



150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606-1599 • 312.819.1900

April 4, 2019

Via Federal Express
Via Email

RECEIVED

APR 5 2019

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Anne M. Cooper
(312) 873-3606
(312) 276-4317 Direct Fax
acooper@polsinelli.com

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review
Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: River North Center for Reproductive Health (Proj. No. 19-003)

Dear Ms. Avery:

This letter is written in connection with the above referenced project, River North Center for Reproductive Health to include Fertility Surgical Partners, LLC and Fertility Centers of Illinois, S.C. as co-applicants to the River North Center for Reproductive Health certificate of need application. We have included the following items with this submission:

1. Facility/Project Identification pages for Fertility Surgical Partners, LLC and Fertility Centers of Illinois, S.C.;
2. Certification Pages for Fertility Surgical Partners, LLC and Fertility Centers of Illinois, S.C.;
3. Adverse Action Certification for Fertility Surgical Partners, LLC and Fertility Centers of Illinois, S.C.;
4. Certificates of Good Standing for Fertility Surgical Partners, LLC and Fertility Centers of Illinois, S.C.; and
5. Processing fee in the amount of \$2,000 made payable to the Illinois Department of Public Health.



Ms. Courtney Avery
April 4, 2019
Page 2

If you have any questions regarding these materials, please feel free to contact me.

Sincerely,

A handwritten signature in blue ink that reads "Anne M. Cooper". The signature is written in a cursive, flowing style.

Anne M. Cooper

Attachments

Facility/Project Identification

Facility Name: River North Center for Reproductive Health			
Street Address: 361 West Chestnut			
City and Zip Code: Chicago, IL 60610			
County:	Cook	Health Service Area:	6
		Health Planning Area:	

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Fertility Surgical Partners LLC	05731
Street Address: 3703 West Lake Avenue	
City and Zip Code: Glenview, Illinois 60026	
Name of Registered Agent: Christopher S. Sipe	
Registered Agent Street Address: 3703 W. Lake Ave, Ste 310	
Registered Agent City and Zip Code: Glenview, IL 60026	
Name of Chief Executive Officer: Christopher S. Sipe, M.D.	
CEO Street Address: 3703 W. Lake Ave, Ste 310	
CEO City and Zip Code: Glenview, IL 60026	
CEO Telephone Number: 847-998-8200	

Type of Ownership of Applicants

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Non-profit Corporation | <input type="checkbox"/> Partnership | |
| <input type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Governmental | |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> 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 they are 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: Kara M. Friedman
Title: Attorney
Company Name: Polsinelli
Address: 150 N. Riverside Plaza, Suite 3000, Chicago IL 60606
Telephone Number: 312-873-3639
E-mail Address: kfriedman@polsinelli.com
Fax Number:

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

Name: Marcus Williamson
Title: Executive Director
Company Name: Fertility Centers of Illinois
Address: 3703 West Lake Ave, Suite 310, Glenview, IL 60026
Telephone Number: 847-916-6252
E-mail Address: Marcus.Williamson@integamed.com

Facility/Project Identification

Facility Name: River North Center for Reproductive Health			
Street Address: 361 West Chestnut			
City and Zip Code: Chicago, IL 60610			
County:	Cook	Health Service Area:	6 Health Planning Area:

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

05132

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CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives 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 is filed on the behalf of Fertility Surgical Partners LLC* 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 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 fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

Christopher S. Sipe, M.D.
PRINTED NAME

Manager
PRINTED TITLE

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

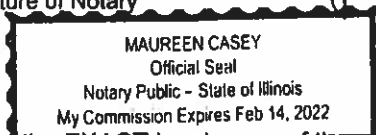
Subscribed and sworn to before me
this 4 day of April 2019

Notarization:

Subscribed and sworn to before me
this ____ day of _____

Signature of Notary

Seal



Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

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Christopher S. Sipe, M.D.
PRINTED NAME

Manager
PRINTED TITLE

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Signature of Notary

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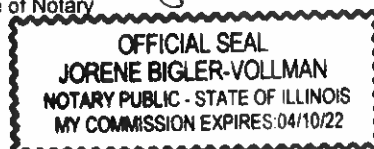
MEYKE L. WILHELM, M.D.
PRINTED NAME

Vice President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 4 day of April 2019

Signature of Notary

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SIGNATURE

Christopher S. Sipe, M.D.

PRINTED NAME

President

PRINTED TITLE

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

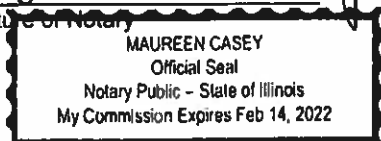
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SIGNATURE

Christopher S. Sipe, M.D.
PRINTED NAME

President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this _____ day of _____

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

SIGNATURE

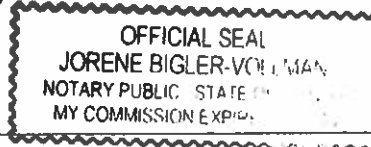
MEIKE L. UHLER, M.D.
PRINTED NAME

Vice-President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 4 day of April 2019

Signature of Notary

Seal



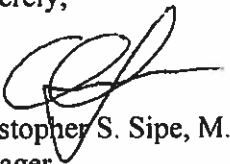
Richard Sewell
Interim Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chair Sewell:

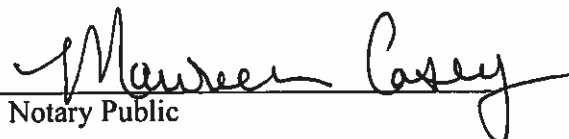
I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action as defined in 77 Ill. Admin. Code § 1130.140 has been taken against any ambulatory surgical treatment center owned or operated by Fertility Surgical Partners LLC in the State of Illinois during the three year period prior to filing this application.

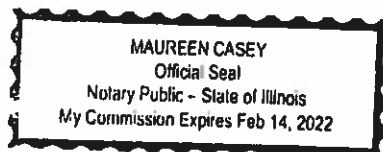
Additionally, pursuant to 77 Ill. Admin. Code § 1110.110(a)(2)(J), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. 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,


Christopher S. Sipe, M.D.
Manager
Fertility Surgical Partners LLC

Subscribed and sworn to me
This 4 day of April, 2019


Notary Public



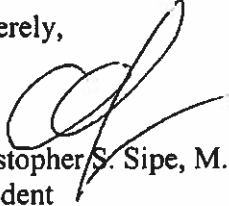
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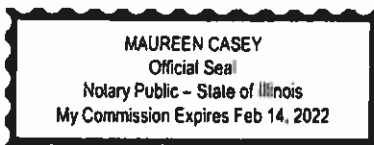
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Sincerely,


Christopher S. Sipe, M.D.
President
Fertility Centers of Illinois, S.C.

Subscribed and sworn to me
This 4 day of April, 2019


Notary Public



File Number

0710258-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

FERTILITY SURGICAL PARTNERS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 01, 2018, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 4TH day of APRIL A.D. 2019 .

Jesse White

SECRETARY OF STATE

Authentication #: 1909401794 verifiable until 04/04/2020
Authenticate at: <http://www.cyberdriveillinois.com>

File Number

5753-595-4



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

FERTILITY CENTERS OF ILLINOIS, S.C., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 29, 1993, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 4TH day of APRIL A.D. 2019 .

Jesse White

SECRETARY OF STATE

Authentication #: 1909401802 verifiable until 04/04/2020
Authenticate at: <http://www.cyberdriveillinois.com>

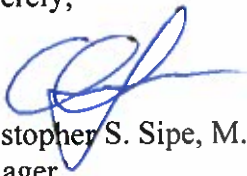
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Interim Chair
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525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

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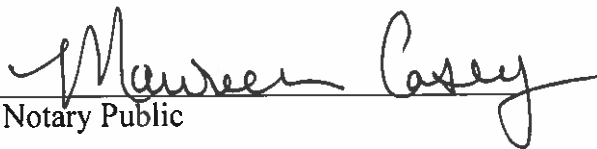
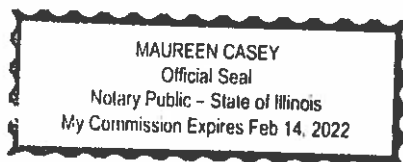
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Sincerely,



Christopher S. Sipe, M.D.
Manager
Fertility Surgical Partners LLC

Subscribed and sworn to me
This 4 day of April, 2019


Notary Public

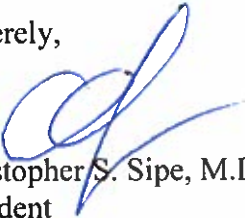
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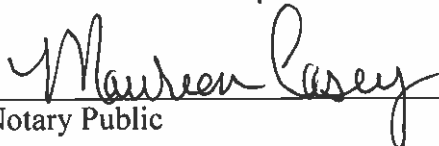
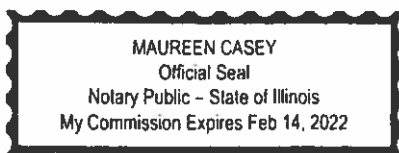
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President
Fertility Centers of Illinois, S.C.

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Notary Public

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SIGNATURE

Christopher S. Sipe, M.D.
PRINTED NAME

Manager
PRINTED TITLE

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 4 day of April 2019

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

MAUREEN CASEY
Official Seal
Notary Public - State of Illinois
My Commission Expires Feb 14, 2022

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

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SIGNATURE

Christopher S. Sipe, M.D.

PRINTED NAME

President

PRINTED TITLE

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 4 day of April 2019

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Maureen Casey

Signature of Notary

Seal

MAUREEN CASEY
Official Seal
Notary Public - State of Illinois
My Commission Expires Feb 14, 2022

Signature of Notary

Seal

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Christopher S. Sipe, M.D.
PRINTED NAME

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PRINTED TITLE

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SIGNATURE

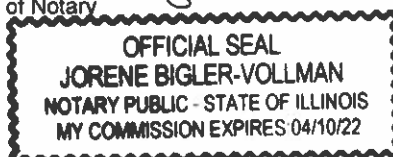
MEIKE L. WILKER, M.D.
PRINTED NAME

Vice President
PRINTED TITLE

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SIGNATURE

Christopher S. Sipe, M.D.

PRINTED NAME

President

PRINTED TITLE

SIGNATURE

MEIKE L. UHLMANN, M.D.

PRINTED NAME

Vice-President

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Notarization:

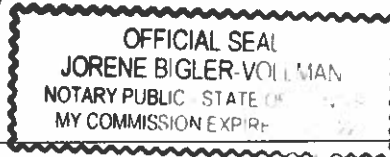
Subscribed and sworn to before me
this 4 day of April 2019

Signature of Notary

Seal

Signature of Notary

Seal



*Insert the EXACT legal name of the applicant