Certificate Issued: Fire Certificate Issued:
	Substance Abuse Certificate Issued: D/A
2.	Name of Clinic: Heal May wanters, Fuc.
	280 MERDIMOCK St. SuitE 544 Lowrence MA OBJ
	Street:  Suite #/Floor  City/Zip Code  Telephone Number: 978681 5958  Days and Hours of Operation: 77869 8:30-4:30  Services offered: MEDICAL
	Services offered: MEDICAC
	Department of Public Safety Certificate Issued: $\mathcal{N}/\mathcal{A}$ Fire Certificate Issued:
	Substance Abuse Certificate Issued:
3.	Name of Clinic:
	Street: Suite #/Floor City/Zip Code
	Telephone Number: Days and Hours of Operation:
	Services offered:
	Department of Public Safety Certificate Issued: Fire Certificate Issued:
	Substance Abuse Certificate Issued:
(Att	tach addendum for additional sites, if applicable)

Rev. 10/31/17

	11
	Clinic Name HealThquartens The
121th (2018)	Application Date 4/26/19
Number of patients per year: Less than 5,000 7636  5,000 - 25,000 7636  25,000 - 100,000	
. I certify under the penalties of perjury that I, to returns and naid all state taxes required under	o my best knowledge and belief, have filed all state tax law.
regeral identification Number	
determine whether you have met tax filing or t filing or tax payment obligations. Licensees w	Il be furnished to the Massachusetts Department or Revenue to ax payment obligations. Licensee who fail to correct their non-filing or delinquency will be subject to is made under the authority of Mass. G. L. c.62C s.49A.
. Signature and Seal:	
I, say that the statements contained in this license my knowledge.*	being first duly sworn on oath depose and best of best of best of best of high action of the Individual Applicant) or Corporate Name
ESSEX MA	By: Corporate Officer (if applicable)
abscribed and sworn to before me on this	941 day of APRI' 20 19.
y commission expires on	23 20 23.
otary Priblic 11 0800 M	(Seal)
Note: All information contained in this application	SUSAN M. OSBORNE Notary Public COMMONWEALTH OF MASSACHUSETTS My Commission Expires February 17, 2023
il y	I certify under the penalties of perjury that I, the returns and naid all state taxes required under returns and returns and seal:  Note: Your Federal Identification number with determine whether you have met tax filing or tax filing or tax payment obligations. Licensees we licensee suspension or revocation. This request signature and Seal:  I, say that the statements contained in this licensee my knowledge.*  SSC X MA  Described and sworn to before me on this commission expires on A MA  Commission expires on A MA  Described and sworn to before me on this commission expires on A MA  Commission expires on A MA  Described and sworn to before me on this commission expires on A MA  Commission expires

## COMMONWEALTH OF MASSACHUSETTS

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	APPLICAT	TON FOR CLINIC LIC	CENSE RENEWAL T
		Date:	/8/17 BEE T
app		ish and/or maintain a clinic at the pr	05 CMR 140", the undersigned hereby emises set forth below under provisions
1.	NAME OF LICENSEE:	Healthquarters	INC.
2.	NAME OF CLINIC: -	Same	
3.	ADDRESS: 100 Cu	mmings Center Suite 131  City or Town	-9 Beverly MA 01915 Zip Code
4.		522.5609 EMAIL:	
5.	LICENSE NUMBER:	Date current l	license expires: TWE 21, 2017
6.	SERVICES (check all the	nat apply)	
	Medical	Substance Abuse	Dental
	Surgical —	Physical Rehabilitation —	Mental Health ———
	Birth Center —	Mobile Medical	Transfusion
	Pharmacy	Lithotripsy ———	Limited Services

NAME OF CLINIC ADMINISTRATOR: 7.

Clinic Name -	Heat Mquartens, Inc.
Application Date	44th-earth-e

3.	NAME AND ADDRESS OF ALL SATELLIN			CENSEE:
,	Name of Clinic: Healthquante 315 Summer Street Street:	Suite 16 Suite #/Floor	Havenhill mi	<u>A</u> 0183 de 130
	Telephone Number: 978 531 - 4444	Days and Hours	of Operation: $T: H=7$	
	Services offered: Medicac		Makes the state of	
	Department of Public Safety Certificate Issue	ed:	Fire Certificate Issued:	
	Substance Abuse Certificate Issued:		_	
2.	Name of Clinic: Heatinguarta	ers, Inc	- Lawrence	_ CLIA
	280 Merrimack ST.	Suite 501 Suite #/Floor	Lawkence, M.	<u>A</u> 0189 Code
	Telephone Number: <u>978 68 5358</u>	Days and Hours	of Operation: TH: 10-6	F:83243
	Services offered: Medi CAL		5AT: 8	<i> </i>
	Department of Public Safety Certificate Issue	ed:	Fire Certificate Issued:	
	Substance Abuse Certificate Issued:		_	
3.	Name of Clinic:			
	Street:	Suite #/Floor	City/Zip	Code
	Telephone Number:	Days and Hours	of Operation:	-
	Services offered:			
	Department of Public Safety Certificate Issued:		_ Fire Certificate Issued:	
	Substance Abuse Certificate Issued:		<u> </u>	
( Δ ++-	tach addendum for additional sites, if applicable)			

		Application I	Date ——	2/8/17	
Э.	Number of patients per year: Less than 5,000				
10.	. I certify under the penalties of perjury that I, to my returns and paid all state taxes required under law.	best knowledge and be	lief, have file	ed all state tax	
	Federal Identification Number				
	Note: Your Federal Identification number will be f determine whether you have met tax filing or tax par filing or tax payment obligations. Licensees who fa license suspension or revocation. This request is ma	yment obligations. Lic il to correct their non-f	ensee who fa iling or delin	ail to correct their non iquency will be subject	<b>I</b> -
11.	. Signature and Seal:				
	I say that the statements contained in this license appli	, being first duly	sworn on oat	th depose and	
	my knowledge.*				
		Signature of Applican			
		D			
		By: Corporate Officer	(if applicable	e)	
Sul	abscribed and sworn to before me on this 4th	day of May	20		
	ly commission expires on 12/3/21	<b>V</b>	_20		
	Show Way	(Seal)			
Nò	COMMONWE My Co	AN A REID  lotary Public EALTH OF MASSACHUSETTS  mmission Expires ember 31, 2021			
*N	Note: All information contained in this application mu	ist be kept current.			