

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

For Office Use Only Received <u>2/17/12</u> Amount <u>2265.00</u>

I. IDENTIFICATION

#7149760

Name Bridge Point Care and Rehabilitation Center
 Address 7300 Woodspoint Drive
 City/County/Zip Florence, Boone, 41042-1543
859-371-5731
 Telephone number _____
 Administrator John Quattrone
 Date facility operation began at current address unknown
 Date facility began operation under current owner 7/1/2005

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>151</u>	_____
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

State	Profit <input checked="" type="checkbox"/>	Individual
County	Nonprofit	Partnership
City		Corporation LLC <input checked="" type="checkbox"/>
Private <input checked="" type="checkbox"/>		

II. OWNERSHIP

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

Woodspoint, LLC
101 Sun Avenue NE
Albuquerque, NM 87109

(OVER)

<p>RECEIVED</p> <p>FEB 17 2012</p> <p>OFFICE OF INSPECTOR GENERAL</p>
--

J

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

Name of corporation Woodspoint, LLC
Address of corporation 101 Sun Avenue NE, Albuquerque, NM 87109
President or Chairman Logan Sexton
Debbie McLarty (VP of Reimbursement)
Vice President _____
Michael T. Berg
Secretary _____
Brandi Riddle
Treasurer _____

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.

Please see attached

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

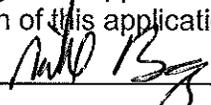
Please see attached

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

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

Parent	Management Company
<u>Woodspoint, LLC</u>	<u>N/A</u>
<u>101 Sun Avenue NE</u>	_____
<u>Albuquerque, NM 87109</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.


Signature of authorized representative
Michael T. Berg

Secretary
Title

2/2/12
Date

Return Application and fee to:

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

OIG 5
(10/2002)

ATTACHMENT A
WOODSPOINT, L.L.C. D/B/A BRIDGE POINT CARE AND REHABILITATION CENTER

Ownership Information

OWNER	OWNER ADDRESS	OWNERSHIP INTEREST
Woodspoint, L.L.C. FEIN	101 Sun Avenue, N.E. Albuquerque, NM 87109	100% Ownership Interest in Bridge Point Care and Rehabilitation Center

Officers of WOODSPOINT, L.L.C.

NAME	ADDRESS/PHONE	TITLE	PERCENT OWN
Logan Sexton	101 Sun Avenue, NE Albuquerque, NM 87109 505-821-3355	President	0%
Melissa Craig	101 Sun Avenue, NE Albuquerque, NM 87109 505-821-3355	Chief Financial Officer	0%
Brandi Riddle	101 Sun Avenue, NE Albuquerque, NM 87109 505-821-3355	Treasurer	0%
Michael Newman	101 Sun Avenue, NE Albuquerque, NM 87109 505-821-3355	Vice President	0%
Debbie McLarty	101 Sun Avenue, NE Albuquerque, NM 87109 505-821-3355	Vice President - Reimbursement	0%
Pamela Meyer	101 Sun Avenue, NE Albuquerque, NM 87109 505-821-3355	Assistant Treasurer	0%
Michael T. Berg	101 Sun Avenue, NE Albuquerque, NM 87109 505-821-3355	Secretary	0%

As a Limited Liability Company, Woodspoint, L.L.C. does not have a Board of Directors.