



161 N. Clark Street, Suite 4200, Chicago, IL 60601-3316 • 312.819.1900

16-046

November 2, 2016

Via Federal Express

Anne M. Cooper
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(312) 276-4317 Direct Fax
acooper@polsinelli.com

RECEIVED

NOV 03 2016

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Mr. George Roate
Illinois Health Facilities and Services Review
Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: New Lenox Endoscopy Center

Dear Mr. Roate:

Enclosed please find original application and adverse action certification pages for Southwest Gastroenterology, S.C. for the New Lenox Endoscopy Center certificate of need application.

Please let me know if you have any questions or need anything further.

Sincerely,

A handwritten signature in cursive script that reads 'Anne M. Cooper'.

Anne M. Cooper

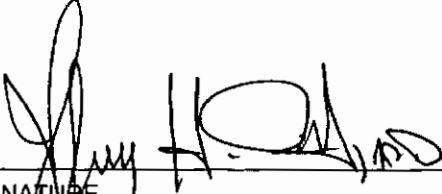
Enclosures

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 Southwest Gastroenterology, S. C.* 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

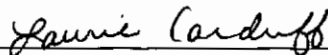
Jeffrey Port, M.D.

PRINTED NAME

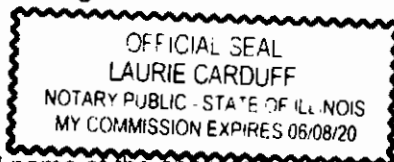
President

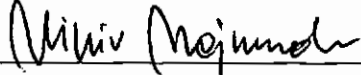
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 1st day of November, 2016


Signature of Notary

Seal




SIGNATURE

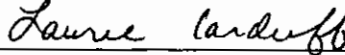
Mihir Majmundar, M.D.

PRINTED NAME

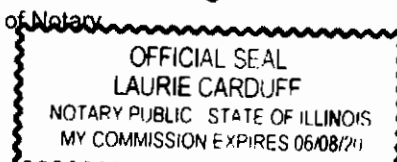
Secretary

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 1st day of November 2016


Signature of Notary

Seal



*Insert EXACT legal name of the applicant

October 31, 2016

Kathryn J. Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chair Olson:

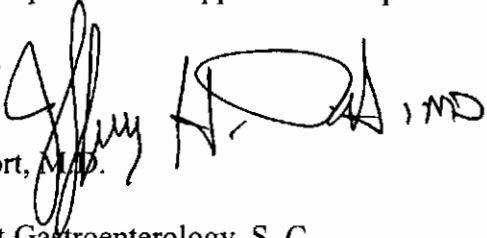
I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action has been taken against any facility owned or operated by Southwest Gastroenterology, S. C. during the three years prior to filing this application.

Neither Southwest Gastroenterology, S. C. nor any corporate officers or directors or owner of at least 5% of Southwest Gastroenterology, S. C. :

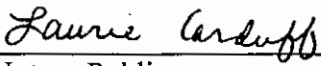
- has been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of (1) any felony or misdemeanor or violation of the law, except for minor parking violations or (2) the subject of any juvenile delinquency or youthful offender proceeding; or
- has been charged with fraudulent conduct or any act involving moral turpitude; or
- has any unsatisfied judgments against him or her; or
- is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order, or directive of any court or governmental agency.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.1540(b)(3)(J), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,


Jeffrey Port, M.D.
President
Southwest Gastroenterology, S. C.

Subscribed and sworn to me
This 1st day of November, 2016


Notary Public

