

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR CHANGE OF OWNERSHIP EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

| | | |
|--|------------------------|---------------------------|
| Facility Name: Ambulatory Surgery Center of Centralia, LLC | | |
| Street Address: 1045 Martin Luther King Drive | | |
| City and Zip Code: Centralia 62801 | | |
| County: Marion | Health Service Area: 5 | Health Planning Area: F-4 |

*The only change in the facility will be a 60 percent membership interest change of ownership

Legislators

| |
|---|
| State Senator Name: Jason Plummer |
| State Representative Name: Blaine Wilhour |

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

| |
|--|
| Exact Legal Name: Dr. Udaya Liyanage |
| Street Address: 2720 Kokopelli Drive |
| City and Zip Code: Marion, Illinois 62959-9200 |
| Name of Registered Agent: n/a |
| Registered Agent Street Address: n/a |
| Registered Agent City and Zip Code: n/a |
| Name of Chief Executive Officer: n/a |
| CEO Street Address: n/a |
| CEO City and Zip Code: n/a |
| CEO Telephone Number: n/a |

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 type="checkbox"/> Limited Liability Company | <input checked="" 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.

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

| |
|--|
| Exact Legal Name: Community Care, Inc |
| Street Address: 5217 Maryland Way Suite 200 |
| City and Zip Code: Brentwood, TN 37027-5009 |
| Name of Registered Agent: E. Tony Reed |
| Registered Agent Street Address: 5217 Maryland Way Suite 200 |
| Registered Agent City and Zip Code: Brentwood, TN 37027-5009 |

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 04/2021 Edition

| |
|---|
| Name of Chief Executive Officer: E. Tony Reed |
| CEO Street Address: 5217 Maryland Way Suite 200 |
| CEO City and Zip Code: Brentwood, TN 37027-5009 |
| CEO Telephone Number: 615-377-5353 |

Type of Ownership of Applicants

- | | |
|--|--|
| <input type="checkbox"/> Non-profit Corporation | <input type="checkbox"/> Partnership |
| <input checked="" 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.

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

| |
|--|
| Exact Legal Name: Ambulatory Surgery Center of Centralia, LLC |
| Street Address: 5217 Maryland Way Suite 200 |
| City and Zip Code: Brentwood, TN 37027-5009 |
| Name of Registered Agent: National Registered Agents, Inc |
| Registered Agent Street Address: 208 South Lasalle Street, Suite 814 |
| Registered Agent City and Zip Code: Chicago, Illinois 60604 |
| Name of Chief Executive Officer: : E. Tony Reed |
| CEO Street Address: 5217 Maryland Way Suite 200 |
| CEO City and Zip Code: Brentwood, TN 37027-5009 |
| CEO Telephone Number: 615-377-5353 |

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 | |

- 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: Dr. Udaya Liyanage |
| Title: Physician |
| Company Name: n/a |

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| | |
|-------------------|---|
| Address: | 2720 Kokopelli Drive, Marion, Illinois 62959-9200 |
| Telephone Number: | 618-899-9200 |
| E-mail Address: | uliyanaage@astmarion.com |
| Fax Number: | 618-899-9206 |

Additional Contact [Person who is also authorized to discuss the Application]

| | |
|-------------------|--|
| Name: | Michael J Lach |
| Title: | Attorney at Law |
| Company Name: | Boggs, Avellino, Lach and Boggs, LLC |
| Address: | 9326 Olive Boulevard, Suite 200, Saint Louis, Missouri 63132 |
| Telephone Number: | 314-726-2310 |
| Email address: | MLach@Balblawyers.com |
| Fax Number: | 314-726-2360 |

Post Exemption Contact

[Person to receive all correspondence subsequent to exemption issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960]**

| | |
|-------------------|---|
| Name: | Dr. Udaya Liyanage |
| Title: | Physician |
| Company Name: | n/a |
| Address: | 2720 Kokopelli Drive, Marion, Illinois 62959-9200 |
| Telephone Number: | 618-899-9200 |
| E-mail Address: | uliyanaage@astmarion.com |
| Fax Number: | 618-899-9206 |

Site Ownership after the Project is Complete

[Provide this information for each applicable site]

| | |
|---|--|
| Exact Legal Name of Site Owner: | Ambulatory Surgery Center of Centralia, LLC |
| Address of Site Owner: | 105 Martin Luther King, Jr. Drive, Centralia, IL 62801 |
| Street Address or Legal Description of the Site: | 105 Martin Luther King, Jr. Drive, Centralia, IL 62801 |
| Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease. | |

APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Current Operating Identity/Licensee

[Provide this information for each applicable facility and insert after this page.]

| | |
|-------------------|--|
| Exact Legal Name: | Ambulatory Surgery Center of Centralia, LLC |
| Address: | 1045 Martin Luther King Drive, : Centralia, IL 62801 |

| | | |
|---|--|--------------------------|
| <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"/> |
| <input type="checkbox"/> Other | | |

Operating Identity/Licensee after the Project is Complete

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: Ambulatory Surgery Center of Centralia, LLC

Address: 1045 Martin Luther King Drive, : Centralia, IL 62801

- ☐ Non-profit Corporation
☐ For-profit Corporation
☒ Limited Liability Company
☐ Other

- ☐ Partnership
☐ Governmental
☐ Sole Proprietorship

☐

- 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.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Narrative Description

In the space below, provide a brief narrative description of the change of ownership. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does **NOT** have a street address, include a legal description of the site.

Dr. Udaya Liyanage, a board-certified surgeon, will be purchasing a 60 percent membership interest of the Ambulatory Surgery Center of Centralia, LLC. The 60 percent membership interest he is purchasing is currently owned by Community Care, Inc. The purchase price of the membership interest is \$250,000.00. There is no other change to the Ambulatory Surgery Center of Centralia, LLL, except for this purchase of the ownership interest.

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

| | | |
|--|------------------------------|--|
| Land acquisition is related to project | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Purchase Price: \$ | N/A | |
| Fair Market Value: \$ | N/A | |

Project Status and Completion Schedules

Outstanding Permits: Does the facility have any projects for which the State Board issued a permit that is not complete? Yes ___ No X_. If yes, indicate the projects by project number and whether the project will be complete when the exemption that is the subject of this application is complete.

| |
|--|
| |
| |
| |
| |
| |

Anticipated exemption completion date (refer to Part 1130.570): 7/1/2022

State Agency Submittals

Are the following submittals up to date as applicable:

X ☐ Cancer Registry

☐ APORS (not applicable)

X ☐ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted

☐ All reports regarding outstanding permits (not applicable)

Failure to be up to date with these requirements will result in the Application being deemed incomplete.

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 Dr. Udaya Liyanage

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

Dr. Udaya Liyanage

PRINTED NAME

MD/Owner

PRINTED TITLE

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 22 day of June

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Kelly Cook
Signature of Notary

Seal

KELLY J COOK
Official Seal
Notary Public - State of Illinois

*Insert the EXACT legal name of the applicant

Signature of Notary

Seal

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 Community Care, 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.

SIGNATURE

Jeffrey L. Stockard

PRINTED NAME

Secretary

PRINTED TITLE

SIGNATURE

E. Tony Reed

PRINTED NAME

President

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 27th day of June, 2022

Monica McCarthy

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant



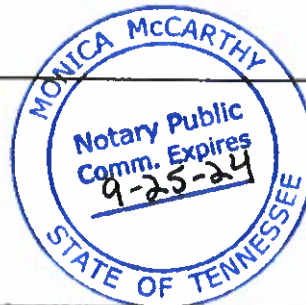
Notarization:

Subscribed and sworn to before me
this 27th day of June, 2022

Monica McCarthy

Signature of Notary

Seal



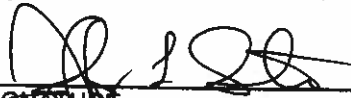
CERTIFICATION

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 **Ambulatory Surgery Center of Centraalla, 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

Jeffrey L. Stockard
PRINTED NAME

Secretary
PRINTED TITLE


SIGNATURE

E. Tony Reed
PRINTED NAME

President
PRINTED TITLE

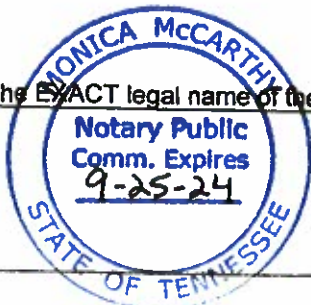
Notarization:

Subscribed and sworn to before me
this 27th day of June, 2022


Signature of Notary

Seal

*Insert the EXACT legal name of the applicant



Notarization:

Subscribed and sworn to before me
this 27th day of June, 2022


Signature of Notary

Seal



SECTION II. BACKGROUND.

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
3. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application. Please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
5. If, during a given calendar year, an applicant submits more than one Application, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 5.

SECTION III. CHANGE OF OWNERSHIP (CHOW)

Transaction Type. Check the Following that Applies to the Transaction:

- ☐ Purchase resulting in the issuance of a license to an entity different from current licensee.
- ☐ Lease resulting in the issuance of a license to an entity different from current licensee.
- ☐ Stock transfer resulting in the issuance of a license to a different entity from current licensee.
- ☐ Stock transfer resulting in no change from current licensee.
- ☐ Assignment or transfer of assets resulting in the issuance of a license to an entity different from the current licensee.
- ☐ Assignment or transfer of assets not resulting in the issuance of a license to an entity different from the current licensee.
- ☐ Change in membership or sponsorship of a not-for-profit corporation that is the licensed entity.
- ☐ Change of 50% or more of the voting members of a not-for-profit corporation's board of directors that controls a health care facility's operations, license, certification or physical plant and assets.
- ☐ Change in the sponsorship or control of the person who is licensed, certified or owns the physical plant and assets of a governmental health care facility.
- ☐ Sale or transfer of the physical plant and related assets of a health care facility not resulting in a change of current licensee.
- ☐ Change of ownership among related persons resulting in a license being issued to an entity different from the current licensee
- ☐ Change of ownership among related persons that does not result in a license being issued to an entity different from the current licensee.

X- Any other transaction that results in a person obtaining control of a health care facility's operation or physical plant and assets and explain in "Narrative Description."

Dr. Udaya Liyanage, a board-certified surgeon, will be purchasing a 60 percent membership interest of the Ambulatory Surgery Center of Centralia, LLC. The 60 percent membership interest he is purchasing is currently owned by Community Care, Inc. The purchase price of the membership interest is \$250,000.00. There is no other change to the Ambulatory Surgery Center of Centralia, LLL, except for this purchase of the ownership interest.

1130.520 Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility

1. Prior to acquiring or entering into a contract to acquire an existing health care facility, a person shall submit an application for exemption to HFSRB, submit the required application-processing fee (see Section 1130.230) and receive approval from HFSRB.
2. If the transaction is not completed according to the key terms submitted in the exemption application, a new application is required.
3. READ the applicable review criteria outlined below and **submit the required documentation (key terms) for the criteria:**

| APPLICABLE REVIEW CRITERIA | CHOW |
|--|-------------|
| 1130.520(b)(1)(A) - Names of the parties | X |
| 1130.520(b)(1)(B) - Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application. | X |
| 1130.520(b)(1)(C) - Structure of the transaction | X |
| 1130.520(b)(1)(D) - Name of the person who will be licensed or certified entity after the transaction | |
| 1130.520(b)(1)(E) - List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons. | X |
| 1130.520(b)(1)(F) - Fair market value of assets to be transferred. | X |
| 1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)] | X |
| 1130.520(b)(2) - Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section | X |
| 1130.520(b)(3) - If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction | X |

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| APPLICABLE REVIEW CRITERIA | CHOW |
|--|-------------|
| 1130.520(b)(4) - A statement as to the anticipated benefits of the proposed changes in ownership to the community | X |
| 1130.520(b)(5) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership; | X |
| 1130.520(b)(6) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control; | X |
| 1130.520(b)(7) - A description of the selection process that the acquiring entity will use to select the facility's governing body; | X |
| 1130.520(b)(9)- A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition. | X |
| APPEND DOCUMENTATION AS <u>ATTACHMENT 6</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. | |

SECTION IV.CHARITY CARE INFORMATION

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). **Charity Care must be provided at cost.**

A table in the following format must be provided for all facilities as part of Attachment 7.

| CHARITY CARE | | | |
|----------------------------------|------|------|------|
| | Year | Year | Year |
| Net Patient Revenue | | | |
| Amount of Charity Care (charges) | | | |
| Cost of Charity Care | | | |

APPEND DOCUMENTATION AS ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 04/2021 Edition

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

| INDEX OF ATTACHMENTS | | | |
|----------------------|--|--|-------|
| ATTACHMENT NO. | | | PAGES |
| 1 | Applicant Identification including Certificate of Good Standing | | 17-23 |
| 2 | Site Ownership | | 24-30 |
| 3 | Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. | | 31-32 |
| 4 | Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc. | | 33-34 |
| 5 | Background of the Applicant | | 35-54 |
| 6 | Change of Ownership | | 55-56 |
| 7 | Charity Care Information | | 57-58 |

ATTACHMENT 1

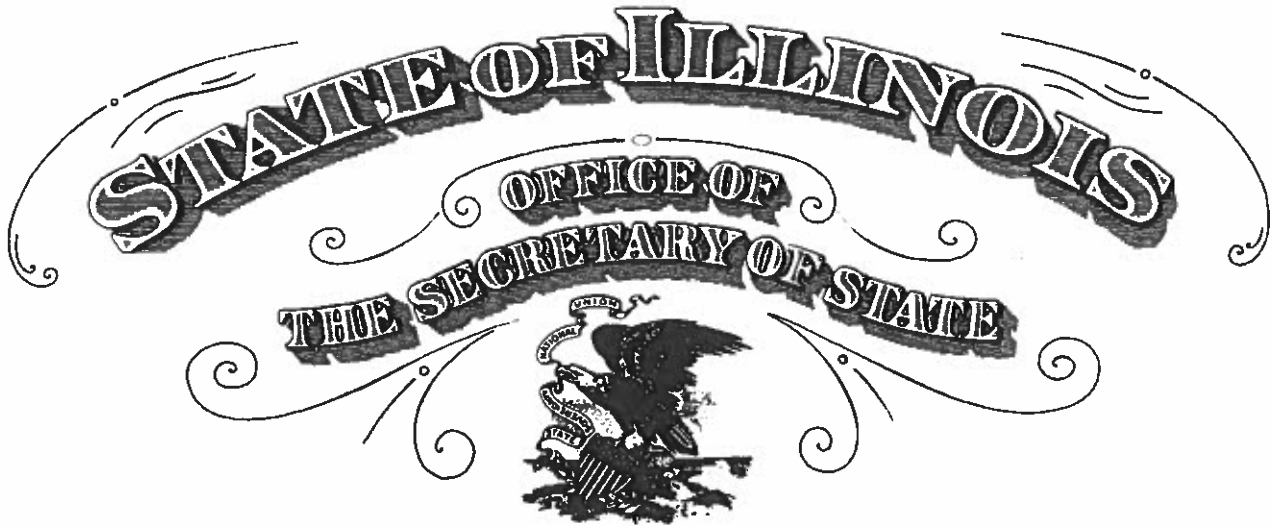
Certificates of Good Standing

Attached hereto as Attachment 1 are Good Standing Certificates for:

1. The Ambulatory Surgery Center of Centralia LLC (operator and licensee);
2. Community Care, Inc. (pre-closing controlling member of The Ambulatory Surgery Center; and
3. Licenses for Sole Proprietor Dr. Udaya Liyanage: (post-closing controlling member of The Ambulatory Surgery Center.

File Number

0023007-3



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

AMBULATORY SURGERY CENTER OF CENTRALIA, LLC, A TENNESSEE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON OCTOBER 20, 1998, 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 FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS 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 7TH
day of JUNE A.D. 2022 .

Jesse White

Authentication #: 2215801876 verifiable until 06/07/2023

Authenticate at: <http://www.isos.gov>

cyberdriveillinois.com is now ilsos.gov

[Online Services](#) [Publications/Forms](#) [Departments](#) [News](#) [Contact](#)

Office of the Secretary of State Jesse White

ilsos.gov

Corporation/LLC Search/Certificate of Good Standing

LLC File Detail Report

| | |
|-------------|---|
| File Number | 00230073 |
| Entity Name | AMBULATORY SURGERY CENTER OF CENTRALIA, LLC |
| Status | ACTIVE |

Entity Information

| | |
|-----------------------------|--|
| Principal Office | 5217 MARYLAND WAY STE 200 BRENTWOOD, TN 37027 |
| Entity Type | LLC |
| Type of LLC | Foreign |
| Organization/Admission Date | Tuesday, 20 October 1998 |
| Jurisdiction | TN |
| Duration | Thursday, 30 September 2038 |

Agent Information

| | |
|-------------|--|
| Name | NATIONAL REGISTERED AGENTS INC |
| Address | 208 SO LASALLE ST, SUITE 814 CHICAGO , IL 60604 |
| Change Date | Wednesday, 25 February 2015 |

Annual Report

| | |
|-------------|---------------------------|
| For Year | 2021 |
| Filing Date | Friday, 17 September 2021 |

Managers

Name REED, TONY
Address 5217 MARYLAND WAY STE 200
BRENTWOOD, TN 37027

Name STOCKARD, JEFF
Address 5217 MARYLAND WAY/STE 200
BRENTWOOD, TN 37027

Assumed Name

ACTIVE SURGERY CENTER OF CENTRALIA, LLC

Series Name

NOT AUTHORIZED TO ESTABLISH SERIES

[Return to Search](#)

(One Certificate per Transaction)

[File Annual Report](#)

[Adopting Assumed Name](#)

[Articles of Amendment Effecting A Name Change](#)

[Change of Registered Agent and/or Registered Office](#)

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Tue Jun 07 2022



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

MICHAEL LACH
MICHAEL J. LACH
3C
6615 ALAMO AVE
SAINT LOUIS, MO 63105

June 16, 2022

Request Type: Certificate of Existence/Authorization
Request #: 0480994

Issuance Date: 06/16/2022
Copies Requested: 1

Document Receipt

| | | |
|---|-------------|---------|
| Receipt #: 007312612 | Filing Fee: | \$20.00 |
| Payment-Credit Card - State Payment Center - CC #: 3831097119 | | \$20.00 |

Regarding: COMMUNITY CARE, INC.

Filing Type: For-profit Corporation - Domestic

Formation/Qualification Date: 07/07/1997

Status: Active

Duration Term: Perpetual

Business County: WILLIAMSON COUNTY

Control #: 333776

Date Formed: 07/07/1997

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

COMMUNITY CARE, INC.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 054348426



Tennessee
Secretary of State
Tre Hargett

Business Services Online > Find and Update a Business Record > Business Entity Detail

Business Entity Detail

Available
Entity
Actions

[Certificate of Existence](#)
[More](#)

Entity details cannot be edited. This detail reflects the current state of the filing in the system.

Return to the [Business Information Search](#).

000333776: For-profit Corporation - Domestic

Printer Friendly Version

Name: COMMUNITY CARE, INC.

Status: Active

Initial Filing Date: 07/07/1997

Formed in: TENNESSEE

Delayed Effective Date:

Fiscal Year Close: December

AR Due Date: 04/01/2023

Term of Duration: Perpetual

Inactive Date:

Principal Office: 5217 MARYLAND WAY STE 200
BRENTWOOD, TN 37027-5009 USA

Mailing Address: 5217 MARYLAND WAY STE 200
BRENTWOOD, TN 37027-5009 USA

AR Exempt: No

Obligated Member Entity: No

Shares of Stock: 24,168,300

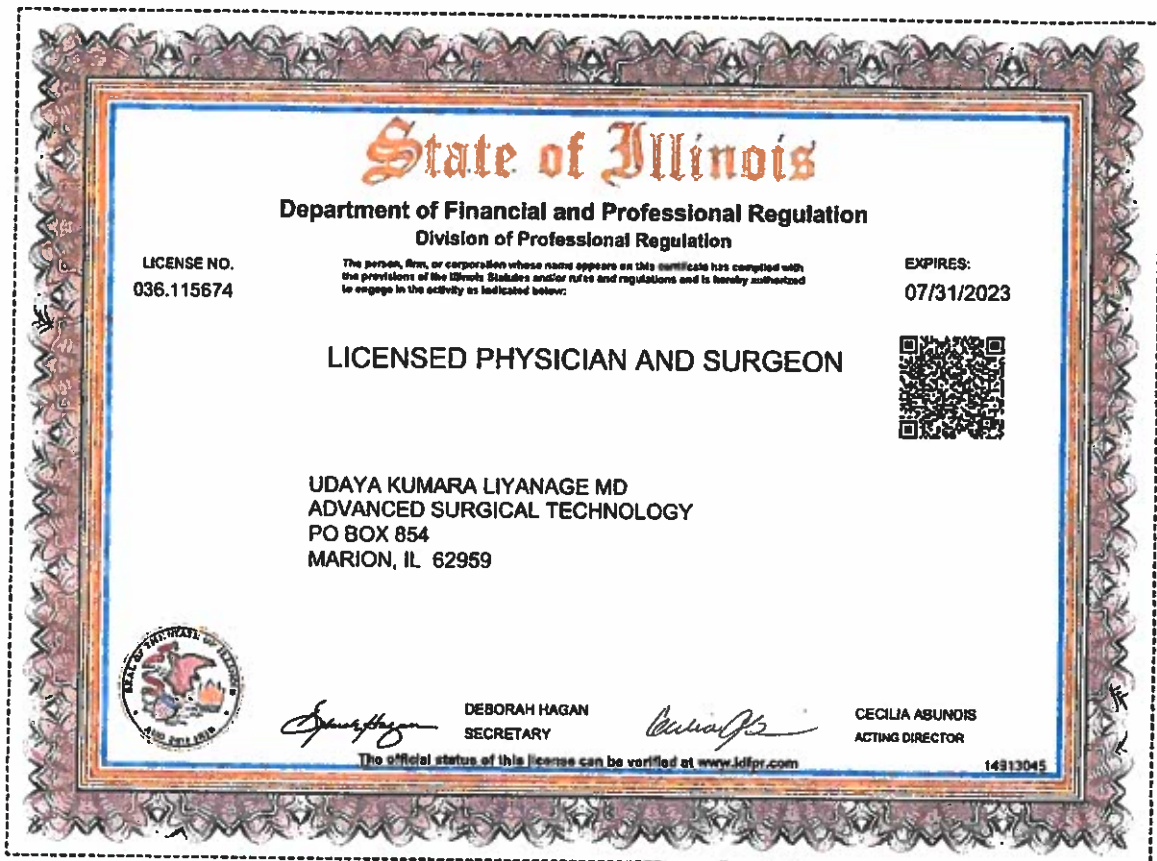
[Assumed Names](#)

Name

Status

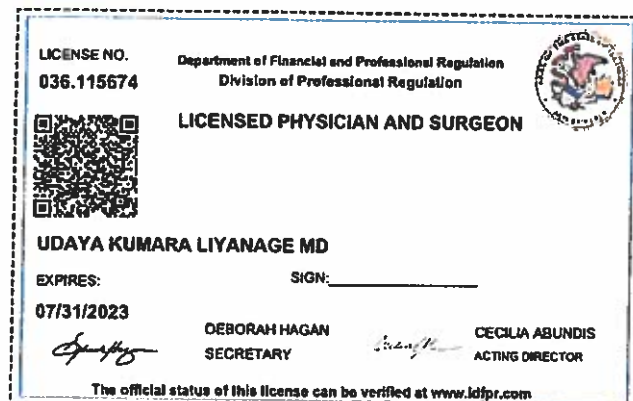
Expires

No Assumed Names Found...



Cut on Dotted Line ✂

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 1377228



Cut on Dotted Line ✂

ATTACHMENT 2

Site Ownership

The Ambulatory Surgery Center of Centralia, LLC owns the property and buildings at 1045 Martin Luther King, Jr. Drive, Centralia, Illinois 62801.

GARY L. PURCELL
MARION COUNTY TREASURER
PO BOX 1025
SALEM IL 62881
ilmarion.com

PROPERTY INDEX NUMBER
14-00-072-321

| | | | |
|-----------------|------------|-----------------|------------|
| 1ST DUE DATE | 07/27/2022 | 2ND DUE DATE | 09/27/2022 |
| 1ST INSTALLMENT | \$5,950.54 | 2ND INSTALLMENT | \$5,950.54 |

REAL ESTATE TAX BILL (2021 PAYABLE 2022)

Registration Code #: 254033

Late Payment Schedule

| Postmarked after: | PAY | Postmarked after: | PAY |
|--------------------------------------|----------------|--------------------------------------|----------------|
| 07/27/2022 | \$6,039.80 | 09/27/2022 | \$6,039.80 |
| 08/27/2022 | \$6,129.06 | 10/18/2022 | \$6,049.80 |
| 09/27/2022 | \$6,218.31 | 10/27/2022 | \$6,139.06 |
| 10/27/2022 | \$6,307.57 | 11/27/2022 | CALL TREASURER |
| 11/27/2022 | CALL TREASURER | | |
| Incorrect payments will be returned. | | Incorrect payments will be returned. | |
| FIRST INSTALLMENT PAID | | SECOND INSTALLMENT PAID | |

004269 - 020507



AMBULATORY SURGERY CENTER OF CENTRALIA
5217 MARYLAND WAY, STE 200
BRENTWOOD TN 37027



004265

| | | | | | | | | | | |
|------------------------|-------------|---|--------------------|------------------------------------|-------------|-------------|------------|------------|------------|--|
| PRIOR YEAR TAX | \$11,745.50 | TOWNSHIP NAME | Centralia Township | | TAX CODE | 14001 | | TOTAL PAID | TOTAL PAID | |
| TIF EAV | 0 | Taxing Body | | Current | % Of | Current | Prior | Pension | Library | |
| 1977 EAV | 0 | | | Rate | Total | Tax | Year Tax | Amount | Amount | |
| FREEZE BASE VALUE | 0 | | | | | | | | | |
| COUNTY MULTIPLIER | 1.0700 | | | | | | | | | |
| FAIR CASH VALUE | 363,160 | COUNTY TAX | | 0.98370 | 10.00 | \$1,190.68 | \$1,184.41 | \$186.37 | \$0.00 | |
| LAND VALUE | 17,980 | CENTRALIA GRADE SCHOOL | | 2.60051 | 26.45 | \$3,147.66 | \$3,093.76 | \$195.02 | \$0.00 | |
| + BUILDING VALUE | 103,060 | CENTRALIA HIGH SCHOOL | | 2.54259 | 25.86 | \$3,077.55 | \$3,003.40 | \$136.61 | \$0.00 | |
| - HOME IMPROVE EXEMP | 0 | KASKASKIA COLLEGE 501 | | 0.56800 | 5.78 | \$687.51 | \$640.17 | \$0.00 | \$0.00 | |
| = TOTAL VALUE | 121,040 | CENTRALIA REG LIB | | 0.25373 | 2.58 | \$307.11 | \$302.57 | \$11.16 | \$0.00 | |
| x STATE MULTIPLIER | 1.0000 | CENTRALIA TWP RD&BR | | 0.32538 | 3.31 | \$393.84 | \$402.49 | \$0.00 | \$0.00 | |
| = EQUALIZED VALUE | 121,040 | CENTRALIA TOWNSHIP | | 0.24641 | 2.51 | \$298.25 | \$293.94 | \$4.09 | \$0.00 | |
| - SR FREEZE EXEMPTION | 0 | CENTRALIA CITY | | 2.31203 | 23.51 | \$2,798.48 | \$2,824.76 | \$2,187.64 | \$0.00 | |
| - RETURN VET / MISC EX | 0 | | | | | | | | | |
| - OWNER OCCUPIED EX | 0 | | | | | | | | | |
| - SR HOMESTEAD EXEMP | 0 | | | | | | | | | |
| - DISABLED / D. VET EX | 0 | | | | | | | | | |
| + FARM LAND VALUE | 0 | | | | | | | | | |
| - DRAINAGE ABATEMENT | 0 | | | | | | | | | |
| + FARM BUILDINGS VALUE | 0 | | | | | | | | | |
| = TAXABLE VALUE | 121,040 | Totals | | 9.83235 | \$11,901.08 | | | | | |
| x TAX RATE | 9.83235 | LEGAL DESCRIPTION | | TAX FOR | | TOTAL ACRES | | | | |
| = CURRENT TAX | \$11,901.08 | PETERSONS SUB DIV | | Commercial | | 0.00 | | | | |
| - ENTERPRISE ZONE | \$0.00 | SW NE NW SEC 17 | | PROPERTY ADDRESS | | | | | | |
| + BACK TAX | \$0.00 | LOTS 3 THRU 7 | | 1045 E MCCORD, CENTRALIA, IL 62801 | | | | | | |
| = TAX BILLED | \$11,901.08 | EXC W 13FT LOT 7 | | | | | | | | |
| - TAX PAID | \$0.00 | BLK 2 | | | | | | | | |
| = TOTAL TAX DUE | \$11,901.08 | OWNER: AMBULATORY SURGERY CENTER OF CENTRALIA | | | | | | | | |

\$1.00 FEE FOR EACH DUPLICATE BILL

REVIEW PAYMENT OPTIONS AND COLLECTION POLICIES ON THE BACK OF THIS BILL

RETURN THIS STUB WITH
1ST INSTALLMENT PAYMENT

PAY TO: MARION COUNTY TREASURER
PO BOX 1025
SALEM IL 62881

RETURN THIS STUB WITH
2ND INSTALLMENT PAYMENT

PAY TO: MARION COUNTY TREASURER
PO BOX 1025
SALEM IL 62881

| | |
|-----------------------------|---------------|
| Property Index Number | 14-00-072-321 |
| 1st Due Date | 07/27/2022 |
| Back Tax | \$0.00 |
| 1st Installment | \$5,950.54 |
| 1st Installment Paid | |
| 1st Installment Balance Due | \$5,950.54 |

☐ CHECK ☐ CASH ☐ BANK
☐ CREDIT/DEBIT

Incorrect payments will be returned.

AMBULATORY SURGERY CENTER OF CENTRALIA
5217 MARYLAND WAY, STE 200
BRENTWOOD TN 37027

BALANCE DUE

| | |
|-----------------------------|---------------|
| Property Index Number | 14-00-072-321 |
| 2nd Due Date | 09/27/2022 |
| Total Tax | \$11,901.08 |
| 2nd Installment | \$5,950.54 |
| 2nd Installment Paid | |
| 2nd Installment Balance Due | \$5,950.54 |

☐ CHECK ☐ CASH ☐ BANK
☐ CREDIT/DEBIT

Incorrect payments will be returned.

AMBULATORY SURGERY CENTER OF CENTRALIA
5217 MARYLAND WAY, STE 200
BRENTWOOD TN 37027

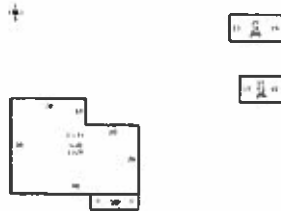
BALANCE DUE



| Property Information | | |
|--|---|--|
| Parcel Number 14-00-072-321 | Site Address 1045 E MCCORD CENTRALIA, IL 62801 | Owner Name & Address AMBULATORY SURGERY CENTER OF CENTRALIA 5217 MARYLAND WAY, STE 200 BRENTWOOD, TN, 37027 |
| Tax Year 2021 (Payable 2022) ▼ | | |
| Sale Status None | | |
| Property Class 0060 - Commercial | Tax Code 14001 - CENTRALIA | Tax Status Taxable |
| Net Taxable Value 121,040 | Tax Rate 9.832350 | Total Tax \$11,901.08 |
| Township Centralia Township | Acres 0.0000 | Mailing Address |
| Legal Description PETERSONS SUB DIV SW NE NW SEC 17 LOTS 3 THRU 7 EXC W 13FT LOT 7 BLK 2 | | |
| Notes None | | |

Photos & Sketches

1 s Fr



1 s Fr



321C11



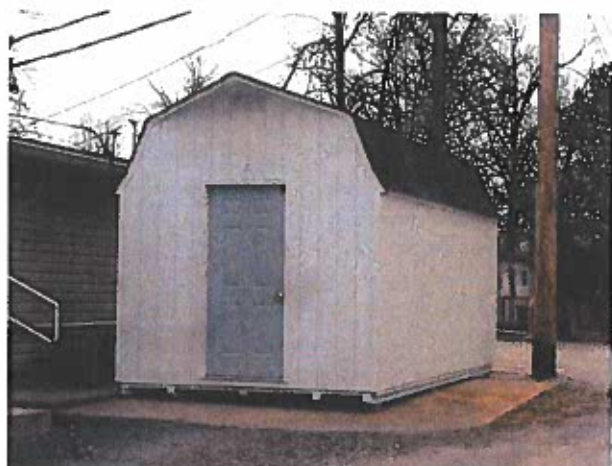
321C12



321C13



321C25



321C21

321C23

6/16/22, 5:31 PM

Parcel Details for 1400072321



321C24



Assessments

| Level | Homesite | Dwelling | Farm Land | Farm Building | Mineral | Total |
|---------------------------|----------|----------|-----------|---------------|---------|---------|
| DOR Equalized | 17,980 | 103,060 | 0 | 0 | 0 | 121,040 |
| Department of Revenue | 17,980 | 103,060 | 0 | 0 | 0 | 121,040 |
| Board of Review Equalized | 17,980 | 103,060 | 0 | 0 | 0 | 121,040 |
| Board of Review | 17,980 | 103,060 | 0 | 0 | 0 | 121,040 |
| S of A Equalized | 17,980 | 103,060 | 0 | 0 | 0 | 121,040 |
| Supervisor of Assessments | 16,800 | 96,320 | 0 | 0 | 0 | 113,120 |
| Township Assessor | 16,800 | 96,320 | 0 | 0 | 0 | 113,120 |
| Prior Year Equalized | 16,800 | 96,320 | 0 | 0 | 0 | 113,120 |

Billing

| Installment | Date Due | Tax Billed | Penalty Billed | Cost Billed | Drainage Billed | Total Billed | Amount Paid | Date Paid | Total Unpaid |
|--------------|------------|--------------------|----------------|---------------|-----------------|--------------------|---------------|-----------|--------------------|
| 1 | 07/27/2022 | \$5,950.54 | \$0.00 | \$0.00 | \$0.00 | \$5,950.54 | \$0.00 | | \$5,950.54 |
| 2 | 09/27/2022 | \$5,950.54 | \$0.00 | \$0.00 | \$0.00 | \$5,950.54 | \$0.00 | | \$5,950.54 |
| Total | | \$11,901.08 | \$0.00 | \$0.00 | \$0.00 | \$11,901.08 | \$0.00 | | \$11,901.08 |

Payment History

| Tax Year | Total Billed | Total Paid | Amount Unpaid |
|----------|--------------|-------------|---------------|
| 2021 | \$11,901.08 | \$0.00 | \$11,901.08 |
| 2020 | \$11,745.50 | \$11,745.50 | \$0.00 |
| 2019 | \$11,511.72 | \$11,511.72 | \$0.00 |

Show 16 More

No Exemptions

No Farmland Information

No Genealogy Information

Related Names

| | | | |
|----------------------|---|------------------|--|
| Parcel Owner | AMBULATORY SURGERY CENTER OF CENTRALIA 5217 MARYLAND WAY, STE 200 BRENTWOOD, TN, 37027 | | |
| Mailing Flags | Tax Bill | Change Notice | |
| | Delinquent Notice | Exemption Notice | |

No Redemptions

Sales History

| Year | Document # | Sale Type | Sale Date | Sold By | Sold To | Gross Price | Personal Property | Net Price |
|------|------------|------------------|-----------|-----------------|---------------------------|----------------|-------------------|----------------|
| 1999 | 19991040 | Arms Length Sale | 1/1/1999 | CHARLES FISCHER | AMBULATORY SURGERY CENTER | \$1,324,000.00 | \$0.00 | \$1,324,000.00 |
| 1991 | 19915829 | | 1/1/1991 | ONB TR 1154 | CHARLES FISCHER | \$0.00 | \$0.00 | \$0.00 |

No Structure Information

Taxing Bodies

| District | Tax Rate | Extension |
|------------------------|-----------------|--------------------|
| CENTRALIA GRADE SCHOOL | 2.600510 | \$3,147.66 |
| CENTRALIA HIGH SCHOOL | 2.542590 | \$3,077.55 |
| CENTRALIA CITY | 2.312030 | \$2,798.48 |
| COUNTY TAX | 0.983700 | \$1,190.68 |
| KASKASKIA COLLEGE 501 | 0.568000 | \$687.51 |
| CENTRALIA TWP RD&BR | 0.325380 | \$393.84 |
| CENTRALIA REG LIB | 0.253730 | \$307.11 |
| CENTRALIA TOWNSHIP | 0.246410 | \$298.25 |
| TOTAL | 9.832350 | \$11,901.08 |



- CENTRALIA GRADE SCHOOL
- CENTRALIA HIGH SCHOOL
- CENTRALIA CITY
- COUNTY TAX
- KASKASKIA COLLEGE 501
- CENTRALIA TWP RD&BR
- CENTRALIA REG LIB
- CENTRALIA TOWN...

Disclaimers

Information printed from this site should not be used in lieu of a tax bill. IF YOU USE THIS AS A TAXBILL, YOU MUST REMIT A \$5.00 DUPLICATE BILL FEE, OR YOU WILL BE BILLED FOR THE FEE.

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YOU MAY NOT copy, sell, market or translate any information from this website without receiving the explicit written permission from Marion County Government. Official records of the Marion County Supervisor of Assessments and the Marion County Collector/Treasurer may be reviewed at the Marion County Courthouse, 100 E Main Street, Salem, IL 62881.

By using this website you acknowledge that you have read, understood and agreed to the above conditions.

ATTACHMENT 3

Operating Entity/Licensee

The Ambulatory Surgery Center of Centralia, LLC is the current licensee and operator. Copies of Ambulatory Surgery Treatment Center license for The Ambulatory Surgery Center of Centralia, LLC is attached at Attachment 3. The Ambulatory Surgery Center's License Number is 7002298 and the Federal Tax ID number is 62-1756016.

Following the completion of the contemplated transaction, Dr. Uduya Liyanage will own a 60% membership interest of the Surgery Center of Centralia, LLC.; Dr. Mark Murfin will own a 20 % membership interest; and Dr. Jeffrey Maher and Dr. Michael Schifano will each have a 10% ownership interest.



Illinois Department of HF 124050
PUBLIC HEALTH

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Ngozi O. Ezike, M.D.

Issued under the authority of
the Illinois Department of
Public Health

Director

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|--|----------|-------------|
| 01/31/2023 | | 70022298 |
| Ambulatory Surgery Treatment Center | | |
| Effective: 02/01/2022 | | |

**Ambulatory Surgery Center of Centralia, LLC
dba Surgery Center of Centralia
1045 Martin Luther King Dr
Centralia, IL 62801**

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18

→
DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp. Date 01/31/2023

Lic Number 70022298

Date Printed 10/13/2021

**Ambulatory Surgery Center of Centralia
dba Surgery Center of Centralia
1045 Martin Luther King Dr
Centralia, IL 62801-3001**

FEE RECEIPT NO.

Pre-Acquisition Structure

Ambulatory Surgery Center of Centralia LLC

Membership ownership interest

| | |
|----------------------|-----|
| Community Care, Inc. | 60% |
| Dr. Mark Murfin | 20% |
| Dr. Jeffrey Maher | 10% |
| Dr. Michael Schifano | 10% |

Post-Acquisition Structure

Ambulatory Surgery Center of Centralia LLC

Membership ownership interest

| | |
|----------------------|-----|
| Dr. Udaya Liyanage | 60% |
| Dr. Mark Murfin | 20% |
| Dr. Jeffrey Maher | 10% |
| Dr. Michael Schifano | 10% |

BACKGROUND OF APPLICANT

- 1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.**

Dr. Udaya Liyanage is a board certified general and vascular surgeon and the sole member of Advanced Surgical Technology, LLC., (AST) with offices located at 4200 Williamson Place, Suite 1A, Mt. Vernon, Illinois, 1307 E. McCord Street, Centralia, Illinois, and 400 Rushing Drive, Herrin, Illinois. Additionally, the Advanced Surgical Technology, LLC has offices for AST Primary Care located at 1009 W. Main Street, Marion, Illinois; 936 Martin Luther King Drive, Centralia, Illinois, 28 N. Main Street, Hoyleton, Illinois; and 309 West Saint Louis Street, West Frankfort, Illinois. Dr. Liyanage is also 2.1 percent shareholder of Marion Healthcare located in Marion, Illinois. The license number for Marion Healthcare is 7002801.

- 2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.**

Dr. Jeffrey Maher – Good Samaritan Surgery Center, Mt. Vernon, Illinois – License Number 7003172 and Accreditation Number – AAAHC 100259. Dr. Jeffrey Maher owns 4.2 shares which equals 4.88 percent ownership.

Dr. Michael Schifano- Marion Health Care, Marion, Illinois. Dr. Schifano has a 10 percent ownership interest. The license number for Marion Health is 7002801. Dr. Schifano also owns 5 percent of Good Samaritan Surgery Center, Mt. Vernon, Illinois, License Number 7003172 and Accreditation Number – AAAHC 100259.

- 3. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application. Please provide information for each applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.**

Each applicant, by its representatives' signatures on the Certification pages of this application, certify that no adverse actions have been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the

applicant in Illinois, directly or indirectly within three years preceding the filing of the application.

- 4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**

Each applicant, by its representatives' signatures on the Certification pages of this application, hereby authorize HFSRB and DPH to access any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.

Certification & Authorization

Dr. Udaya Liyanage

In accordance with Section III, A (2) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby certify that no adverse actions have been taken against Dr. Udaya Liyanage by either Medicare, or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application for Change of Ownership Application for Exemption with the Illinois Health Facilities & Services Review Board; and

Regarding section III, A (3) of the Illinois Health Facilities & Services Review Board Application for Change of Ownership Application for Exemption; I do hereby authorize the Illinois Health Facilities & Services Review Board and the Illinois Department of Public Health to access to information to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information that the State Board or Agency finds pertinent to this subsection.

By: _____

By: _____

ITS: _____

ITS: _____

Notarization:

Subscribed and sworn to before me
this 22 day of June, 2022

Notarization:

Subscribed and sworn to before me
this _____ day of _____, 2022

Kelly J Cook
Signature of Notary

Signature of Notary

Seal



Seal

Attachment 5

Certification & Authorization

Community Care Inc.

In accordance with Section III, A (2) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby certify that no adverse actions have been taken against Community Care Inc. by either Medicare, or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application for Change of Ownership Application for Exemption with the Illinois Health Facilities & Services Review Board; and

Regarding section III, A (3) of the Illinois Health Facilities & Services Review Board Application for Change of Ownership Application for Exemption; I do hereby authorize the Illinois Health Facilities & Services Review Board and the Illinois Department of Public Health to access to information to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information that the State Board or Agency finds pertinent to this subsection.

By: 

ITS: Secretary

By: 

ITS: President

Notarization:

Subscribed and sworn to before me
this 20th day of June, 2022

Notarization:

Subscribed and sworn to before me
this 20th day of June, 2022


Signature of Notary

Seal




Signature of Notary

Seal




Certification & Authorization

Ambulatory Surgery Center of Centralia, LLC

In accordance with Section III, A (2) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby certify that no adverse actions have been taken against Ambulatory Surgery Center of Centralia, LLC by either Medicare, or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application for Change of Ownership Application for Exemption with the Illinois Health Facilities & Services Review Board; and

Regarding section III, A (3) of the Illinois Health Facilities & Services Review Board Application for Change of Ownership Application for Exemption; I do hereby authorize the Illinois Health Facilities & Services Review Board and the Illinois Department of Public Health to access to information to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information that the State Board or Agency finds pertinent to this subsection.

By: 

ITS: Secretary

Notarization:
Subscribed and sworn to before me
this 20th day of June, 2022


Signature of Notary

Seal



By: E. J. R. R.

ITS: President

Notarization:
Subscribed and sworn to before me
this 20th day of June, 2022


Signature of Notary

Seal



ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition

Illinois Department of PUBLIC HEALTH HF 119965

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Ngozi O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE: 3/20/2021
CATEGORY: Ambulatory Surgery Treatment Center
LIC. NUMBER: 7001209

Effective: 03/21/2020

Northwest Community Day Surgery Center
675 W Kirchhoff Rd
Arlington Heights, IL 60005

The face of this license has a colored background. Printed by Authority of the State of Illinois • PD: 615-62-001 1058 9/16

DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp Date 3/20/2021
Lic Number 7001209

Date Printed 2/21/2020

Northwest Community Day Surgery Ce
675 W Kirchhoff Rd
Arlington Heights, IL 60005-2371

FEE RECEIPT NO.

Udaya Liyanage

2720 Kokopelli Drive, Marion, IL 62959
618-922-0363 | uliyanage@astmarion.com

PROFESSIONAL SUMMARY

I am a general surgeon proficient in advanced laparoscopic surgery, vascular surgery and endocrine surgery. I frequently perform plastic surgical procedures such as abdominal wall myofascial advancement flaps, abdominoplasty, rotational and pedicled flaps for wound closure and skin grafts.

LICENSURE

Medical License in Illinois and Nebraska

SKILL HIGHLIGHTS

- Laparoscopic abdominal surgery: colectomy, small bowel resection, gastrectomy, adrenalectomy, splenectomy, cholecystectomy, appendectomy, and hernia repair
- Single Incision Laparoscopic Surgery (SILS): performed over 1000 procedures with this technique (cholecystectomy, appendectomy, partial and total colon resections)
- Vascular surgery: Endovascular surgery, open abdominal vascular surgery, carotid endarterectomy, vascular access for hemodialysis, lower extremity percutaneous interventions, and open bypass surgery
- Endocrine surgery: Thyroidectomy, video assisted thyroidectomy without neck scar, and parathyroidectomy

EDUCATION

| | |
|--|-----------------------|
| Washington University School of Medicine <i>Internship and Residency in General Surgery, Research Fellowship</i> | St. Louis, MO 2006 |
| Harvard Medical School <i>M.D., Medicine</i> | Cambridge, MA 1999 |
| Massachusetts Institute of Technology <i>Bachelor of Science, Biology</i> | Cambridge, MA 1994 |

PROFESSIONAL EXPERIENCE

| | |
|--|---------------------|
| Surgeon, Owner <i>Advanced Surgical Technology</i> | July 2014 – current |
| Surgeon <i>Southern Illinois Healthcare – Marion, IL</i> | Jan 2011- July 2014 |
| Surgeon <i>Heartland Regional Medical Center</i> | Oct 2006 – Dec 2010 |

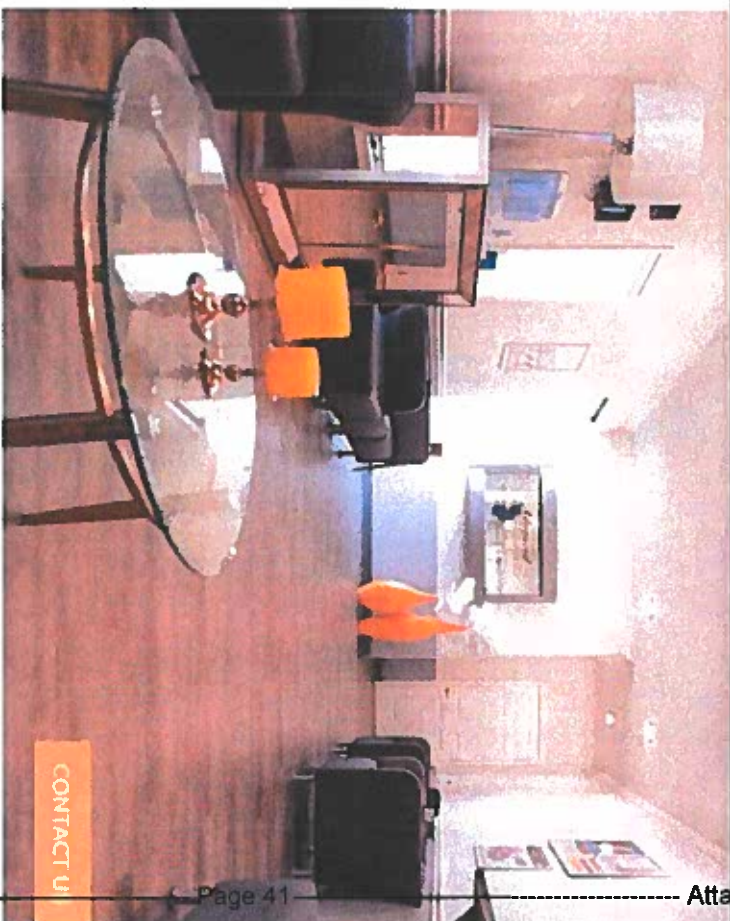
COMMUNITY SERVICE

Medical Mission to Liberia through Community of Faith Church and Hands of Hope Foundation

DR. LIYANAGE

HOME ABOUT PROVIDERS DR LIYANAGE

Dr. Liyanage, MD, is a board-certified General Surgeon at the
founded Advanced Medical Technology to provide patients with a wide range of
that meet a range of needs that include general surgery, general
surgery, general surgery, and advanced medical technology.

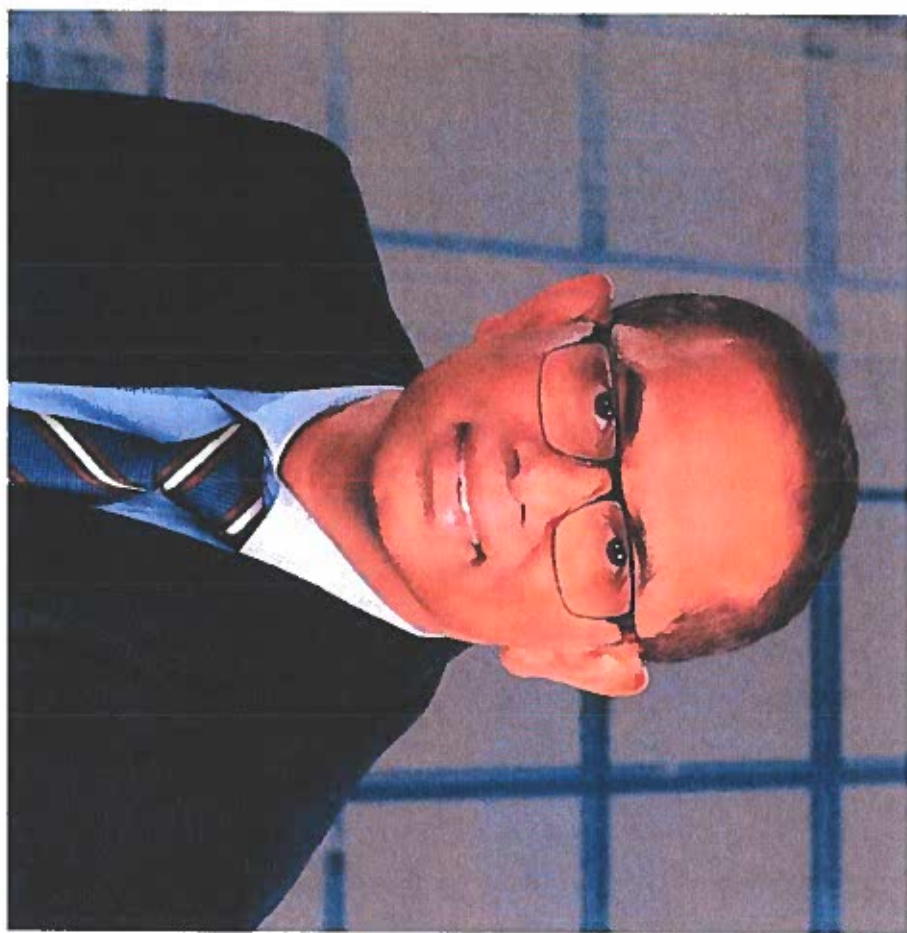


CONTACT US

Background and education

Dr. Liyanage graduated with honors from the University of Colorado and completed
his medical training at the University of Colorado, Boulder, Colorado, and the University of Colorado, Boulder.

Dr. [Name] is a board member of the [Organization] and is also a member of the [Organization]. He is also a member of the [Organization] and is also a member of the [Organization].



HOSPITAL AFFILIATIONS

- Dr. [Name] is a board member of the [Organization] and is also a member of the [Organization].
- [Organization]
 - [Organization]
 - [Organization]
 - [Organization]

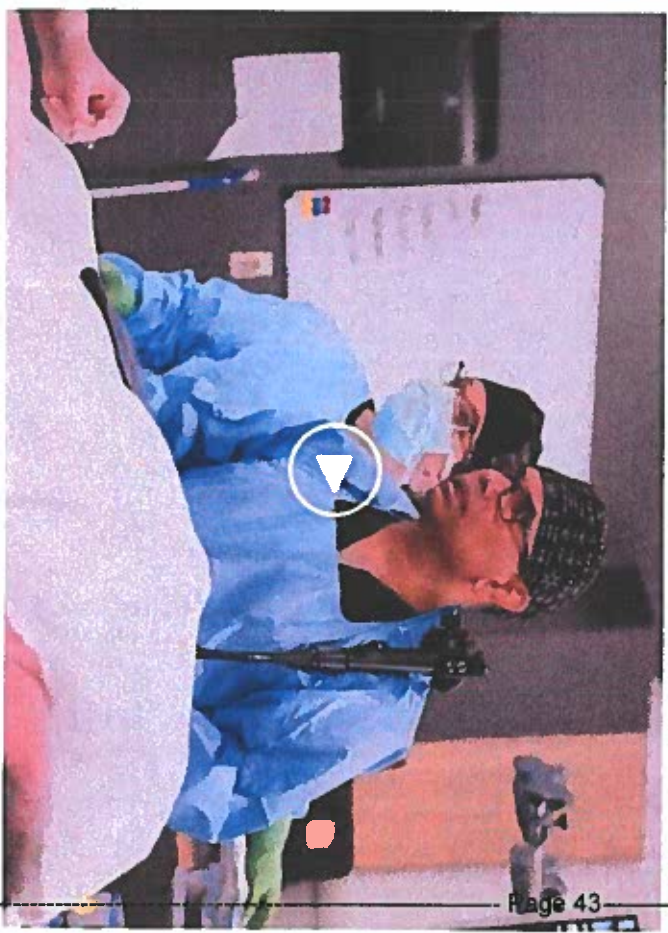
Compassion, dedication, and experience: Dr. Liyanage

Dr. Liyanage is a highly skilled and experienced surgeon, with over 20 years of experience in the field of orthopedic surgery. He is a member of the American Orthopedic Association and the American Academy of Orthopedic Surgeons. Dr. Liyanage is a dedicated and compassionate surgeon, who is committed to providing the best possible care for his patients. He is a member of the American Orthopedic Association and the American Academy of Orthopedic Surgeons. Dr. Liyanage is a dedicated and compassionate surgeon, who is committed to providing the best possible care for his patients.

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MEET DR. LIYANAGE

Our surgeon, Dr. Liyanage, is a highly skilled and experienced surgeon, with over 20 years of experience in the field of orthopedic surgery. He is a member of the American Orthopedic Association and the American Academy of Orthopedic Surgeons. Dr. Liyanage is a dedicated and compassionate surgeon, who is committed to providing the best possible care for his patients. He is a member of the American Orthopedic Association and the American Academy of Orthopedic Surgeons. Dr. Liyanage is a dedicated and compassionate surgeon, who is committed to providing the best possible care for his patients.



DR. LIYANAGE: WHAT WE DO AT
ADVANCED SURGICAL TECHNOLOGY IN MT. VERNON AND
CENTRALIA

We have built Advanced Surgical Technology to provide you with a broader scope of services than what is typically found at a medical clinic. Dr. Liyanage can treat a range of medical conditions, including:

VASCULAR PROBLEMS

Dr. Liyanage is often called upon to treat vascular conditions, including:

- Abdominal aortic aneurysm (AAA)
- Peripheral Artery Disease (PAD)
- Peripheral artery aneurysms
- Venous Reflux
- Spider veins
- Varicose veins
- Dialysis Access Placement

GENERAL SURGERY PROCEDURES

Dr. Liyanage can perform a wide range of general surgery procedures, including:

- Robotic Assisted Laparoscopy
- Colon Surgery
- Endocrine Surgery
- Minor Skin Procedures
- Endoscopy

Meet with us.

We invite you to join our community. Please, contact us and we will be happy to answer your questions. We will be happy to answer your questions and we will be happy to answer your questions.





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THE SURGERY CENTER OF CENTRALIA



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[Sus Derechos y Responsabilidades](#)

[Patient Registration](#)

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The Surgery Center of Centralia is designed exclusively for outpatient surgery. Therefore, we are able to offer patients a convenient, comfortable, and generally less costly alternative to the hospital.

The Center's warm surroundings and the increased level of individual attention from our staff minimize the stress often associated with surgery.

The Center has a highly skilled team of registered nurses and medical technicians specially trained in surgical and recovery care. Our team has a solid commitment to working together to provide exceptional care to all our patients and families.

The Surgery Center is Medicare certified and meets all state and federal licensing standards for quality care and safety.

Some of the services we provide include:

Cosmetic Surgery

Ear, Nose & Throat (ENT)

Gastroenterology (GI)

General Surgery

Gynecology

6/7/22, 1:40 PM

Surgery Center of Centralia - |

Ophthalmology
Orthopedic
Pain Management
Podiatry
Urology

Information about our Physician Partners:

Heartland ObGyn www.ilobgyn.com

Dr. Matt Junidi – General Surgery, Cosmetics, Gastroenterology, Endoscopy www.junidimamd.com

www.linkedin.com/pub/matt-junidi-md-facs/58/526/3b7

Dr. Jeffrey Maher – Ophthalmology
www.illinoiseys.com www.linkedin.com/pub/jeff-maher/37/224/311

Dr. Mark Murfin – General Surgery, Vascular, Gastroenterology, Endoscopy www.yellowpages.com

Information about our Physician Supporters:

Dr. Thomas Nolen – Podiatry www.thomasnolendpm.com

Drs. Comstock, Schy and Miller – Podiatry www.podfootandankle.com

Surgery Center of Centralia

1045 Martin Luther King Dr., Centralia, IL 62801

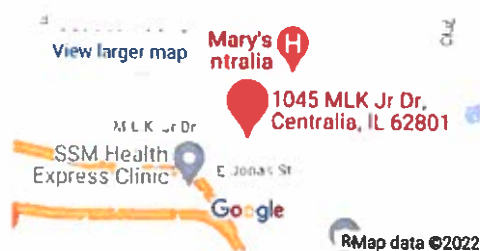
618-532-3110 phone

618-532-7226 fax

jlischer@communitycareinc.com

<http://www.facebook.com/TheSurgeryCenterofCentralia>

Like us on Facebook, Follow us on Twitter



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- [341 people like this](#)
- [815 people talked to this](#)
- [150 people checked in here](#)
- [100+ photos](#)
- [Phone](#)
- [Price range](#)
- [Hours](#)
- [Address](#)
- [Website](#)

Suggest Edits

Is this the correct category for The Surgery Center of Centennial?

Doctor

Yes Unsure No

Photos



Videos

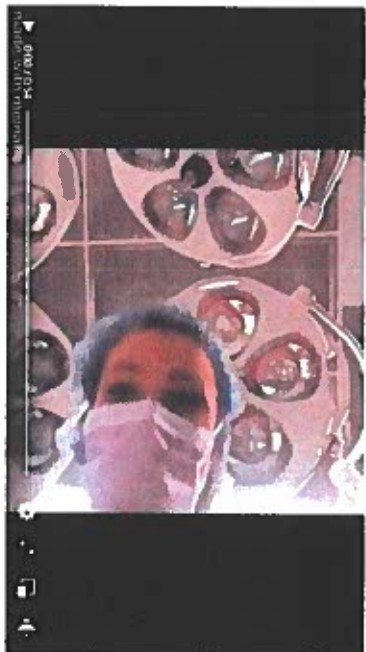


Check out our new video!

Page transparency

Share on social

OR Nurses be like



Danielle Porro

Centennial, CO

Like

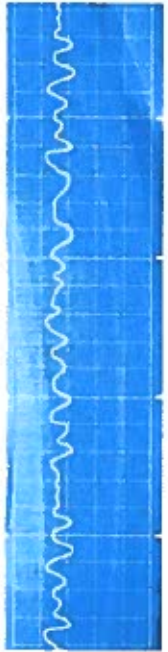
Comment

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Post a comment

Post a comment

The Surgery Center of Centennial



V-FIB

If EKG Rhythms were songs

Like

Comment

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The Surgery Center of Centennial

Page created February 2, 2015

Page manager location United States

Related Pages

- Centralia Your Opportunity
- Shanti's Jewelry
- Healthcare Foundation

id like
id like
id like

Add your business to Facebook

Create Page

Page created February 2, 2015

Quantum Vision Centers

Quantum Vision Centers

Quantum Vision Centers

Quantum Vision Centers

Quantum Vision Centers

Quantum Vision Centers

The Surgery Center of Centralia

REI

Outpatient elective surgeries to restart under 1st phase of Trump plan

Outpatient elective surgeries to restart under 1st phase of Trump plan

The Surgery Center of Centralia

The Surgery Center of Centralia

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The Surgery Center of Centralia

The Surgery Center of Centralia

Chaddy Daddy's BBQ Shark, Food Truck & Catering » Chaddy Daddy's BBQ

Chaddy Daddy's BBQ Shark, Food Truck & Catering » Chaddy Daddy's BBQ

Chaddy Daddy's BBQ Shark, Food Truck & Catering » Chaddy Daddy's BBQ

The just released the 1st phase of the Trump plan will be the 1st phase of the Trump plan

The just released the 1st phase of the Trump plan will be the 1st phase of the Trump plan

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The Surgery Center of Centralia

The Surgery Center of Centralia

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The Surgery Center of Centralia

The Surgery Center of Centralia



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Home

Community Care, Inc. develops, owns and operates freestanding surgery centers throughout the United States.



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OUR MISSION



Maximum Efficiency, Reliable Growth

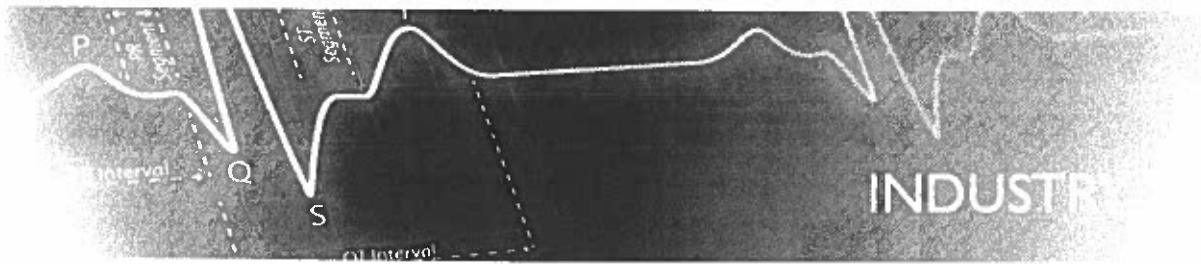
At Community Care, we build our business around the needs of physicians and their patients. We recognize that physicians are the primary drivers of healthcare services. At the same time, typical barriers that prevent physician groups from greater profit opportunities are often a lack of capital, management experience and time.

With essential support resources, we provide every physician with greater scheduling flexibility, the latest technology, a consistent nursing staff, and fast turnaround between surgical cases. Our streamlined delivery model brings significant increases in patient volume, physician productivity, market share and ultimately, enhances the quality of our product – patient care.

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Healthcare Today – An Opportunity for Growth

Sweeping regulatory changes have transformed our healthcare delivery system. New technological advancements and improved services available on an outpatient basis are fueling the massive shift away from the traditional healthcare setting. Concurrently, patients demand more convenient, cost-effective healthcare... close to home. To adapt to these changes, local physician groups need a powerful ally – a partner whose financial resources, industry experience, and technological expertise match their own high level of professional quality and patient concern. *Community Care is that partner.*

We'll Help You See The Forest Through the Trees

One of the most significant trends in healthcare today is the shift of surgical procedures from an inpatient to an outpatient setting. Hospitals are still large providers of outpatient surgery, however they continue to lose market share to more cost-efficient outpatient surgery centers. With advancements in medical technology and equipment capabilities, certain procedures are becoming more feasible for the outpatient setting as physicians adopt minimally invasive techniques. Increased patient demand for same-day surgery also drives volume to the ASC setting. Although physicians remain at the core of our healthcare system, the delivery of medical services has been transformed dramatically. Physicians, who once operated with great autonomy, now face a more demanding and complex work environment along with declining reimbursement. Community Care does not own physician practices. Rather, we provide a joint-ownership opportunity that allows physicians to share in the revenue stream traditionally earned by hospitals.

Physician partners enjoy:

- Commitment to Quality outcomes
- Higher Productivity in a "Customer Friendly" Atmosphere
- Experienced Management Team
- Local Board and Medical Advisory
- Greater Purchasing Power with Economies of Scale
- Share in Return on Investment



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LEADERSHIP TEAM



CCI – An Industry Leader

Headquartered in Nashville, Tennessee, CCI is comprised of a multi-talented team of executives with incomparable experience, dedication, and understanding of the healthcare industry. Our collective expertise offers innovative solutions to meet the challenges facing today's healthcare providers and our hallmark is a straightforward business approach which builds mutually beneficial relationships with physicians.

Executive Bios

The seasoned leadership of CCI brings extensive experience in development, management, operations, finance, and marketing of outpatient surgical centers. Our management team serves as a single source for facility design, engineering, and construction.

E. Tony Reed

President, Chief Executive Officer and Director

E. Tony Reed is President, Chief Executive Officer and serves as Director of the Corporation. He was founder, President, and Chief Executive Officer, and a member of the Board of Directors of The Rehab Group, Inc. The Rehab Group was sold to Horizon/CMS Healthcare Corporation in late 1996. At the time of acquisition, The Rehab Group posted revenues of over \$32 million from management of 26 owned and partially owned outpatient rehabilitation clinics in Alabama, Arkansas, Georgia, Mississippi, Tennessee, and Virginia. The Rehab Group also maintained contractual agreements with a group of patient care facilities, including acute care hospitals, nursing homes, and home health agencies.

Jeffrey L. Stockard

Vice President and Chief Operating Officer

Jeffrey L. Stockard is Vice President, Chief Operating Officer. Mr. Stockard has 18 years experience in the surgery center business, most recently at United Surgical Partners International, Inc. (USPI) and previously at Health Horizons, Inc., which merged with USPI. At USPI he served as Senior Vice President of Operations for the eastern division and at Health Horizons served as Chief Operating Officer, Chief Financial Officer and Controller. Prior to Health Horizons, he worked for 6 years at Cumberland Health Systems, a hospital management company, as director of information systems and later as Vice President and Controller. Mr. Stockard joined Cumberland Health Systems after working in the audit division of Arthur Andersen & Company.

John A. Savage

Vice President of Operations

John A. Savage, D.N.P., CRNA, APRN is Vice President of Operations. He has over 30 years of clinical and management experience in both single-specialty

Deborah A. Brannen

Director of Business Operations

Deborah A. Brannen, C.C.C., C.A.S.C.C. is Director of Business Operations. With over 20 years experience in healthcare, she has developed business offices for

and multi-specialty ambulatory surgery centers and hospitals. During his career, Dr. Savage has worked in a variety of capacities with other notable companies such as HCA, Symbion and AmSurg as well as not-for-profit hospitals. Accordingly, he offers a wide variety of experience including budget planning and compliance, project development, equipment planning, preparation for licensure and renewal, JCAHO and AAAHC certification and OSHA compliance. He received a Doctor of Nursing Practice degree from Vanderbilt University, a Master of Science in Nursing from Case Western University, and a Bachelor of Science in Nursing degree and Anesthesia education from the University of Mississippi Medical Center. In 2009, Dr. Savage received a LEAN Healthcare Certificate from the Massey Graduate School of Business at Belmont University and is implementing LEAN processes throughout the company's operations including facility design.

Ambulatory Surgery Centers throughout the United States. From 1995 to 1999, she was the Manager of Business Operations for AmSurg Corp. Prior to AmSurg, she spent 10 years as the Claims Manager for John Deere Healthcare.

Her experience includes development, implementation and maintenance of policies, procedures, training programs, manuals and medical record management for Ambulatory Surgery Centers. In addition, she has extensive experience in auditing and improving processes for all aspects of revenue cycle management and insurance contracting.

David Taliaferro

Vice President of Operations, Cancer Centers

David Taliaferro, RN – Vice President of Operations, Cancer Centers. He has worked in the healthcare industry for over 25 years, with the last six years spent developing new healthcare ventures. Mr. Taliaferro has experience in medical practice administration, consultation for physicians, business owners, architects, contractors and financial investment institutions. His experience includes budget planning and compliance, preparation for licensure and renewal, JCAHO certification, OSHA compliance and new project development.

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Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility

Criterion 1130.520(b)(1)(A) Names of the parties

The applicants are Dr. Udaya Liyanage, Ambulatory Surgery Center of Centralia, LLC, and Community Care, Inc. Ambulatory Surgery Center of Centralia, LLC, currently holds the Certification for the Health Care Facility and will continue to hold the Certification after the Change of Ownership.

Criterion 1130.520(b)(1)(B) Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.

- Certificate of Good Standing provided at Attachment 1 for Surgery Center of Centralia, LLC, Certificate of Existence for Community Care, Inc., and Licensure from the Department of Financial and Professional Regulation of the State of Illinois for Dr. Udaya Liyanage.
- Attachment 5 includes:
 - General background information for Dr. Udaya Liyanage, Surgery Center of Centralia LLC., and Community Care, Inc.

A certification that no adverse actions have been taken against the applicants by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant in Illinois, directly or indirectly, within three years preceding the filing of the application.

- An authorization for HFSRB and DPH to access any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations

Criterion 1130.520(b)(1)(C) Structure of the transaction

Community Care, Inc. owns a sixty percent (60%) Membership Interest of the total Membership Interests in Ambulatory Surgery Center of Centralia, LLC. Dr. Udaya Liyanage will acquire all of Community Care, Inc.'s right, title to the 60 percent membership interest of the Ambulatory Surgery Center of Centralia, LLC.

Criterion 1130.520(b)(1)(D) Name of the person who will be licensed or certified entity after the transaction.

Ambulatory Surgery Center of Centralia, LLC will remain as the certified entity after the transaction.

Criterion 1130.520(b)(1)(E) List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons.

Attachment 4 contains the pre-membership interest and organization structure for the Surgery Center of Centralia, Illinois as well as post purchase membership and organizational structure.

Criterion 1130.520(b)(1)(F) Fair Market Value of assets to be transferred

The Fair Market Value of the membership interest to be transferred is \$250,000.00 (Two Hundred Fifty Thousand Dollars and no cents)

Criterion 1130.520(b)(1)(G) The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]

The purchase price to be provided for those assets (membership interest) is \$250,000.00 (Two Hundred Thousand Dollars and no cents)

Criterion 1130.520(b)(2) Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section.

Not applicable as this is a change in ownership for the membership interests only.

Criterion 1130.520(b)(3) If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction

Not applicable, applicant is not a hospital.

Criterion 1130.520(b)(4) A statement as to the anticipated benefits of the proposed changes in ownership to the community

As a local healthcare provider and surgeon, Dr. Liyanage can serve patients that otherwise would be forced to travel great distances for care. Dr. Liyanage has invested significant financial and talent resources in Centralia and the rest of Southern Illinois, and he intends to increase gainful employment opportunities for numerous added support staff and healthcare providers at the Ambulatory Surgery Center of Centralia, LLC. He has served his community for over 15 years and appreciates the opportunity to provide continued care through this facility for his neighbors.

Criterion 1130.520(b)(5) The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change of ownership

Dr. Liyanage utilizes modern medical techniques and has streamlined his medical practice. He and his team efficiently serve their patients. Dr. Liyanage appreciates the cost saving opportunity an ambulatory surgery center can provide patients versus the high bills associated with more traditional hospitals for the same or similar services.

Criterion 1130.520(b)(6) A description of the facility's quality improvement program mechanism that will be utilized to assure quality control

The Surgery Center of Centralia, LLC, internally monitors Quality Control and will also adopt the Quality Assessment and Performance as used by Dr. Udaya Liyanage. Also, The Surgery Center of Centralia, LLC, currently uses and will continue to also use a company called Benchmark which reviews the facility and will also compare the Surgery Center of Centralia, LLC to other Surgery Centers. The specific areas for the benchmarking include, Volume, Quality, Operational, Outcomes, Complications, Staffing, and Financial. The Ambulatory Surgery Center of Centralia then uses this information to improve in any necessary area.

Criterion 1130.520(b)(7) A description of the selection process that the acquiring entity will use to select the facility's governing body

Pursuant to the current operating agreement for the Surgery Center of Centralia, LLC. The Governing Body will consist of a four (4) member Board of Governors. The LLC shall have Managers acting as President and Secretary. The Board of Governors may elect one or more Vice Presidents.

Criterion 1130.520(b)(9) A description of summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition

No changes will occur in the scope of services in the next 24 months, although it is hoped that there will be an increase in the amount and levels of care provided by the facility to the local community.

SECTION IV.CHARITY CARE INFORMATION

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 7.

Dr. Udaya Liyanage

| CHARITY CARE | | | |
|----------------------------------|------|------|------|
| | Year | Year | Year |
| Net Patient Revenue | 2019 | 2020 | 2021 |
| Amount of Charity Care (charges) | 0 | 0 | 0 |
| Cost of Charity Care | 0 | 0 | 0 |

Advanced Surgical Technologies, LLC

| CHARITY CARE | | | |
|----------------------------------|------|------|------|
| | Year | Year | Year |
| Net Patient Revenue | 2019 | 2020 | 2021 |
| Amount of Charity Care (charges) | 0 | 0 | 0 |
| Cost of Charity Care | 0 | 0 | 0 |

Marion Healthcare

| CHARITY CARE | | | |
|----------------------------------|------|------|------|
| | Year | Year | Year |
| Net Patient Revenue | 2019 | 2020 | 2021 |
| Amount of Charity Care (charges) | 0 | 0 | 0 |
| Cost of Charity Care | 0 | 0 | 0 |

Ambulatory Surgery Center of Centralia, LLC

| CHARITY CARE | | | |
|----------------------------------|------|------|------|
| | Year | Year | Year |
| Net Patient Revenue | 2019 | 2020 | 2021 |
| Amount of Charity Care (charges) | 0 | 0 | 0 |
| Cost of Charity Care | 0 | 0 | 0 |

Good Samaritan Surgery Center

| CHARITY CARE | | | |
|----------------------------------|------|------|------|
| | Year | Year | Year |
| Net Patient Revenue | 2019 | 2020 | 2021 |
| Amount of Charity Care (charges) | 0 | 0 | 0 |
| Cost of Charity Care | 0 | 0 | 0 |

Community Care, Inc.

| CHARITY CARE | | | |
|----------------------------------|------|------|------|
| | Year | Year | Year |
| Net Patient Revenue | 2019 | 2020 | 2021 |
| Amount of Charity Care (charges) | 0 | 0 | 0 |
| Cost of Charity Care | 0 | 0 | 0 |

APPEND DOCUMENTATION AS ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.