



12-077

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August 28, 2012

**RECEIVED**

AUG 29 2012

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

**FEDERAL EXPRESS**

Michael Constantino  
Supervisor, Project Review Section  
Illinois Department of Public Health  
Health Facilities and Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, Illinois 62761

**Re: Resurrection Medical Center Outpatient Dialysis Center**

Dear Mike:

Enclosed please find the Presence Health and Resurrection Medical Center certification pages for the Resurrection Medical Center Outpatient Dialysis Center certificate of need application filed on August 27, 2012.

If you need any additional information regarding the Resurrection certificate of need application, please feel free to contact me.

Sincerely,

Anne M. Cooper

AMC:  
Encs.  
064628 439832

Chicago Dallas Denver Edwardsville Jefferson City Kansas City Los Angeles New York  
Overland Park Phoenix St. Joseph St. Louis Springfield Topeka Washington, DC Wilmington

*In California, Polsinelli Shughart LLP.*

## CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Resurrection Medical Center \* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

John Baird

PRINTED NAME

Executive Vice President & CEO, Resurrection Medical Center

PRINTED TITLE

Notarization:

Subscribed and sworn to before me

this 23rd day of August, 2012



Signature of Notary

Seal



\*Insert EXACT legal name of the applicant

SIGNATURE

Jeannie C. Frey

PRINTED NAME

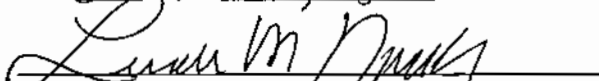
Secretary

PRINTED TITLE

Notarization:

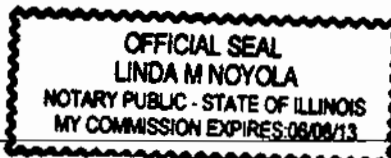
Subscribed and sworn to before me

this 23 day of Aug, 2012



Signature of Notary

Seal

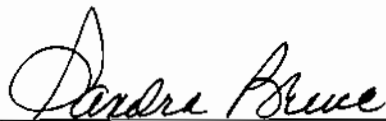


## CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Provena-Resurrection Health Network d/b/a Presence Health\* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.



SIGNATURE

Sandra Bruce

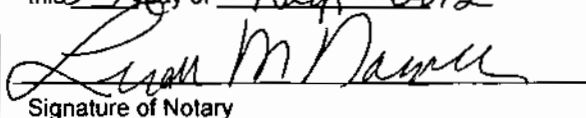
PRINTED NAME

President & CEO, Presence Health

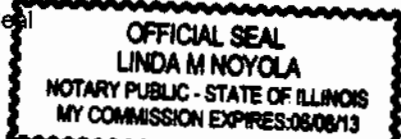
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Notarization:

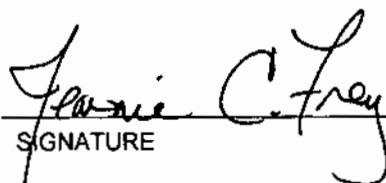
Subscribed and sworn to before me  
this 27th day of Aug 2012

  
Signature of Notary

Seal



\*Insert EXACT legal name of the applicant



SIGNATURE

Jeannie C. Frey

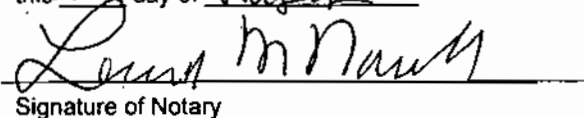
PRINTED NAME

Secretary, Presence Health

PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 27th day of Aug 2012

  
Signature of Notary

Seal

