



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST, SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

March 12, 2026

TRANSMITTED ELECTRONICALLY AND/OR VIA CERTIFIED MAIL

Monica Hon, Vice President/Director of Client Solutions
Advis Inc.
18670 Graphics Drive, Suite 200
Tinley Park, IL. 60477

mhon@advis.com

Annette Korovilas
Registered Agent
7157 West Howard Street
Niles, IL 60714

RE: NOTICE OF DEFERMENT

Proposed Project #25-028 Sozo Surgery Center, Niles
Permit Applicant(s): Sozo Surgery Center LLC, Dr. Sam Speron

Dear Ms. Hon:

This letter confirms the deferral of Project #25-028, Sozo Surgery Center, Niles, at the Illinois Health Facilities & Services Board (HFSRB) meeting on March 10, 2026. Specifically, the above-referenced project has been deferred to the April 14, 2026, meeting, and HFSRB will consider its disposition then. The purpose of this deferment is to allow the above-mentioned permit applicant to provide testimony on behalf of the applicant.

As outlined in Ill. Admin. Code 77 1130.640(b):

The applicant may defer consideration of a project by HFSRB. A deferral extends from the HFSRB meeting at which the project has been scheduled to the next scheduled HFSRB meeting, subject to a review period of up to 60 days for analyzing additional information. A request for deferral, specifying the reasons for the request, shall be submitted to HFSRB, as follows:

- 1) Written Request – to be received by HFSRB staff no later than 5 business days prior to the scheduled HFSRB meeting; or
- 2) Verbal Request – by issuing a formal request to HFSRB during the consideration of the project at the HFSRB meeting.

Should you have any questions, contact HFSRB staff at (217) 782-3516 or via email at DPH.HFSRB@illinois.gov.

Sincerely,

Debra Savage, Chairwoman
Illinois Health Facilities and Services Review Board



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CC: John Kniery

CERTIFICATE OF SERVICE

Sharie Ryan, HFSRB Office Coordinator, under penalties as provided by law pursuant to §1-109 of the Code of Civil Procedure (735 ILCS 5/1-109), certifies that the statements outlined in this certificate of service are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that they verily believe the same to be true and that they have served a copy of the above-mentioned documents from the foregoing Illinois Health Facilities & Services Review Board on March 12, 2026 to the below-referenced Applicant(s), by electronic mail and U.S. Post Office Certified Mail to the following:

Monica Hon, Vice President/Director of Client Solutions
Advis Inc.
18670 Graphics Drive, Suite 200
Tinley Park, IL. 60477

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Annette Korovilas
Registered Agent
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By: s/ Sharie Ryan
HFSRB Office Coordinator