

**B. Board Members and Officers of Licensee:** Provide the following information for each person that serves as an officer or is on the board of directors (excludes voluntary board members) for the licensee/provider. The individuals listed below must match those listed in Section 3B of the Health Care Licensing Application. Attach additional sheets if necessary.

TITLE	FULLNAME	SOCIAL SECURITY NUMBER
Director/CEO	MILTA TURBIDES	128-60-5425
President	MILTA TURBIDES	128-60-5425
Vice President	MILTA TURBIDES	128-60-5425
Secretary	MILTA TURBIDES	128-60-5425
Treasurer	MILTA TURBIDES	128-60-5425
Other	N/A	

### **3. Management Company Controlling Interests**

*If a company other than the licensee manages the licensee/provider, complete the following information:*

**A. Individual Ownership of Management Company:** Provide the following information for each person with 5% or greater ownership interest in the management company. The individuals listed below must match those listed in Section 4A of the Health Care Licensing Application. Attach additional sheets if necessary. Entities (corporations, partnerships, associations, etc.) need not be listed.

FULL NAME of INDIVIDUAL	SOCIAL SECURITY NUMBER
N/A	

**B. Board Members and Officers of Management Company:** Provide the following information for each person that serves as an officer or is on the board of directors (excludes voluntary board members). The individuals listed below must match those listed in Section 4B of the Health Care Licensing Application. Attach additional sheets if necessary.

TITLE	FULL NAME	SOCIAL SECURITY NUMBER
Director/CEO		
President		
Vice President		
Secretary		
Treasurer		
Other:		