

**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: Northwest Surgicare		
Street Address: 1100 West Central Road		
City and Zip Code: Arlington Heights 60005		
County: Cook	Health Service Area: 7	Health Planning Area: 31

Legislators

State Senator Name: Ann Gillespie
State Representative Name: Mark L. Walker

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

Exact Legal Name: Northwest Surgicare LTD,. an Illinois Limited Partnership
Street Address: 1100 West Central Road
City and Zip Code: Arlington Heights 60005
Name of Registered Agent: CT Corporation
Registered Agent Street Address: 208 South LaSalle Street, Suite 814
Registered Agent City and Zip Code: Chicago 60604
Name of President: Jordan Jones
President Street Address: 1100 West Central Road, Suite 103
President City and Zip Code: Arlington Heights 60005
President Telephone Number: (239) 963-7365

Type of Ownership of Applicants

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

Corporations and limited liability companies must provide an **Illinois certificate of good standing**.

Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Juan Morado, Jr. and Mark J. Silberman
Title: Counsel
Company Name: Benesch Friedlander Coplan & Aronoff LLP
Address: 71 South Wacker Drive, 16 th Floor, Chicago, IL 60606
Telephone Number: (312) 212-4949
E-mail Address: jmorado@beneschlaw.com; msilberman@beneschlaw.com
Fax Number: (312) 767-9162

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

Name:
Title:
Company Name:
Address:
Telephone Number:
E-mail Address:
Fax Number:

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Legislators

State Senator Name: Ann Gillespie
State Representative Name: Mark L. Walker

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

Exact Legal Name: Arlington Heights Surgery Center, LLC
Street Address: 1100 W Central Road
City and Zip Code: Arlington Heights 65005
Name of Registered Agent: Tom Winkler
Registered Agent Street Address: 1699 E Woodfield Road, Ste 400
Registered Agent City and Zip Code: Schaumburg 60173
Name of Chief Executive Officer: Robert McCarville
CEO Street Address: 2808 S Ingram Mill Road, Bldg B
CEO City and Zip Code: Springfield 65804
CEO Telephone Number: (417) 861-1454

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
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Legislators

State Senator Name: Ann Gillespie
State Representative Name: Mark L. Walker

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

Exact Legal Name: 1110 SC, Inc.
Street Address: 1100 W Central Road
City and Zip Code: Arlington Heights 65005
Name of Registered Agent: Harvard Business Services, Inc.
Registered Agent Street Address: 16192 Coastal Highway
Registered Agent City and Zip Code: Lewes 19958
Name of Chief Executive Officer: Robert McCarville
CEO Street Address: 2808 S Ingram Mill Road, Bldg B
CEO City and Zip Code: Springfield 65804
CEO Telephone Number: (417) 861-1454

Type of Ownership of Applicants

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
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Legislators

State Senator Name: Ann Gillespie
State Representative Name: Mark L. Walker

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

Exact Legal Name: Surgical Care Affiliates, LLC
Street Address: 569 Brookwood Village, Ste 901
City and Zip Code: Birmingham 35209
Name of Registered Agent: CT Corporation System
Registered Agent Street Address: 208 South LaSalle Street, Ste 814
Registered Agent City and Zip Code: Chicago 60604
Name of Chief Executive Officer: Jason Strauss
CEO Street Address: 569 Brookwood Village, Ste 901
CEO City and Zip Code: Birmingham 35209
CEO Telephone Number: (239) 963-7365

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
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Exact Legal Name: Northwest Surgicare, LLC
Street Address: 569 Brookwood Village, Ste 901
City and Zip Code: Birmingham 35209
Name of Registered Agent: CT Corporation System
Registered Agent Street Address: 208 South LaSalle Street, STE 814
Registered Agent City and Zip Code: Chicago 60604
Name of Chief Executive Officer: Jordan Jones
CEO Street Address: 569 Brookwood Village, Ste 901
CEO City and Zip Code: Birmingham 35209
CEO Telephone Number: (800) 768-0094

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
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Fax Number: (312) 767-9162

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

Name:
Title:
Company Name:
Address:
Telephone Number:
E-mail Address:
Fax Number:

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: Robert McCarville
Title: Managing Principal
Company Name: Medical Consulting Group
Address: 2808 S Ingram Mill Road, Bldg B, Springfield, MO 65804
Telephone Number: (417) 861-1454
E-mail Address: rmccarville@medcgoup.com
Fax Number: (417) 889-2041

Site Ownership after the Project is Complete

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: HealthPeak, Inc.
Address of Site Owner: 1920 Main Street, Ste 100, Irvine, California 147230
Street Address or Legal Description of the Site: 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: Northwest Surgicare, Ltd d/b/a Northwest Surgicare
Address: 1100 West Central Road, Arlington Heights, IL 60005
<input type="checkbox"/> Non-profit Corporation <input checked="" type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other

Operating Identity/Licensee after the Project is Complete

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

Exact Legal Name: Arlington Heights Surgery Center, LLC	
Address: 1100 West Central Road, Arlington Heights, IL 60005	
<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	<input type="checkbox"/>
<ul style="list-style-type: none">o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.o Partnerships must provide the name of the state in which 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.

This Certificate of Exemption (“COE”) application addresses the change of ownership and change in control of Northwest Surgicare, located at 1100 Central Road, Ste. 400, Arlington Heights, IL 65005 (“Northwest”). The facility is currently owned by a limited partnership whose ownership is made up by Northwest Surgicare, LLC (53.28%) and a group of twelve (12) physicians (46.32%). None of the twelve (12) individual physicians own 5% or more of the facility's units.

Arlington Heights Surgery Center, LLC will be acquiring assets currently held by Northwest Surgicare LTD, an Illinois Limited Partnership. The ASTC will continue to operate at the same location, although the name of the licensee will change to Arlington Height Surgery Center, LLC. The same physician owners of Arlington Heights Surgery Center, LLC will manage the facility through 1100 SC, Inc., an entity with ownership identical to Arlington Height Surgery Center, LLC.

The facility will not be changing the categories of service that it is currently approved for which include the following specialties: General Surgery, Ophthalmology, Orthopedic, OB/Gynecology, Oral/Maxillofacial Pain Management, Plastic Surgery, Urology, Otolaryngology, Neurology, and Podiatry.

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:	\$750,000	
Fair Market Value:	\$750,000	

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 . 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): August 1, 2023

State Agency Submittals

Are the following submittals up to date as applicable:

- Cancer Registry- NOT APPLICABLE
- APORS- NOT APPLICABLE
- 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 Arlington Heights Surgery Center, LLC and 1100 SC, 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.

John Winkler
SIGNATURE

JOHN WINKLER
PRINTED NAME

Member
PRINTED TITLE

Stephen Winkler
SIGNATURE

STEPHEN WINKLER
PRINTED NAME

Member
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 27th day of March

Notarization:
Subscribed and sworn to before me
this 27th day of March

Deborah A. Golota
Signature of Notary

DEBORAH A GOLOTA
Official Seal
Notary Public - State of Illinois
My Commission Expires Dec 21, 2023

*Insert the EXACT legal name of the applicant

Deborah A. Golota
Signature of Notary

DEBORAH A GOLOTA
Official Seal
Notary Public - State of Illinois
My Commission Expires Dec 21, 2023

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- 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
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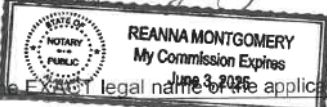
This Application is filed on the behalf of Northwest Surgicare, Ltd., an Illinois Limited Partnership and Northwest Surgicare, LLC, and, in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute 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.

Mark Ladd
SIGNATURE
LADD MARK
PRINTED NAME
VP of General Partner
PRINTED TITLE

Jordan Jones
SIGNATURE
JORDAN JONES
PRINTED NAME
President of General Partner
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 11th day of April, 2023

Reanna Montgomery
Signature of Notary

Seal 
*Insert the EXACT legal name of the applicant

Notarization:
Subscribed and sworn to before me
this 11th day of April, 2023

Reanna Montgomery
Signature of Notary

Seal 

Classified as Confidential

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- 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 Surgical Care Affiliates, LLC, d/b/a SCA Health, and, 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.

Mark Ladd
SIGNATURE
LADD MARK
PRINTED NAME
VP
PRINTED TITLE

Jordan Jones
SIGNATURE
JORDAN JONES
PRINTED NAME
President
PRINTED TITLE

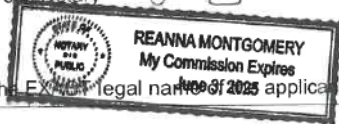
Notarization:
Subscribed and sworn to before me
this 11th day of April, 2023

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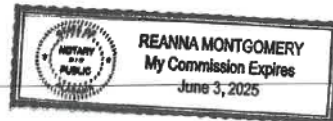
Reanna Montgomery
Signature of Notary

Reanna Montgomery
Signature of Notary

Seal



Seal



*Insert the EXACT legal name of applicant

Classified as Confidential

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.
- 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."

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
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 ATTACHMENT 6, 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.

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	18-23
2	Site Ownership	24-25
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	26
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	27-28
5	Background of the Applicant	29-31
6	Change of Ownership	32-48
7	Charity Care Information	49

ATTACHMENT 1

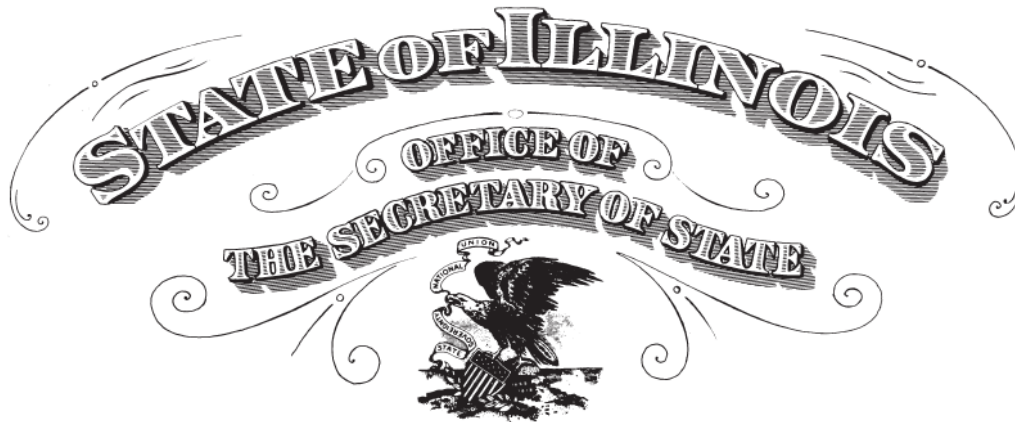
Type of Ownership of Applicant

Included with this attachment are:

1. Northwest Surgicare Ltd, an Illinois Limited Partnership
2. Arlington Heights Surgery Center, LLC
3. 1100 SC, Inc.
4. Northwest Surgicare, LLC
5. Surgical Care Affiliates, LLC

ATTACHMENT 1
Certificate of Existence-Northwest Surgicare Ltd. an Illinois Limited Partnership

File Number S007253



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, Secretary of State of the State of Illinois, do hereby certify that

NORTHWEST SURGICARE, LTD., AN ILLINOIS LIMITED PARTNERSHIP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON MAY 20, 1993, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.



Authentication #: 2309701820
Authenticate at: <https://www.ilsos.gov>

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 APRIL A.D. 2023 .

A handwritten signature in black ink, appearing to read "Alexi Giannoulis".

SECRETARY OF STATE

ATTACHMENT 1
Certificate of Good Standing - Arlington Heights Surgery Center, LLC

Delaware
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "ARLINGTON HEIGHTS SURGERY CENTER, LLC", FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF FEBRUARY, A.D. 2023, AT 4:38 O`CLOCK P.M.



7296600 8100
SR# 20230493442

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

Handwritten signature of Jeffrey W. Bullock, Secretary of State, over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202710312
Date: 02-14-23

ATTACHMENT 1
Certificate of Good Standing - 1100 SC, Inc.

Delaware
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF INCORPORATION OF "1100 SC, INC.", CHANGING ITS NAME FROM "" TO "", FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF FEBRUARY, A.D. 2023, AT 4:34 O`CLOCK P.M.



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

7296464 8100
SR# 20230493354

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

Authentication: 202713110
Date: 02-14-23

ATTACHMENT 1
Certificate of Good Standing - Northwest Surgicare, LLC

Delaware
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NORTHWEST SURGICARE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF MARCH, A.D. 2023.

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



823864 8300

SR# 20231240368

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

Handwritten signature of Jeffrey W. Bullock, Secretary of State, over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203050487

Date: 03-31-23

ATTACHMENT 1
Certificate of Good Standing - Surgical Care Affiliates LLC

File Number 0226541-9



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

SURGICAL CARE AFFILIATES, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON JULY 09, 2007, 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 29TH day of MARCH A.D. 2023 .



Authentication #: 2308804072 verifiable until 03/29/2024
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulis
SECRETARY OF STATE

ATTACHMENT 2

Site Ownership

Attached is a copy of the facility's property tax statement for 2022. The tax documents reflect that HealthPeak Inc. is the site owner. Arlington Heights Surgery Center, LLC will enter into a lease with the property owner.

ATTACHMENT 2 Site Ownership

TOTAL PAYMENT DUE		2022 First Installment Property Tax Bill - Cook County Electronic Bill					
\$0.00	Property Index Number (PIN)	Volume	Code	Tax Year	(Payable In)	Township	Classification
By 04/03/2023	03-31-301-030-0000	234	38023	2022	(2023)	WHEELING	5-91
IF PAYING LATE, PLEASE PAY	04/04/23-05/01/23 \$0.00	05/02/23-06/01/23 \$0.00	06/02/23-07/01/23 \$0.00	LATE INTEREST IS 1.5% PER MONTH, BY STATE LAW			

TAXING DISTRICT DEBT AND FINANCIAL DATA				
Your Taxing Districts	Money Owed by Your Taxing Districts	Pension and Healthcare Amounts Promised by Your Taxing Districts	Amount of Pension and Healthcare Shortage	% of Pension and Healthcare Costs Taxing Districts Can Pay
Northwest Mosquito Abatement Wheeling	\$1,080,667	\$7,960,421	-\$824,317	110.36%
Metro Water Reclamation Dist of Chicago	\$3,327,854,000	\$3,020,080,000	\$1,168,985,000	61.29%
Arlington Hts Park Dist	\$25,870,130	\$60,384,096	-\$4,361,082	107.22%
Harper Coll Comm College 512 (Palatine)	\$385,967,009	\$71,570,388	\$71,570,388	0.00%
Township HS District 214 (Arlington Hts)	\$174,084,349	\$270,533,348	-\$10,941,244	104.04%
Arlington Heights School District 25	\$97,049,115	\$55,549,435	-\$4,415,680	107.95%
Village of Arlington Heights	\$105,227,221	\$556,721,500	\$72,027,058	87.06%
Town of Wheeling	\$12,813	\$5,287,671	\$0	100.00%
Cook County Forest Preserve District	\$233,103,051	\$540,107,634	\$328,420,280	39.19%
County of Cook	\$8,019,310,814	\$29,739,673,504	\$17,090,063,066	42.53%
Total	\$12,369,559,169	\$34,327,867,997	\$18,710,523,469	

For a more in-depth look at government finances and how they affect your taxes, visit cookcountytreasurer.com

PAY YOUR TAXES ONLINE
 Pay at cookcountytreasurer.com from your bank account or credit card.

TAX CALCULATOR	IMPORTANT MESSAGES									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">2021 TOTAL TAX</td> <td style="width: 10%;"></td> <td style="width: 60%; text-align: right;">489,158.65</td> </tr> <tr> <td>2022 ESTIMATE</td> <td style="text-align: center;">X</td> <td style="text-align: right;">55%</td> </tr> <tr> <td>2022 1st INSTALLMENT</td> <td style="text-align: center;">=</td> <td style="text-align: right;">269,037.26</td> </tr> </table> <p style="font-size: x-small; margin-top: 10px;">The First Installment amount is 55% of last year's total taxes. All exemptions, such as homeowner and senior exemptions, will be reflected on your Second Installment tax bill.</p>	2021 TOTAL TAX		489,158.65	2022 ESTIMATE	X	55%	2022 1st INSTALLMENT	=	269,037.26	<div style="background-color: #003366; color: white; padding: 5px; text-align: center; font-weight: bold; margin-bottom: 5px;">PROPERTY LOCATION</div> <p style="font-size: x-small; margin: 0;">1100 W CENTRAL RD ARLINGTON HEIGHTS IL 60005</p> <div style="background-color: #003366; color: white; padding: 5px; text-align: center; font-weight: bold; margin-bottom: 5px;">MAILING ADDRESS</div> <p style="font-size: x-small; margin: 0;">HEALTHPEAK INC 1920 MAIN ST STE 1200 IRVINE CA 926147230</p>
2021 TOTAL TAX		489,158.65								
2022 ESTIMATE	X	55%								
2022 1st INSTALLMENT	=	269,037.26								

*** Please see 2022 First Installment Payment Coupon next page ***

ATTACHMENT 3
Operating Identity/License After the Project is Complete

Delaware
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "ARLINGTON HEIGHTS SURGERY CENTER, LLC", FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF FEBRUARY, A.D. 2023, AT 4:38 O`CLOCK P.M.



7296600 8100
SR# 20230493442

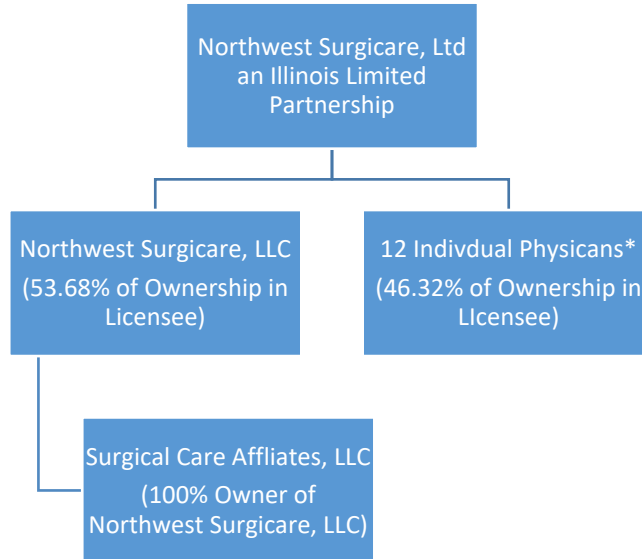
You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 202710312
Date: 02-14-23

ATTACHMENT 4 Organizational Charts

Prior to Transaction

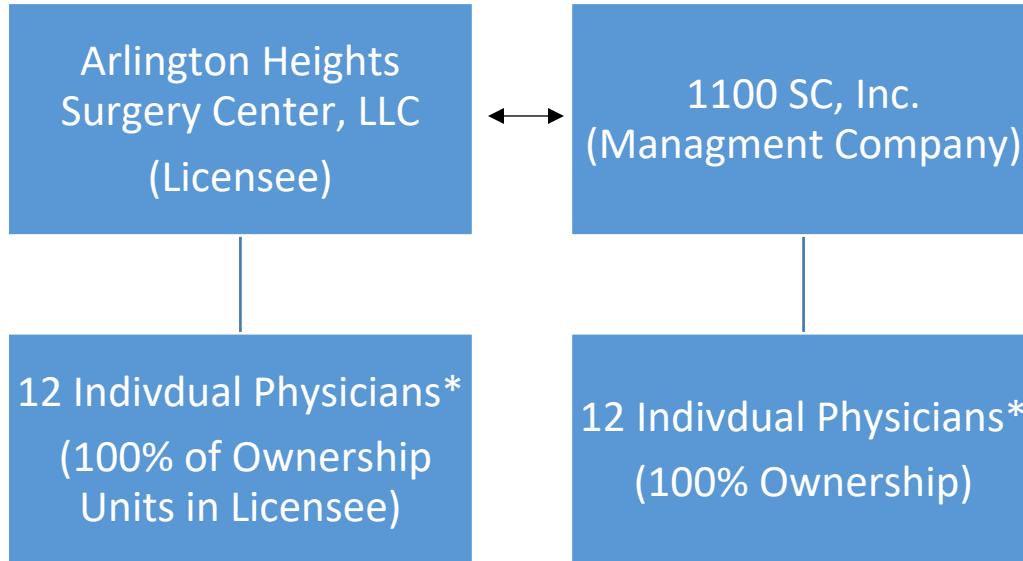


*Individual Physician Owners and Percentage of Ownership

Name	Ownership Percentage
Phillip F. Ludkowski, M.D.	2.013769%
Enrique Garcia-Valenzuela, M.D.	4.027537%
Kimberlee M. Curnyn, M.D.	4.027537%
Kevin L. Sullivan, M.D.	4.027537%
Gregory A. Nelson, M.D.	4.027537%
Mark J. Piotrowski, M.D.	4.027537%
Adam Prickett, M.D.	4.027537%
Sergey Kachar, M.D.	4.027537%
M. Bryan Neal, M.D.	4.027537%
Christopher F. Wood M.D.	4.027537%
Naveed Z. Ansari, M.D.	4.027537%
Bryan M. Kim, M.D.	4.027537%

ATTACHMENT 4 Organizational Charts

Post-Transaction



***Individual Physician Owners and Percentage of Ownership in Licensee and Management Company**

Name	Ownership Percentage
Daniel C. Altar, M.D.	8.3333%
Enrique Garcia-Valenzuela, M.D.	8.3333%
Kimberlee M. Curnyn, M.D.	8.3333%
Madhu Sudan Reddy Gorla, M.D.	8.3333%
Gregory A. Nelson, M.D.	8.3333%
Mark J. Piotrowski, M.D.	8.3333%
Noel D. Saks, M.D.	8.3333%
John W. Winkler, M.D.	8.3333%
Kathryn P. Winkler, M.D.	8.3333%
Stephen J. Winkler, M.D.	8.3333%
John J. Moy, M.D.	8.3333%
Bryan Min Kim, M.D.	8.3333%

ATTACHMENT 5 Background of the Applicant

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

Arlington Heights Surgery Center, LLC and 1100 SC, Inc. own no other health care facilities. Included with this Attachment is a letter from the entity affirming no ownership other health care facilities.

- 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.**

None of the current owners own or operate healthcare facilities other than the facility subject to this application.

- 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.**

Included with this Attachment is letter from Arlington Heights Surgery Center, LLC, 1100 SC, Inc., Northwest Surgicare, LLC, and Northwest Surgicare, Ltd. verifying that no adverse action has taken place during the three years prior to the filing of this 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.**

Included with this Attachment is the applicant's authorization permitting HFSRB and IDPH access to any documents necessary to verify the information needed.

- 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.**

Not applicable.

ATTACHMENT 5 Background of the Applicant

ARLINGTON HEIGHTS SURGERY CENTER
1100 West Central Road, Arlington Heights, IL 60005

March 30, 2023

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

Re: Certification and Authorization

Dear Mr. Kniery,

As representative of Arlington Heights Surgery Center, LLC and 1100 SC, Inc., I, Robert McCarville, give authorization to the Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that, Arlington Heights Surgery Center, LLC and 1100 SC, Inc. have no ownership interest in any other Illinois Healthcare facilities, and as such we have no adverse actions to report for the past three (3) years.

I hereby certify that this is true and based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,



Robert McCarville
Owners' Representative
Arlington Heights Surgery Center, LLC
1100 SC, Inc.

ATTACHMENT 5 Background of the Applicant

March 30, 2023

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

Re: Certification and Authorization

Dear Mr. Kniery,

As representative of Northwest Surgicare, Ltd., an Illinois Limited Partnership and Northwest Surgicare, LLC, I, Jacqueline Lucia., give authorization to the Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that, Northwest Surgicare, Ltd., an Illinois Limited Partnership and Northwest Surgicare, LLC have no ownership interest in any other Illinois Healthcare facilities, and as such we have no adverse actions to report for the past three (3) years.

I hereby certify that this is true and based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,
Jacqueline Lucia
Jacqueline Lucia
Chief Executive Officer
Northwest Surgicare, Ltd., an Illinois Limited Partnership

Classified as Confidential

ATTACHMENT 6 Change of Ownership

Section 1130.520(b)(1)(B) - Names of parties

The application for exemption is subject to approval under Section 1130.560 and shall include the information required by Section 1130.500

The parties involved in this project are:

- Arlington Heights Surgery Center, LLC
- 1100 SC, Inc.
- Northwest Surgicare, Ltd. an Illinois Limited Partnership
- Northwest Surgicare, LLC
- Surgical Care Affiliates, LLC

ATTACHMENT 6 Change of Ownership

Section 1130.520(b)(1)(B) - Background of the parties

“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.”

The following information is provided to illustrate the qualifications, background and character of the Applicants, and to assure the Health Facilities and Services Review Board that the proposed hospital will provide a proper standard of health care services for the community.

Northwest Surgicare Ltd. an Illinois Limited Partnership

This entity is an Illinois Limited Partnership and the current licensee. The Limited Partnership is made up of Northwest Surgicare, LLC and 12 individual physicians. No individual physician owns 5% or more in the current licensee. A list of the individual physicians can be found in Attachment 4 herein.


Northwest Surgicare, LLC and Surgical Care Affiliates, LLC

Northwest Surgicare, LLC is a limited liability company that holds the ownership interest controlled by Surgical Care Affiliates, LLC. Northwest Surgicare, LLC holds a 53.68% ownership interest in the licensee.

Arlington Heights Surgery Center LLC and 1100 SC, Inc.

The proposed project is brought forth by Arlington Heights Surgery Center, LLC, a physician owned limited liability company created to hold the ownership interest of 12 individual physicians in the facility. The complete list of physician owners can be found in Attachment 4 herein. 1100 SC Inc. was created to manage the facility and it's ownership is identical to the proposed licensee, Arlington Heights Surgery Center, LLC.

ATTACHMENT 6
Change of Ownership

		Illinois Department of	HF 125866
		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.			
Amaal V.E. Tokars Acting Director		Issued under the authority of the Illinois Department of Public Health	
EXPIRATION DATE	CATEGORY	I.D. NUMBER	
8/6/2023		7000920	
Ambulatory Surgery Treatment Center			
Effective: 08/07/2022			
Northwest Surgicare, Ltd. dba Northwest Surgicare 1100 W Central Rd Arlington Heights, IL 60005			
The face of this license has a colored background. Printed by Authority of the State of Illinois • PO. #19-493-001 10M 9/18			

ATTACHMENT 6

Change of Ownership

Section 1130.520(b) (1)(C) - Structure of the transaction

The application for exemption is subject to approval under Section 1130.560 and shall include the information required by Section 1130.500.

Arlington Heights Surgery Center, LLC will enter into an asset purchase agreement to acquire certain assets of Northwest Surgicare, Ltd., an Illinois Limited Partnership made up of Northwest Surgicare, LLC and a group of 12 individual physicians.

ATTACHMENT 6

Change of Ownership

1130.520(b) (1)(D) - Entity to be Licensed after transaction

"Name of the person who will be the licensed or certified entity after the transaction"

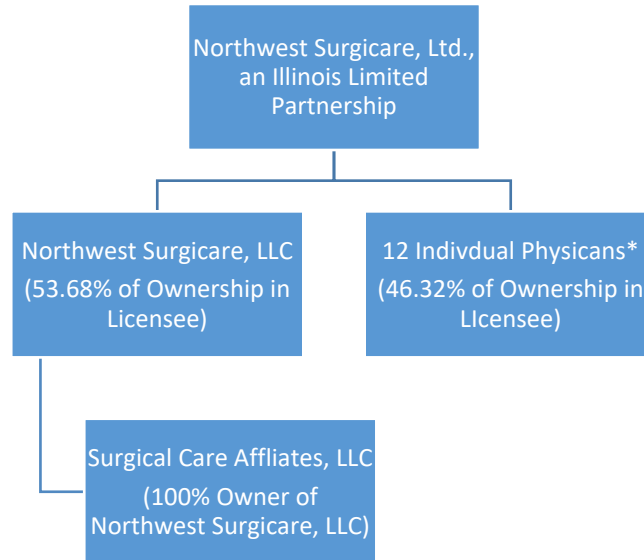
The entity to be licensed after the change of ownership will be Arlington Heights Surgery Center, LLC. A change of ownership application will be submitted to the Illinois Department of Public Health upon approval of this project.

ATTACHMENT 6 Change of Ownership

Section 1130.520(b) (1)(E) - List of Ownership

“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.”

Prior to Transaction List of Ownership

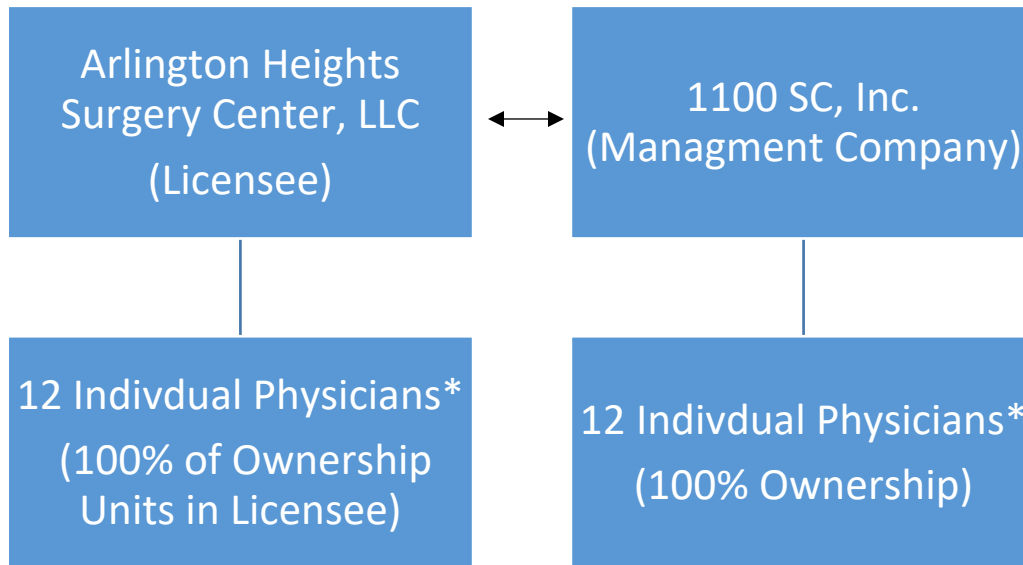


***Individual Physician Owners and Percentage of Ownership**

Name	Ownership Percentage
Phillip F. Ludkowski, M.D.	2.013769%
Enrique Garcia-Valenzuela, M.D.	4.027537%
Kimberlee M. Curnyn, M.D.	4.027537%
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Christopher F. Wood M.D.	4.027537%
Naveed Z. Ansari, M.D.	4.027537%
Bryan M. Kim, M.D.	4.027537%

**ATTACHMENT 6
 Change of Ownership**

Post-Transaction List of Ownership



***Individual Physician Owners and Percentage of Ownership in Licensee and Management Company**

Name	Ownership Percentage
Daniel C. Altar, M.D.	8.3333%
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Stephen J. Winkler, M.D.	8.3333%
John J. Moy, M.D.	8.3333%
Bryan Min Kim, M.D.	8.3333%

ATTACHMENT 6 Change of Ownership

Section 1130.520(b) (1)(F) - Fair Market Value of the transaction
“Fair market value of assets to be transferred.”

The identified purchase price of \$750,000 is based on an arm’s length transaction and represents the fair market value of the assets being transferred.

ATTACHMENT 6 Change of Ownership

Section 1130.520(b) (1)(G) - Purchase price

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

The identified purchase price of \$750,000 is based on an arm's length transaction and represents the fair market value of the assets being transferred.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(2) - Outstanding Permits

“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”

There are currently no outstanding permits that have been issued to the Applicants.

ATTACHMENT 6 Change of Ownership

Section 1130.520(b)(2) - Hospital Charity Care

“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”

This change of ownership does not involve a hospital; thus, this provision is NOT APPLICABLE.

ATTACHMENT 6 Change of Ownership

Section 1130.520(b)(2) - Anticipated Benefits to the Community

“A statement as to the anticipated benefits of the proposed change in ownership to the community.”

This purpose of this project is to ensure the residents of the community and the patients that will be served by Arlington Heights Surgery Center, LLC will continue to have access to the procedures they need. The facility's operations have recently been temporarily suspended and following this transaction it is expected that the facility will restart operations to meet their commitment to provide care for all patients within their community. The physicians associated with ownership group of the facility have and will continue to provide services to vulnerable patient populations.

ATTACHMENT 6 Change of Ownership

Section 1130.520(b)(2) - Anticipated Cost Savings for the Community and Facility

“The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership”

This transaction will not negatively impact the service to the community as this transaction allows for the operation of the facility to restart. Several of physicians currently affiliated with the facility will continue to provide services there in the years to come. The operation of this surgery center will undoubtedly yield cost savings to the facility and the community which it serves. Ambulatory Surgical Treatment Centers increase access to surgical care and provides patients with the ability to have procedures performed at costs that significantly lower those performed in a hospital operating suite. Those savings result in lower costs to healthcare systems and the patients themselves. This facility proposes to serve a widespread geographic population and will provide meaningful access to surgical care.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(2) - Quality Improvement Program

“A description of the facility's quality improvement program mechanism that will be utilized to assure quality control”

Arlington Heights Surgery Center, LLC's quality improvement program mechanism will remain in place and in the unlikely event that the outcomes being experienced do not meet or exceed those standards, an appropriate quality improvement plan will be initiated.

ATTACHMENT 6 Change of Ownership

Section 1130.520(b)(2) - Facility's Governing Body

"A description of the selection process that the acquiring entity will use to select the facility's governing body"

The transaction involves the change of ownership of the facility by a group of 12 individual physicians through their ownership in Arlington Height Surgery Center, LLC. The facility will be managed by 1100 SC, Inc., an entity with identical ownership as Arlington Heights Surgery Center, LLC. It is anticipated that the bylaws of the organization will be changed, and there will be changes to the facility's governing body. The governing body will be made up of physicians owners of the licensee and management company.

From a patient, provider, and communal basis, the operation of the facility will remain unchanged.

ATTACHMENT 6 Change of Ownership

Section 1130.520(b)(2) - Review Criteria in 77 Ill. Admin. Code 1110.240

“A statement that the applicant has prepared a written response addressing the review criteria contained in 77 Ill. Adm. Code 1110.240 and that the response is available for public review on the premises of the health care facility”

A response has been prepared addressing the review criteria in 77 Ill. Admin. Code 1110.240 and is available for public review on the premises of the facility.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(2) - Summary of Proposed Changes Within 24 Months

“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.”

This transaction does not envision any proposed changes to the level of care currently provided in the facility. There is no expectation of any disruptions with the physicians who will perform surgeries at the facility once licensed as a result of this transaction nor will there be changes to the categories of services that are already approved under the permit for this project. While the current physician owners of Arlington Heights Surgery Center, LLC maintain a practice focused on ophthalmology, the facility will maintain an open staff and retain the capability to perform procedures in categories already approved for. We do not expect any other changes within 24 months of the acquisition.

ATTACHMENT 7
Charity Care Information

CHARITY CARE			
	2018	2019	2020
Net Patient Revenue	\$12,408,123	\$10,807,458	\$11,035,618
Amount of Charity Care (charges)	0	0	0
Cost of Charity Care	0	0	0

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

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