emailed validation letter 6/4/12

Application for License to Operate a Long-term Care Facility

For Office Use Only
Received 5-9-12
Amount $ 1,920.00
ck#99007321

I. IDENTIFICATION

Name: Greenwood Nursing & Rehabilitation Center

Address: 5079 Scottsville Road

City/County/Zip: Bowling Green, Warren, 42104-7895

Telephone number: 270-782-1125 / gnw71-admin@greenwoodnursingrehab.com

Administrator: Jonathan McGuire

Date facility operation began at current address: 5/1/1987

Date facility began operation under current owner: 1/1/2011

II. TYPE BEDS

	No. beds licensed	No. beds requested
Skilled	128	128
Nursing Home	128	128
Nursing Facility	128	128
Intermediate Care		
ICF/MR		
Personal Care		

II. CONTROL (check one in each column)

State
County
City
Private ✓

Profit ✓
Nonprofit

Individual
Partnership
Corporation ✓ LLC

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.

Thamos Healthcare Group, LLC

(OVER)

RECEIVED
MAY 09 2012
OFFICE OF INSPECTOR GENERAL

5/31 RB

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

Name of corporation Principle Long Term Care, Inc

Address of corporation 1435 Highway 258 north, Kinston NC 28504

President or Chairman Randy Uzzel

Vice President Stephen Hill

Secretary Lucy Hill

Treasurer Steve Farrar - Asst Secretary

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

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.

Jonathan [illegible] — Administrator — 4/26/12

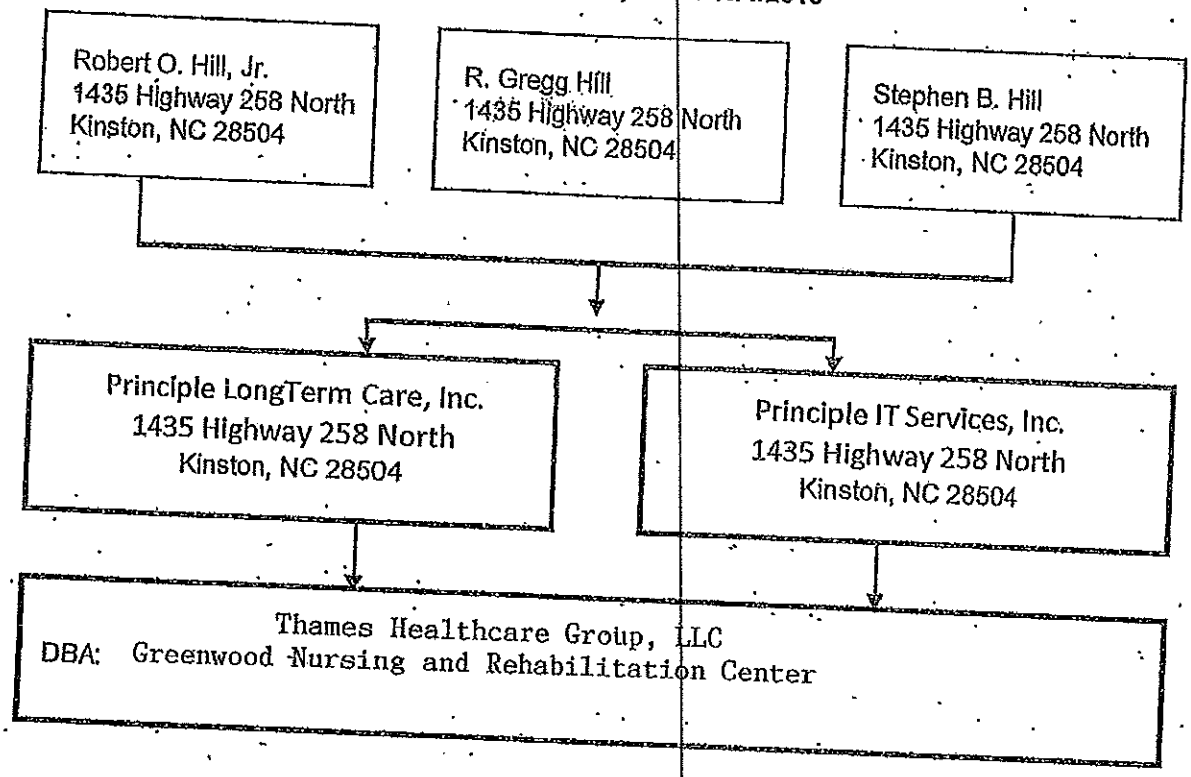
Signature of authorized representative — Title — Date

Return Application and fee to:

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

OIG 5
(10/2002)

Corp. Ownership as of 10/1/2010



Owners of Principle Long Term Care, Inc. & Principle IT Services, Inc. :

Robert O. Hill, Jr.
1435 Highway 258 North
Kinston, NC 28504

R. Gregg Hill
1435 Highway 258 North
Kinston, NC 28504

Stephen B. Hill
1435 Highway 258 North
Kinston, NC 28504

LLC Officers:

Randy Uzzell – President
1435 Highway 258 North
Kinston, NC 28504

Stephen Hill – Vice Pres/Asst. Secretary
1435 Highway 258 North
Kinston, NC 28504

Lucy Hill – Secretary
1435 Highway 258 North
Kinston, NC 28504

Steve Farrar – Asst. Secretary
1435 Highway 258 North
Kinston, NC 28504