

If facility owned or leased by a corporation, complete the following:

Name of corporation Green Acres Health Services, Inc.
 Address of corporation 725 Harvard Dr. Owensboro, KY 42301
 President or Chairman Greg Wells
 Vice President _____
 Secretary Janine Lehman
 Treasurer Terry Skaggs

Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility.

If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.

Name and address of parent corporation and/or management company, if applicable.

Parent	Management Company
_____	<u>Wells Health Systems</u>
_____	<u>725 Harvard Dr.</u>
_____	<u>Owensboro, KY 42301</u>

I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.

Dy Wells _____ Title President Date 12/29/11
 Signature of authorized representative

Return Application and fee to:

Office of Inspector General
275 East Main Street, 5E-A
Frankfort, Kentucky 40621

Green Acres Health Services, Inc. dba Green Acres Health Care
Corporate Officers and Percentage of Ownership

Jack T. Wells, Director

Jean M. Wells, Director

Gregory E. Wells, President

Terry L. Skaggs, Treasurer

Janine M. Lehman, Secretary