



Kara Friedman  
Polsinelli PC  
312-873-3634  
[kfriedman@polsinelli.com](mailto:kfriedman@polsinelli.com)

**RECEIVED**

OCT 17 2019

**HEALTH FACILITIES &  
SERVICES REVIEW BOARD**

Mr. Michael Constantino  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street  
Springfield, Illinois 62761

**Re: Certificate of Need Application (25 East Same Day Surgery)**

Dear Mr. Constantino:

Please find enclosed the \$2,500 application processing fee and original signed documents for the 25 East Same Day Surgery CON application that was submitted under separate cover.

Thank you for your time and consideration of the Applicants' application for permit to discontinue the existing surgery center located at 25 East Washington St. Suite 300 Chicago, IL 60602. If you have any questions or need any additional information to complete your review of the application for permit, please feel free to contact me.

Sincerely,

A handwritten signature in black ink that reads 'Kara Friedman'.

Kara Friedman  
Attorney, Polsinelli PC

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

**RE: Provision of Required Questionnaires and Certifications**

Dear Mr. Constantino:

The undersigned is an authorized representative of 25 East Same Day Surgery, LLC.

I hereby certify that 25 East Same Day Surgery, LLC will continue to complete all questionnaires and submit all data required by the Health Facilities and Services Review Board and the Department of Public Health as they become due.

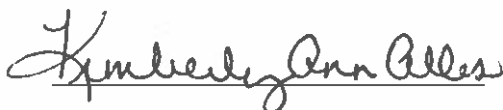
Sincerely,



Chris Hartshorn, Market President  
Manager, 25 East Same Day Surgery Center, LLC

Notarization:

Subscribed and sworn to before  
me this 14 day of October 2019



Signature of Notary

seal



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

**RE: Attachment 11 - Background of Applicant**

Dear Vice Chair Sewell:

The following information addresses the four points of the subject criterion 1110.230:

1. Except for 25 East Same Day Surgery, LLC, the operator of 25 E. Same Day Surgery (the "Operator") does not currently own or operate any other healthcare facilities. Copies of the current license and accreditation are attached at Attachment- 11A.

2. In addition to the Operator, the direct owner of the Operator is NorthShore/USP Surgery Centers II, LLC, and this applicant has a 5% or greater ownership interest in the following IDPH licensed health care facilities:

- 25 East Same Day Surgery, located at 25 East Washington St. Suite 300 Chicago, IL 60602
- North Shore Surgical Center, located at 3725 West Touhy Avenue, Lincolnwood, IL 60712
- River North Same Day Surgery Center, located at 1 East Street, #300, Chicago, IL 60611

Finally, the entity having final control of the Operator is United Surgical Partners International and it owns a 5% or greater ownership stake in the following IDPH licensed healthcare facilities.

- Hinsdale Surgical Center, located at 10 Salt Creek Lane Hinsdale, IL 60521
- Silver Cross Ambulatory Surgery Center, located at 1003 Pawlak Parkway New Lenox, IL 60451

3. There have been no adverse actions taken against such healthcare facilities during the three years prior to the filing of this application.

4. This letter serves as authorization permitting the Illinois Health and Services Review Board (HFSRB) access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information which the HFSRB finds pertinent to this subsection.

Sincerely,



Chris Hartshorn, Market President  
Manager, 25 East Same Day Surgery Center, LLC

Notarization:

Subscribed and sworn to before  
me this 14 day of October 2019



Signature of Notary

seal



**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 United Surgical Partners International \*  
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.

Chris Hartshorn  
SIGNATURE

Chris Hartshorn  
PRINTED NAME

Market President, Manager  
PRINTED TITLE

Catherine Weaver  
SIGNATURE

Catherine Weaver  
PRINTED NAME

Regional Vice President, Manager  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 14 day of October 2019

Notarization:  
Subscribed and sworn to before me  
this 15 day of October

Kimberly Ann Alles  
Signature of Notary

Seal



\*Insert EXACT legal name of the applicant

[Signature]  
Signature of Notary

Seal



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- 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 25 East Same Day Surgery, 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.

Chris Hartshorn  
SIGNATURE

Chris Hartshorn  
PRINTED NAME

Manager  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 14 day of October 2019

Kimberly Ann Alles  
Signature of Notary

Seal

\*Insert EXACT legal name of the applicant



Catherine Weaver  
SIGNATURE

Catherine Weaver  
PRINTED NAME

Member  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 15 day of October

[Signature]  
Signature of Notary

Seal



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- 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 NorthShore/USP Surgery Centers II, 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.

Chris Hartshorn  
SIGNATURE

Chris Hartshorn  
PRINTED NAME

Member, Manager  
PRINTED TITLE

Catherine Weaver  
SIGNATURE

Catherine Weaver  
PRINTED NAME

Member, Manager  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 14 day of October 2019

Notarization:  
Subscribed and sworn to before me  
this 15 day of October

Kimberly Ann Allen  
Signature of Notary

Seal

\*Insert EXACT legal name of the Applicant



[Signature]  
Signature of Notary

Seal





Kara Friedman  
Polsinelli PC  
312-873-3639  
[kfriedman@polsinelli.com](mailto:kfriedman@polsinelli.com)

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OCT 18 2019

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

**Re: Certificate of Need Application**

Dear Mr. Constantino:

25 East Same Day Surgery, LLC, NorthShore/USP Surgery Centers II, LLC and United Surgical Partners International, Inc. hereby submit the attached Certificate of Need application to discontinue the existing surgery center located at 25 East Washington St. Suite 300 Chicago, IL 60602. For your review, I have enclosed two copies of the completed application for permit

Original signed documents and a check for \$2,500 for the application processing fee will be submitted under separate cover.

Thank you for your time and consideration of the Applicants' application for permit. If you have any questions or need any additional information to complete your review of the application for permit, please feel free to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Kara Friedman".

Kara Friedman  
Attorney, Polsinelli PC