

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

For Office Use Only Received _____ Amount _____
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**I. IDENTIFICATION**

Name Bridge Point Center 2/28/2014  
 Address 7300 Woodspoint Drive  
 City/County/Zip Florence / Boone / 41042  
 Telephone number 859-371-5731  
 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	<input checked="" type="checkbox"/>	Profit		Individual
County		Nonprofit		Partnership
City				Corporation
X Private			<input checked="" type="checkbox"/>	LLC

**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)

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MAR 18 2013

OFFICE OF INSPECTOR GENERAL

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 George V. Hager-President  
Vice President Robert Reitz  
Secretary Michael S. Sherman  
Treasurer Thomas DiVitorrio

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.

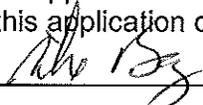
If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

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>HBR Kentucky LLC</u>	<u>N/A</u>
<u>101 Sun Avenue NE</u>	<u></u>
<u>Albuquerque NM 87109</u>	<u></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.

<u></u>	<u>Asst. Secretary</u>	<u>3/12/2013</u>
Signature of authorized representative Michael T. Berg	Title	Date

Return Application and fee to: Office of Inspector General  
275 East Main Street, 5E-A  
Frankfort, Kentucky 40621

OIG 5  
(10/2002)

PARENT: HBR KENTUCKY, LLC

Harborside Healthcare Limited Partnership 101 Sun Avenue NE Albuquerque NM 87109 FEIN:	100% Owner/ Sole Member of HBR Kentucky, LLC
Harborside Healthcare Advisors, LP 101 Sun Avenue NE Albuquerque NM 87109 FEIN:	99% Partner of Harborside Healthcare Limited Partnership
KHI, LLC* 101 Sun Avenue NE Albuquerque NM 87109 FEIN:	1% Partner of Harborside Healthcare Limited Partnership
Harborside Healthcare LLC 101 Sun Avenue NE Albuquerque NM 87109 FEIN:	99% Partner of: Harborside Healthcare Advisors, LP
KHI, LLC 101 Sun Avenue NE Albuquerque NM 87109 FEIN:	1% Partner of Harborside Healthcare Advisors LP
SunBridge Healthcare, LLC 101 Sun Avenue NE Albuquerque NM 87109 FEIN:	100% Owner of Harborside Healthcare, LLC
Sun Healthcare Group, Inc. 101 Sun Ave. NE Albuquerque, NM 87109 FEIN:	100% Owner of SunBridge Healthcare, LLC
GHC Holdings II LLC 101 East State Street Kennett Square PA 19348\ FEIN:	100% Owner of Sun Healthcare Group, Inc.
Genesis HealthCare LLC 101 East State Street Kennett Square PA 19348 FEIN:	100% Owner of GHC Holdings II LLC
GEN Operations II LLC 101 East State Street Kennett Square PA 19348 FEIN:	100% Owner of Genesis HealthCare LLC
GEN Operations I LLC 101 East State Street Kennett Square PA 19348 FEIN:	100% Owner of GEN Operations II LLC
FC-GEN Operations Investment LLC 101 East State Street Kennett Square PA 19348 FEIN:	100% Owner of GEN Operations I LLC

Officers of Operating Entity:

George V. Hager, Jr. (CEO, Asst Treas. & Asst Sec.)  
 Robert A. Reitz (Exec. VP & COO)  
 Thomas DiVittorio (CFO, Treas/Asst Sec.)  
 Michael S. Sherman (Senior VP, Sec & Asst Treas.)  
 Michael Berg (Asst Sec)  
 David C. Almquist (Exec VP - East Division)  
 Jeff Berenbach (Senior VP - East Division)



COMMONWEALTH OF KENTUCKY  
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

bschell  
ASN  
Allison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
2/19/2013 11:32 AM  
Fee Receipt: \$20.00

Division of Business Filings Business Filings	Certificate of Assumed Name (Domestic or Foreign Business Entity) <span style="float: right;">ASN</span>
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Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is: Bridge Point Center

2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name: Woodspoint Nursing LLC

Name must be identical to the name on record with the Secretary of State.)

3. The "real name" is (you must check one):

- |   |   |
|---|---|
| <input type="checkbox"/> a Domestic General Partnership           | <input type="checkbox"/> a Foreign General Partnership                  |
| <input type="checkbox"/> a Domestic Limited Liability Partnership | <input type="checkbox"/> a Foreign Limited Liability Partnership        |
| <input type="checkbox"/> a Domestic Limited Partnership           | <input type="checkbox"/> a Foreign Limited Partnership                  |
| <input type="checkbox"/> a Domestic Business Trust                | <input type="checkbox"/> a Foreign Business Trust                       |
| <input type="checkbox"/> a Domestic Corporation                   | <input type="checkbox"/> a Foreign Corporation                          |
| <input type="checkbox"/> a Domestic Limited Liability Company     | <input checked="" type="checkbox"/> a Foreign Limited Liability Company |

4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date of the delayed effective cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_  
(Delayed effective date and/or time)

5. The business is organized and existing in the state or country of Delaware

6. The mailing address is:

<u>101 Sun Ave NE</u>	<u>Albuquerque</u>	<u>NM</u>	<u>87109</u>
Street Address or Post Office Box Numbers	City	State	Zip

I declare under penalty of perjury under the laws of Kentucky that the foregoing is true and correct.

	<u>Michael T. Berg</u>	<u>Assistant Secretary</u>	<u>2/11/2013</u>
Authorized Party Signature	Printed Name	Title	Date

DOCUMENT NO: 398835  
RECORDED: February 28, 2013 12:11:00 PM  
TOTAL FEES: \$13.00  
COUNTY CLERK: GUY ZEIGLER  
DEPUTY CLERK: DEBBIE  
COUNTY: FRANKLIN COUNTY