#### Constantino, Mike

From: Sent: Jack Axel [jacobmaxel@msn.com] Tuesday, July 19, 2011 1:29 PM

To: Cc: Constantino, Mike mskinner@sidley.com RE: central dupage

Subject: Attachments:

scan089.pdf

per your request

From: Mike.Constantino@Illinois.gov

To: jacobmaxel@msn.com; George.Roate@Illinois.gov

Date: Tue, 19 Jul 2011 12:51:32 -0500

Subject: central dupage

Jack:

What is the reason Central Dupage submitted this application (11-023) to add these AMI beds? Our records show they came in and ask for approval of 18 ICU beds and 2 AMI beds and were given that approval but we have no correspondence from them since that the beds were approved by licensure and that they were operational. And licensure does not have a thing on this. This bed change was done in 2010...which is less than two years.

Jack I am also going to need a page one with your name as a contact person on this application and if. Honey is going to be involved her name needs to be on the application as a contact. I am going to have to start calling these applications incomplete without this information.

Mike Constantino Illinois Department of Public Health 525 West Jefferson Springfield, Illinois 62761 Fax:(217) 785-4111 Phone:(217) 785-1557

# ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT

### SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification	
Facility Name: Central DuPage Hospital—expansion of Acute Mental Illness category of service	
Street Address: 25 North Winfield Road	
City and Zip Code: Winfield, IL 60190	
County: DuPage Health Service Area VII Health Planning Area: A-05	<u></u>
Applicant /Co-Applicant Identification	
[Provide for each co-applicant [refer to Part 1130.220].	
Exact Legal Name: Central DuPage Hospital Association	
Address: 25 North Winfield Road Winfield, IL 60190	
Name of Registered Agent:	
Name of Chief Executive Officer Michael Vivoda, President	
CEO Address: 25 North Winfield Road Winfield, IL 60190	
Telephone Number: 630/933-5500	
Telephone Humber. Coolcod codo	
Turn of Ourseshin of Applicant/On Applicant	
Type of Ownership of Applicant/Co-Applicant	
V No. 1156 Comparation	
X Non-profit Corporation Partnership	
For-profit Corporation Governmental Sole Proprietorship Other	
☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other	
Comparison and limited liability companies must provide an Illinois confilients of good	
o Corporations and limited liability companies must provide an Illinois certificate of good	
standing.	. Af
o Partnerships must provide the name of the state in which organized and the name and address	· OI
each partner specifying whether each is a general or limited partner.	
ADDEND COCHMENTATION AS ATTACHMENT 1 IN AHMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE	A
APPLICATION FORM	
Primary Contact	
[Person to receive all correspondence or inquiries during the review period]	
Name: Michael Vivoda	
Title: President	
Company Name: Central DuPage Hospital.	
Address: 25 North Winfield Road Winfield, IL 60190	
Telephone Number: 630/933-5500	
E-mail Address:	
Fax Number: 630/933-2739	
Additional Contact	
[Person who is also authorized to discuss the application for permit]	
Title: President	_
Company Name: Axel & Associates, Inc.	
Address: 675 North Court Suite 210 Palatine, IL 60067	
Telephone Number: 847/776-7101	
E-mail Address: jacobmaxel@msn.com Fax Number: 847/776-7004	$\dashv$
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Name of Chief Executive Officer	r Michael Vivoda, President	
CEO Address:	25 North Winfield Road Winfield, IL 60190	
Telephone Number:	630/933-5500	
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Type of Ownership of Appr	icano-o-applicant	
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X Non-profit Corporation	☐ Partnership ☐ Governmental	
For-profit Corporation		
Limited Liability Compar	ny Sole Proprietorship Other	
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	de the name of the state in which organized and the name and address of	
each partner specifying	whether each is a general or limited partner.	
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