Ferrell Hospital

1201 Pine Street | Eldorado, IL 62930 | P: 618-273-3361 | F: 618-273-2571

December 19, 2016

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Michael Constantino
Senior Reviewer
Illinois Health Facilities and Services Review Board
525 West Jefferson St.
Springfield, IL 62761

RE: Project #16-048—Ferrell Hospital

Dear Mr. Constantino:

I received your voice message advising me that we failed to include the attachments referenced in the letter dated December 14, 2016. I have emailed those to you and the enclosed are the same documents referenced in my email dated today and the letter dated December 14, 2016. Thank you for alerting me that the information referenced was not included.

Sincerely,

Alisa Coleman

Alisa Coleman, CEO

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: Ferrell Hospital
Street Address: 1201 Pine Street
City and Zip Code: Eldorado 62930
County: Saline Health Service Area: 5 Health Planning Area: F-05

Applicant /Co-Applicant Identification
[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: Deaconess Regional Healthcare Network Illinois, LLC
Address: 600 Mary Street, Evansville, IN 47747
Name of Registered Agent: CT Corporation
Name of Chief Executive Officer: Jared Florence
CEO Address: 600 Mary Street, Evansville, IN 47747
Telephone Number: (812) 450-2220

Type of Ownership of Applicant/Co-Applicant

☐	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☒	Limited Liability Company	☐	Sole Proprietorship	☐	Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- 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: Jared Florence
Title: President
Company Name: Deaconess Regional Healthcare Network, LLC
Address: 600 Mary Street, Evansville, IN 47747
Telephone Number: (812) 450-2220
E-mail Address: Jared.Florence@deaconess.com
Fax Number:

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

Name: Andrea Valentino
Title: Consultant
Company Name: Health Care Futures
Address: 300 Park Boulevard, Suite 200, Itasca, Illinois 60143
Telephone Number: (630) 467-1700 ext. 104
E-mail Address: a.valentino@healthcarefutures.com
Fax Number: (630) 467-1701

Section 1. Identification, General Information, and Certification.

Applicant Identification

Exact Legal Name: Ferrell Hospital Community Foundation (Primary Applicant, Legal Entity)
Address: 1201 Pine Street, Eldorado, Illinois 62930
Name of Registered Agent: Joseph Hohenberger
Name of Chief Executive Officer: Alisa Coleman
CEO Address: 1201 Pine Street, Eldorado, Illinois 62930
Telephone Number: (618) 273-3361 ext. 150

Co-Applicant Identification

Exact Legal Name: Deaconess Regional Healthcare Network Illinois, LLC
Address: 600 Mary Street, Evansville, IN 47747
Name of Registered Agent: CT Corporation
Name of Chief Executive Officer: Jared Florence
CEO Address: 600 Mary Street, Evansville, IN 47747
Telephone Number: (812) 450-2220

Note: Ferrell is an independent community Hospital. The Deaconess organization provides key executive positions to Ferrell through a contract management agreement with its services entity and its network entity also appoints two (2) Board Members who have reserve powers over major capital expenditures; hence, the identification of the network entity as a co-applicant, as noted above. Deaconess, per se, has no "control" function over Ferrell as defined in Illinois Health Facilities and Services Review Board rules.

Section 1. Identification, General Information, and Certification.

Primary Contact

Name: Alisa Coleman
Title: Administrator / CEO
Company Name: Ferrell Hospital
Address: 1201 Pine Street, Eldorado, Illinois 62930
Telephone Number: (618) 273-3361 ext. 150
E-mail Address: acoleman@ferrellhosp.org
Fax Number: (618) 273-2571

Primary Contact

Name: Jared Florence
Title: President
Company Name: Deaconess Regional Healthcare Network, LLC
Address: 600 Mary Street, Evansville, Indiana 47747
Telephone Number: (812) 450-2220
E-mail Address: Jared.Florence@deaconess.com

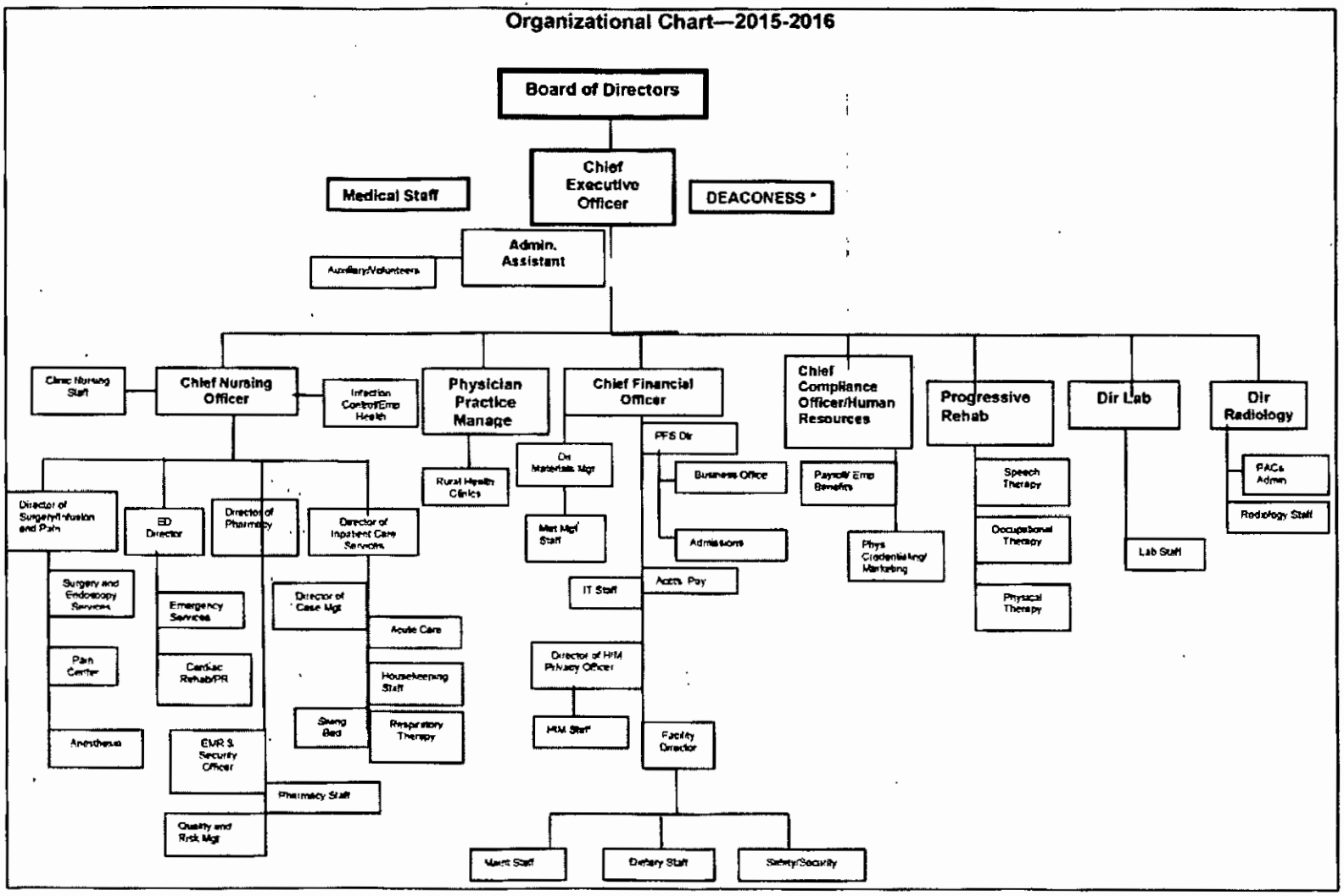
Additional Contact (Updated)

Name: Andrea Valentino
Title: Consultant
Company Name: Health Care Futures
Address: 300 Park Boulevard, Suite 200, Itasca, Illinois 60143
Telephone Number: (630) 467-1701 x 104
E-mail Address: a.valentino@healthcarefutures.com
Fax Number: (630) 467-1701

Site Ownership

Exact Legal Name of Site Owner: Ferrell Hospital Community Foundation
Address of Site Owner: 1201 Pine Street, Eldorado, Illinois 62930
Street Address or Legal Description of Site: 1201 Pine Street, Eldorado, Illinois 62930

FERRELL HOSPITAL COMMUNITY FOUNDATION



* Deaconess provides key executive management personnel through its "service" corporation entity and two (2) Board Members through its "Network, LLC" entity which has reserve powers over certain capital financial expenditures. Deaconess has no "control" over Ferrell Hospital as an independent Hospital.