

McDermott Will & Emery

Boston Brussels Chicago Düsseldorf Frankfurt Houston London Los Angeles Miami
Milan Munich New York Orange County Paris Rome Seoul Silicon Valley Washington, D.C.
Strategic alliance with MWE China Law Offices (Shanghai)

14-068
Clare Connor Ranalli
Attorney at Law
cranalli@mwe.com
+1 312 984 3365

VIA E-MAIL AND OVERNIGHT MAIL

December 22, 2014

Mike Constantino
Illinois Health Facilities and Services Review Board
525 W. Jefferson, 2nd Floor
Springfield, IL 62761

RECEIVED

DEC 24 2014

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Re: Red Bud Regional Hospital/Monroe County Surgery Center CON

Dear Mike:

Enclosed is a certification page for CHS Professional Services Corporation, which is the CHS entity buying an interest in the surgery center. Also attached is an applicant page for CHS PSC, and a revised organization chart. I have provided an original of each and a copy.

Thank you.

Very truly yours,


Clare Connor Ranalli

Encs.

DM_US 57453498-1.092662.0017

CERTIFICATION

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

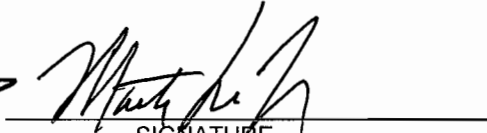
- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its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

This Application for Permit is filed on the behalf of Community Health Systems Professional Service Corporation, Inc.* 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

Martin Schweinhart
PRINTED NAME

Executive Vice President
PRINTED TITLE


SIGNATURE

Marty Smith
PRINTED NAME

President, Division III Operations
PRINTED TITLE

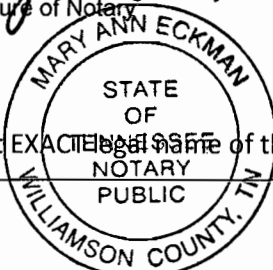
Notarization:

Subscribed and sworn to before me
this 17th day of December


Signature of Notary

Seal

*Insert EXACT legal name of the applicant



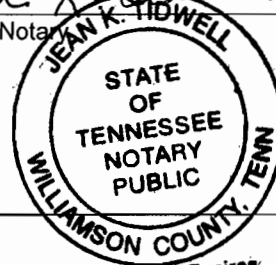
My Comm. Expires
September 27, 2015

Notarization:

Subscribed and sworn to before me
this 19th day of December


Signature of Notary

Seal



My Comm. Expires
March 21, 2016

**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: Monroe County Surgery Center		
Street Address: 501 N. Hamacher Street		
City and Zip Code: Waterloo, IL.		
County: Monroe	Health Service Area: 11	Health Planning Area: 11

Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: Community Health Systems Professional Services Corporation, Inc.
Address: 4000 Meridian Blvd., Franklin, TN 37067
Name of Registered Agent:
Name of Chief Executive Officer: Wayne Smith
CEO Address: 4000 Meridian Blvd, Franklin, TN 37067
Telephone Number: 615-465-7000

Type of Ownership of Applicant/Co-Applicant

☐ Non-profit Corporation	☐ Partnership
☒ For-profit Corporation	☐ Governmental
☐ Limited Liability Company	☐ Sole Proprietorship ☐ Other
- o Corporations and limited liability companies must provide an Illinois certificate of good standing. - o Partnerships must provide 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.	

APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact

[Person to receive ALL correspondence or inquiries]

Name: Clare Connor Ranalli
Title: Partner
Company Name: McDermott, Will & Emery
Address: 227 W. Monroe Street, Suite 4400
Telephone Number: 312-984-3365
E-mail Address: cranalli@mwe.com
Fax Number:

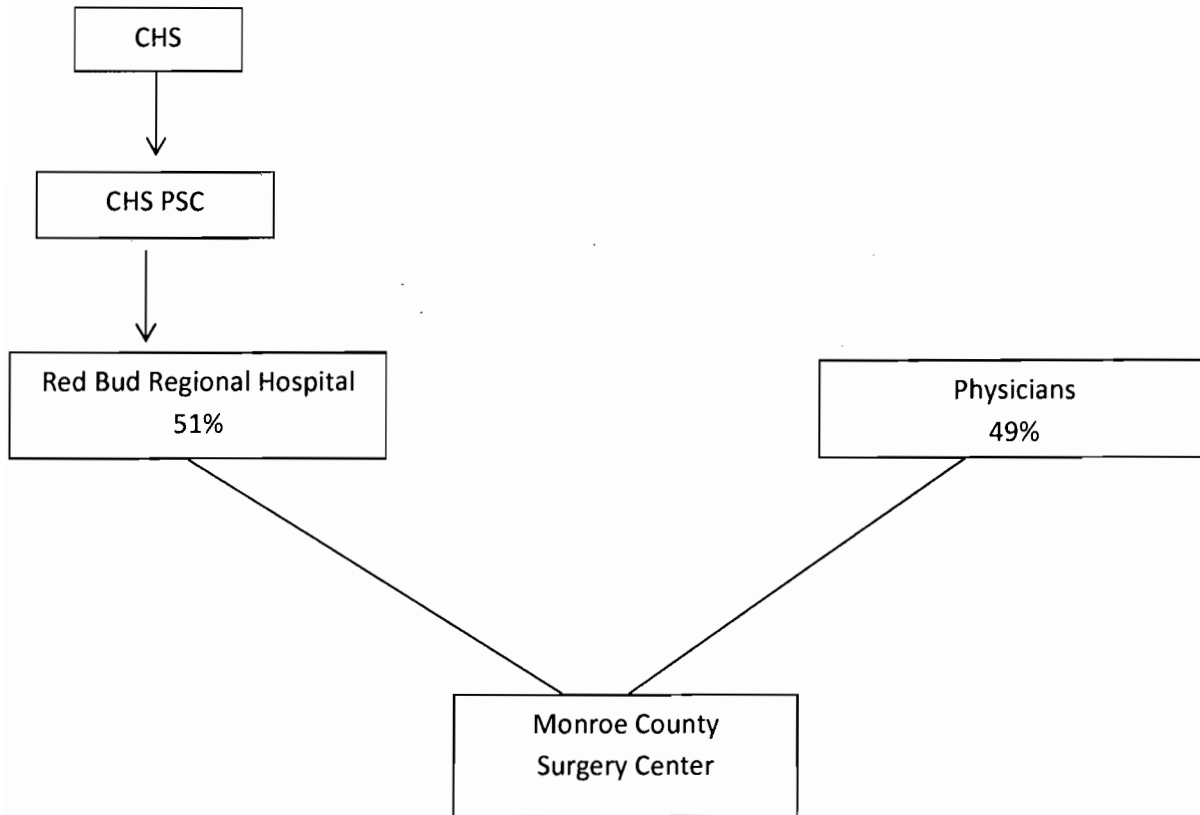
Additional Contact

[Person who is also authorized to discuss the application for permit]

Name: None
Title:
Company Name:
Address:
Telephone Number:
E-mail Address:
Fax Number:

Organization Chart

Proposed



Current

