

EXHIBIT 21

ANNE ARUNDEL MEDICAL CENTER

CARDIAC SURGERY PROGRAM CERTIFICATE OF NEED APPLICATION

RESPONSE TO COMPLETENESS QUESTIONS

Attestation by Robert Reilly

Affirmation: I hereby declare and affirm under the penalties of perjury that the facts stated in this application and its attachments are true and correct to the best of my knowledge, information, and belief.


Name

3/24/15
Date

CFO
Title