

(e) A provider may not enter into a continuing care agreement until the issuance of a preliminary certificate of registration by the Office. The application shall be filed in a form satisfactory to the Office and shall contain at least the following information:

(1) The name and address of the facility and the name and address of any [affiliated] AFFILIATE, parent or subsidiary [corporation or partnership] PERSON;

[(2) The name and address of the provider if the provider is an individual, the names and addresses of the partners or members if the provider is a partnership or other unincorporated association, or the names and addresses of the stockholders holding at least a 10 percent interest in a stock corporation, or the names and addresses of the members in a nonstock corporation, and the names and addresses of the members of the board of directors if the provider is a corporation, along with any significant financial interests such persons may have with a vendor or provider of services at the facility. As used in this paragraph, a "significant financial interest" means an interest of 10 percent or more;]

(2) THE ORGANIZATIONAL STRUCTURE AND MANAGEMENT OF THE PROVIDER, INCLUDING:

(I) IF THE PROVIDER IS A CORPORATION OR LIMITED LIABILITY COMPANY, THE NAME OF THE CORPORATION OR LIMITED LIABILITY COMPANY, THE STATE IN WHICH THE CORPORATION IS INCORPORATED OR THE LIMITED LIABILITY COMPANY IS FORMED, AND THE NAME OF THE CHIEF EXECUTIVE OFFICER;

(II) IF THE PROVIDER IS A PARTNERSHIP, THE NAMES OF THE GENERAL PARTNERS, THE STATE GOVERNING THE FORMATION OF THE PARTNERSHIP, AND THE NAME OF THE PRIMARY INDIVIDUAL RESPONSIBLE FOR MANAGING THE PARTNERSHIP;

(III) IF THE PROVIDER IS AN UNINCORPORATED ASSOCIATION, THE NAMES OF THE MEMBERS, THE STATE GOVERNING THE ASSOCIATION'S ACTIVITIES, AND THE NAME OF THE PRIMARY INDIVIDUAL RESPONSIBLE FOR MANAGING THE ASSOCIATION;

(IV) IF THE PROVIDER IS A PARTNERSHIP HAVING A CORPORATION OR LIMITED LIABILITY COMPANY AS ONE OR MORE OF ITS GENERAL PARTNERS, THE NAME OF THE CORPORATION OR LIMITED LIABILITY COMPANY, THE STATE IN WHICH THE CORPORATION IS INCORPORATED OR THE LIMITED LIABILITY COMPANY IS FORMED, AND THE NAME OF THE CHIEF EXECUTIVE OFFICER;

(V) IF THE PROVIDER IS A TRUST, THE NAME OF THE TRUSTEE, THE NAMES OF THE OWNERS OF BENEFICIAL INTERESTS IN THE TRUST, THE STATE GOVERNING THE TRUST, AND THE NAME OF THE PRIMARY INDIVIDUAL RESPONSIBLE FOR OVERSEEING THE TRUST'S ACTIVITIES;

(VI) THE NAMES AND OCCUPATION OF ANY OF THE OFFICERS, DIRECTORS, TRUSTEES, MANAGING OR GENERAL PARTNERS, AND ANY OTHER PERSON WITH A 10% OR GREATER FINANCIAL EQUITY OR BENEFICIAL INTEREST IN THE PROVIDER AND A DESCRIPTION OF THE PERSON'S FINANCIAL INTEREST IN OR OCCUPATION WITH THE PROVIDER;