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November 14, 2022

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

Via Hand Delivery

Mr. John Kniery
Administrator
Illinois Health Facilities and Services Review
Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Advocate Christ Medical Center (Proj. No. E-051-22)

Dear Mr. Kniery:

This office represents Advocate Aurora Health and Advocate Health and Hospitals Corporation d/b/a Advocate Christ Medical Center (collectively, "AAH"). Pursuant to technical assistance from Health Facilities and Services Review Board staff on November 10, 2022, we are adding Advocate Health, Inc. as a co-applicant to the above-referenced discontinuation application for exemption, as it will be the entity with ultimate control over the entity holding the license (Advocate Christ Medical Center).

For your files, we have attached the following documents:

1. Application Page for Advocate Health, Inc.;
2. Certification Page for Advocate Health, Inc.;
3. Certificate of Good Standing for Advocate Health, Inc.; and
4. Check for \$2,000 made payable to the Illinois Department of Public Health

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Polsinelli PC, Polsinelli LLP in California

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Thank you for your time and attention to AAH's request to modify its certificate of exemption application to add Advocate Health, Inc. as a party. If you have any questions or need any additional information, please feel free to contact me.

Sincerely,

A handwritten signature in black ink that reads "Anne M. Cooper".

Anne M. Cooper

Attachment

Facility/Project Identification

Facility Name: Advocate Christ Medical Center – Discontinuance of AMI Service		
Street Address: 4440 West 95 th Street		
City and Zip Code: Oak Lawn, Illinois 60453		
County: Cook	Health Service Area: 7	Health Planning Area: A-04

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

Exact Legal Name: Advocate Health, Inc.
Street Address: 3075 Highland Parkway
City and Zip Code: Downers Grove, Illinois 60515
Name of Registered Agent: CT Corporation System
Registered Agent Street Address: 208 South LaSalle Street, Suite, 814
Registered Agent City and Zip Code: Chicago, Illinois 60604
Name of Chief Executive Officer: James Skogsbergh
CEO Street Address: 3075 Highland Parkway, Suite 600
CEO City and Zip Code: Downers Grove, Illinois 60515
CEO Telephone Number: 630-572-9393

Type of Ownership of Applicants

At	
☒ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
☐ Limited Liability Company	☐ Sole Proprietorship
☐ 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: Rolla Sweis
Title: Vice President of Operations, South Chicagoland
Company Name: Advocate Christ Medical Center
Address: 4440 West 95 th Street, Oak Lawn, Illinois 60453
Telephone Number: 708-921-0338
E-mail Address: Rolla.Sweis@aah.org
Fax Number:

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

Name: Myndee Gomberg Balkan
Title: Director, Health Facilities Planning
Company Name: Advocate Aurora Health
Address:
Telephone Number: 847-721-0376
E-mail Address: myndee.balkan@aah.org
Fax Number:

Name: Renee Donaldson, MS, CADC
Title: VP Operations, IL Behavioral Health, Behavioral Service Line
Company Name: Advocate Health Care
Address: 3075 Highland Parkway, Downers Grove, Illinois 60515
Telephone Number: 309-275-0690
E-mail Address: renee.donaldson@aah.org
Fax Number:

Name: Kara Friedman/Anne Cooper
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606
Telephone Number: 312-873-3639/312-873-3606
E-mail Address: kfriedman@polsinelli.com/acooper@polsinelli.com
Fax Number:

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 Advocate Health, 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.

James H. Skogsbergh
SIGNATURE

James H. Skogsbergh
PRINTED NAME

Co-CEO
PRINTED TITLE

PRINTED TITLE

Michael Grebe
SIGNATURE

Michael Grebe
PRINTED NAME

Secretary
PRINTED TITLE

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 14th day of November 2022

Michael E. Kerns
Signature of Notary

Seal

*Insert the Exact Seal Name of the Applicant
"OFFICIAL SEAL"
MICHAEL E. KERNS
Notary Public, State Of Illinois
My Commission Expires 05/26/2026
Commission No. 286069

Notarization:

Subscribed and sworn to before me
this 14th day of November, 2022

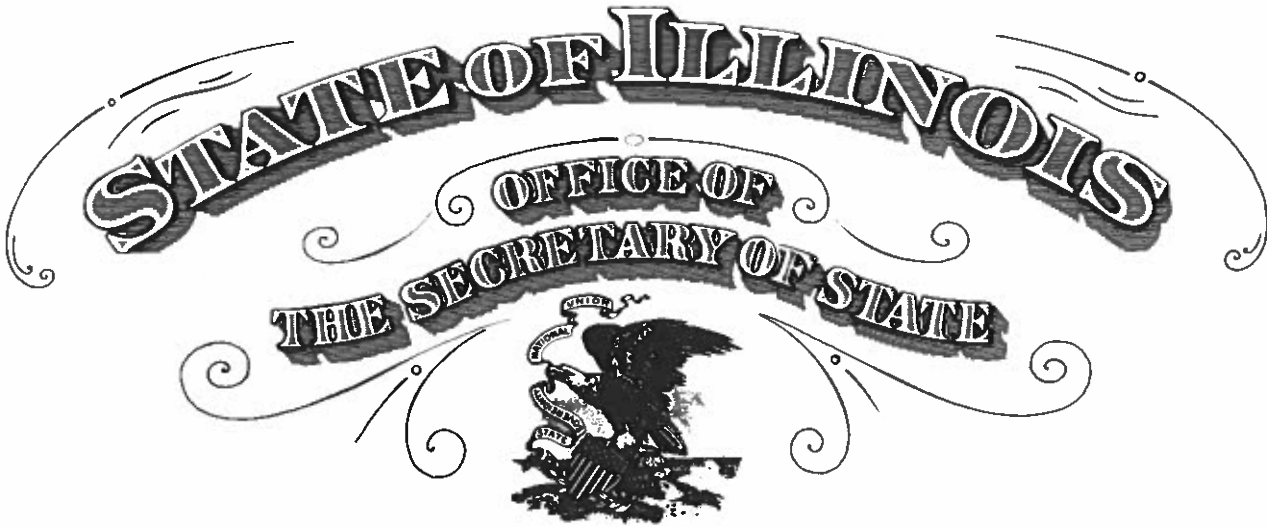
Michael E. Kerns
Signature of Notary

Seal

"OFFICIAL SEAL"
MICHAEL E. KERNS
Notary Public, State Of Illinois
My Commission Expires 05/26/2026
Commission No. 286069

File Number

7376-313-4



To all to whom these Presents Shall Come, Greeting:

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

ADVOCATE HEALTH, INC., INCORPORATED IN DELAWARE AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON JUNE 28, 2022, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS 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 8TH
day of NOVEMBER A.D. 2022 .***

Jesse White

SECRETARY OF STATE

Authentication #: 2231201844 verifiable until 11/08/2023

Authenticate at: <https://www.ilsos.gov>

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADVOCATE HEALTH, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVOCATE HEALTH, INC." WAS INCORPORATED ON THE NINTH DAY OF MAY, A.D. 2022.



6784998 8300C

SR# 20223974042

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 204813661

Date: 11-09-22