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**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

February 26, 2019

Via Overnight Courier

Michael Constantino
Supervisor, Project Review Section
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Rehabilitation Institute, Inc.
Identification, General Information, and Certification

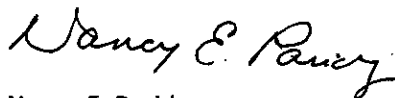
Dear Mr. Constantino,

In accord with your conversation with Jack Axel, enclosed is a revised and fully executed, notarized Certification regarding the Certificate of Need filed on behalf of the Rehabilitation Institute, Inc. on February 25, 2019.

If you have any questions or need any additional information, please do not hesitate to contact me at 312-238-6208 or via email at nparidy@sralab.org.

We greatly appreciate your assistance.

Sincerely,



Nancy E. Paridy
Senior Vice President, Chief Administrative Officer

Enclosure

cc: Jack Axel

**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:	Rehabilitation Institute of Chicago d/b/a Shirley Ryan AbilityLab		
Street Address:	355 East Erie Street		
City and Zip Code:	Chicago, IL 60611		
County:	Cook	Health Service Area:	VI
		Health Planning Area:	A-01

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

Exact Legal Name:	Rehabilitation Institute, Inc.
Street Address:	355 East Erie Street
City and Zip Code:	Chicago, IL 60611
Name of Registered Agent:	Nancy E. Paridy
Registered Agent Street Address:	355 East Erie Street
Registered Agent City and Zip Code:	Chicago, IL 60611
Name of Chief Executive Officer:	Joanne Smith, MD
CEO Street Address:	355 East Erie Street
CEO City and Zip Code:	Chicago, IL 60611
CEO Telephone Number:	312/ 238-1000

Type of Ownership of Applicants

<input checked="checked" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other	

- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- 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:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court, Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7004

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:	

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives 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 is filed on the behalf of Rehabilitation Institute, 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 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.

Nancy E. Paridy

SIGNATURE

Nancy E. Paridy
PRINTED NAME

Sr. Vice President,
Chief Administrative Officer
PRINTED TITLE

Jonathan Tingstad

SIGNATURE

Jonathan Tingstad
PRINTED NAME

Sr. Vice President,
Chief Financial Officer
PRINTED TITLE

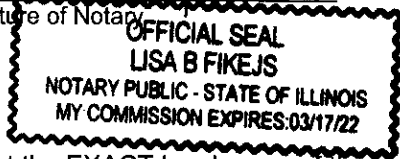
Notarization:

Subscribed and sworn to before me
this 26th day of FEBRUARY

[Signature]

Signature of Notary

Seal



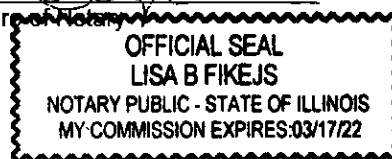
Notarization:

Subscribed and sworn to before me
this 26th day of FEBRUARY

[Signature]

Signature of Notary

Seal



*Insert the EXACT legal name of the applicant