

**Application for License to
Operate a Long-term Care Facility**

For Office Use Only
Received 9-16-11
Amount \$ 1490.-

*emailed validation
letter 9/30/11*

*ch# ~~110000~~
1709251*

RECEIVED
SEP 16 2011
OFFICE OF INSPECTOR GENERAL

I. IDENTIFICATION

Name Mills Health & Rehab Center, Inc.
Address 500 Beck Lane
City/County/Zip Mayfield, KY 42066
Telephone number (270) 247-7890
Administrator *MR.* Luis Reyes - email address: administrator@MillsHealth.com
Date facility operation began at current address 10/01/1991
Date facility began operation under current owner 01/01/2007

II. TYPE BEDS

	No. beds requested	No. beds licensed
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>98</u>	_____
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

State	Profit		Individual
County	Nonprofit	X	Partnership
City			Corporation
Private	X		X

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.
Mills Health & Rehab Center, Inc.
500 Beck Lane
Mayfield, KY 42066

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

Name of corporation Mills Health & Rehab Center, Inc.

Address of corporation 500 Beck Lane, Mayfield, KY 42066

President or Chairman (see attached)

Vice President (see attached)

Secretary (see attached)

Treasurer (see attached)

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
Sunbelt Health Care Centers, Inc.

602 Courtland Street, Suite 200

Orlando, FL 32804

Management Company

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.



David Rodman

Asst. Secretary

09/15/2011

Signature of authorized representative

Title

Date

Return Application and fee to:

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

OIG 5
(10/2002)

MILLS HEALTH & REHAB CENTER, INC.

Year: 2011

Officers & Board Members

*******BOARD MEMBERS*******

1. **Robert R. Henderschedt, Chairman**
Oct 2006 - Present

2. **Michelle Givens, President**
Oct 2006 - Present

3. **Paul C. Rathbun**
Oct 2006 - Present

4. **Roger Anderson**
Jan 2008 - Present

5. **George Tom Evans**
Jan 2008 - Present

6. **Raymond Andrew McDonald**
Jan 2008 - Present

*******OFFICERS*******

1. **Michelle Givens, President**
Oct 2006 -Present

2. **Ariel De Prada, Asst. Secretary**
Oct 2006 - Present

3. **Kent Johnson, Asst. Secretary**
Jan 2011 - Present

4. **David L. Rodman, Asst. Secretary**
Oct 2006 - Present

5. **Robert E. McMullen, Asst. Secretary**
Oct 2006 -Present

6. **Louis Mark Block, Asst. Secretary**
Oct 2006 - Present

7. **Michael Saunders, Asst. Secretary**
Oct 2006 - Present

8. **Terry D. Shaw, Asst. Secretary**
Oct 2006 - Present

9. **Gary C. Skilton, Asst. Secretary**
Oct 2006 - Present

10. **Lynn C. Addiscott, Asst. Secretary**
Oct 2006 -Present

11. **David Singleton, Asst. Secretary**
June 2010 -Present