

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: Lockport Crossing Medical Office Building		
Street Address: 1206 East 9 th Street		
City and Zip Code: Lockport, Illinois 60441		
County: Will	Health Service Area: 9	Health Planning Area:

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

Exact Legal Name: DMG Practice Management Solutions LLC
Street Address: 1100 West 31 st Street, Suite 300
City and Zip Code: Downers Grove, Illinois 60515
Name of Registered Agent: Capitol Services, Inc.
Registered Agent Street Address: 1675 South State Street, Suite B
Registered Agent City and Zip Code: Dover, Delaware 19901
Name of Chief Executive Officer: Mike Pacetti
CEO Street Address: 1100 West 31 st Street, Suite 300
CEO City and Zip Code: Downers Grove, Illinois 60515
CEO Telephone Number: 630-469-9200

Type of Ownership of Applicants

☐ Non-profit Corporation ☐ For-profit Corporation ☒ Limited Liability Company	☐ Partnership ☐ Governmental ☐ 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 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 Friedman
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000
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: Donna Cooper
Title: Chief Operating Officer
Company Name: DuPage Medical Group
Address: 1100 West 31 st Street, Suite 300, Downers Grove, Illinois 60515
Telephone Number: 630-545-3617
E-mail Address: Donna.Cooper@Dupagemd.com
Fax Number:

Delaware

The First State

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*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "DMG PRACTICE MANAGEMENT SOLUTIONS LLC"
IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF
THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF JUNE, A.D. 2019.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
PAID TO DATE.*



5903346 8300

SR# 20195666221

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203103303

Date: 06-26-19