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HEALTH FACILITIES &
SERVICES REVIEW BOARD

July 16, 2013

Anne M. Cooper
(312) 873-3606
(312) 819-1910
acooper@polsinelli.com

Via Federal Express

Ms. Alexis Kendrick
Illinois Health Facilities and Services Review
Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Annual Progress Report - Apollo Health Center (Proj. No. 11-002)

Dear Ms. Kendrick:

This office represents Apollo Health Center, Ltd. ("Apollo"). As you are aware, on July 21, 2011 the Illinois Health Facilities and Services Review Board ("HFSRB") approved Apollo's application to establish a multi-specialty ambulatory surgical treatment center at 2750 South River Road, Des Plaines, Illinois 60018 (the "Project"). On July 18, 2012, the HFSRB Chair approved the renewal of the Project permit to January 31, 2014 and an extension of the obligation period until July 31, 2013. Pursuant to Section 1130.760, Apollo submits the following information regarding the progress of Project Permit #11-002.

1. Status of the Project

The Project was obligated on July 1, 2013 through execution of the facility lease between Apollo and Forestview River, LP. Modernization of the existing building is nearly complete. Apollo anticipates receiving its ambulatory surgical treatment center license from the Illinois Department of Public Health by the end of this year.

2. Costs Incurred to Date

To date, \$2,291,332 in costs has been expended on the Project. Importantly, these costs have been paid by the landlord and are included as part of the fair market value of leased space.

Apollo Health Center, Ltd. Project Costs		
	Approved	Expended
Moveable or Other Equipment	\$296,751	\$0
Fair Market Value of Leased Space or Equipment	\$2,240,000	\$2,291,152
Estimated Total Project Cost	\$2,536,751	\$2,291,152

Fair Market Value of Leased Space (Landlord's Costs)		
	Approved	Expended
Building	\$1,850,000	\$1,850,000
Modernization Contracts	\$7,500	\$346,157
Contingencies	\$7,500	\$0
Architectural/Engineering Fees	\$12,500	\$30,287
Consulting/Other Fees	\$62,500	\$3,500
Equipment	\$300,000	\$61,208
Total	\$2,240,000	\$2,291,152

3. Sources of Funds

The project will be financed through \$296,751 in cash and cash equivalents and a \$2,240,000 lease.

4. Application and Certification for Payment

The most recent Application and Certification for Payment for the construction contract for the Project, form G702 published by the American Institute of Architects, is attached hereto at Attachment 1.

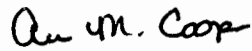
5. Anticipated Completion Date

The anticipated completion date for the Project is January 31, 2014.

Ms. Alexis Kendrick
July 16, 2013
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If you need any additional information or have any questions regarding the status of the Project, please feel free to contact me.

Sincerely

A handwritten signature in black ink that reads "Anne M. Cooper". The signature is written in a cursive style with a large initial "A" and "M".

Anne M. Cooper

AuthorTypistInitials
Attachment
cc: Vera Schmidt
Jessica Bridgewater
Michael Constantino

TO: Apollo Health Center, Inc.
 2750 S. River Road
 Des Plaines, IL

PROJECT: IH111 Englewood
 Apollo Health Center, Ltd.
 2750 S. River Road
 Des Plaines, IL

FROM: Lyman Contracting Corp.
 102 S. 14th Avenue
 St. Charles, Illinois 60174

Architect: David A. Schaefer Architects PC
 2500 S. Highland Ave. Suite 340
 Lombard, IL 60148

APPLICATION #: 1
 PERIOD TO: 7/2/2013
 Date of Submission: 7/2/2013
 ARCHITECT'S PROJECT # 60110

Distribution to:
 OWNER
 ARCHITECT
 CONTRACTOR

CONTRACT FOR: General Construction

CONTRACT DATE: 10/23/2012

Application is made for Payment, as shown below, in connection with the Contract.
 Continuation Sheet, AIA Document G703, is attached.

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY

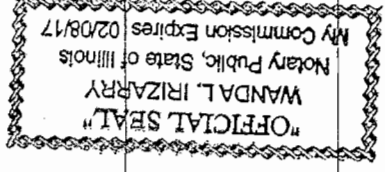
Change Orders approved in previous months by Owner

Number	Date Approved	ADDITIONS	DEDUCTIONS	TOTAL
		\$0.00		\$0.00
Approved this month:				
CO# 01		\$0.00		\$0
CO# 02		\$0.00		
CO# 03		\$0.00		\$0.00
CO# 04				
TOTALS		\$0.00		\$0

Net change by Change Orders

CK1	\$0.00
CK2	\$0.00
CK3	\$0.00
CK4	\$0.00
CK5	\$0.00
TOTAL	\$0.00

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.



CONTRACTOR: *[Signature]*

By: *[Signature]* Date: 7/2/2013

Bart R. Lyman, President, For Lyman Contracting Corp.

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

- ORIGINAL CONTRACT SUM..... \$407,365.48
- Net change by Change Orders..... \$0.00
- CONTRACT SUM TO DATE (line 1 + 2)..... \$407,365.48
- TOTAL COMPLETED & STORED TO DATE..... \$407,365.48
 (Column C on G703)
- RETAINAGE:
 10.00% of completed work \$0.00
 (Column D + E on G703)
 10.00% of stored materials \$0.00
 (Column F on G703)
 Total Retainage (Line 5a + 5b or Total in Column I of G703)..... \$0.00
 6. TOTAL EARNED LESS RETAINAGE..... \$407,365.48
 (Line 4 less Line 5 Total)
 7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)..... \$407,365.48
 8. CURRENT PAYMENT DUE..... \$0.00
 9. BALANCE TO FINISH, PLUS RETAINAGE..... \$0.00
 (Line 3 less Line 6)

State of: ILLINOIS County of: Cook Kendall

Subscribed and sworn to before me this 2nd day of July 2013 \$2,400.00

Notary Public: *[Signature]*

My Commission expires: 2-8-17

AMOUNT CERTIFIED..... \$ 0.00

(Attach explanation if amount certified differs from the amount applied for.)

Architect: *[Signature]* DAVID A. SCHAEFER ARCHITECTS

By: *[Signature]* David A. Schaefer 7/2/13

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

CONTINUATION SHEET (Schedule of Values) AIA DOCUMENT G703

PAGE: 2 of 2 Pages

APPLICATION NUMBER: 7/22/011

PERIOD TO: 7/22/013

ARCHITECT'S PROJ. NO: N/A

AIA Document G702, APPLICATION AND CERTIFICATE FOR PAYMENT, containing

Contractor's signed Certification is attached.

In tabulations below, amounts are stated to the nearest dollar.

Use Column I on Contracts where variable RETAINAGE for final items may apply.

A	B	C	D	E	F	G	H	I
ITEM NUMBER	DESCRIPTION OF WORK	SCHEDULED VALUE	FROM PREV. APPLICATION (D+E)	WORK COMPLETE THIS PERIOD	MATERIALS PRESENTLY STORED (NOT IN D+E)	TOTAL COMP. AND STORED TO DATE (D+E+F)	PERCENT COMPLETE (G/C)	RETAINAGE
1000	Generator Direct Purchase	\$61,208.00	\$61,208.00	\$0.00	\$0.00	\$61,208.00	100%	\$0.00
1000	Generator Install	\$56,036.75	\$56,036.75	\$0.00	\$0.00	\$56,036.75	100%	\$0.00
2000	HVAC Upgrades	\$106,830.19	\$106,830.19	\$0.00	\$0.00	\$106,830.19	100%	\$0.00
2000	Normal Power	\$17,289.48	\$17,289.48	\$0.00	\$0.00	\$17,289.48	100%	\$0.00
2000	Interior alterations	\$166,001.06	\$166,001.06	\$0.00	\$0.00	\$166,001.06	100%	\$0.00
TOTAL ALL AREAS		\$407,365.48	\$407,365.48	\$0.00	\$0.00	\$407,365.48	100%	\$0.00