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: Rogers Park One Day Surgery Center, Inc.
Street Address: 7616 N. Paulina St. Chicago, IL 60626
City and Zip Code: Chicago, IL 60626
County: Cook Health Service Area: 006 Health Planning Area: 030

Legislators

State Senator Name: Laura Fine
State Representative Name: Robyn Gabel

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

Exact Legal Name: Rogers Park One Day Surgery Center, Inc.
Street Address: 7616 N. Paulina St.
City and Zip Code: Chicago 60626
Name of Registered Agent: Warren Prescott
Registered Agent Street Address: 1420 Renaissance Dr. Ste 406
Registered Agent City and Zip Code: Park Ridge, IL 60068
Name of Chief Executive Officer: Mohamed Sirajudeen
CEO Street Address: 7616 N. Paulina St.
CEO City and Zip Code: Chicago 60626
CEO Telephone Number: 773-761-0500

Type of Ownership of Applicants

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

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

Name: Naaz Sultana
Title: Director & Administrator
Company Name: Peterson Surgery Center LLC
Address: 7616 N. Paulina St. Chicago, IL 60626
Telephone Number: 773-761-0500
E-mail Address: naaz@rogersparksurgery.com

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
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State Senator Name: Laura Fine
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Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Peterson Surgery Center LLC
Street Address: 7616 N. Paulina St.
City and Zip Code: Chicago 60626
Name of Registered Agent: Naaz Sultana
Registered Agent Street Address: 7616 N. Paulina St.
Registered Agent City and Zip Code: Chicago 60626
Name of Chief Executive Officer: Narjisha Thowfeek
CEO Street Address: 7616 N. Paulina St.
CEO City and Zip Code: Chicago 60626
CEO Telephone Number: 773-761-0500

Type of Ownership of Applicants

☐ 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.

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Company Name: Peterson Surgery Center LLC
Address: 7616 N. Paulina St. Chicago, IL 60626
Telephone Number: 773-761-0500
E-mail Address: naaz@rogersparksurgery.com

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: Naaz Sultana
Title: Director & Administrator
Company Name: Peterson Surgery Center LLC
Address: 7616 N. Paulina St. Chicago, IL 60626
Telephone Number: 773-761-0500
E-mail Address: naaz@rogersparksurgery.com

Site Ownership after the Project is Complete

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Narjisha Thowfeek Declaration of Trust
Address of Site Owner: 5844 N Bernard St, Chicago, IL 60659
Street Address or Legal Description of the Site: 7616 N. Paulina St. Chicago, IL 60626 **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 <u>ATTACHMENT 2,</u> 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: Rogers Park One Day Surgery Center, Inc.
Address: 7616 N. Paulina St. Chicago, IL 60626
☐ Non-profit Corporation ☐ Partnership ☒ For-profit Corporation ☐ Governmental ☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other

Operating Identity/Licensee after the Project is Complete

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

Exact Legal Name: Peterson Surgery Center LLC

Address: 7616 N. Paulina St. Chicago, IL 60626

☐	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 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 <u>ATTACHMENT 3</u>, 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 <u>ATTACHMENT 4,</u> 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.

The owner Rogers Park One Day Surgery Center, Inc., which operates the ambulatory surgical treatment center located at 7616 N. Paulina St., Chicago, IL 60626 (the "Existing ASTC") is Mohamed Sirajudeen. For estate planning purposes, Mr. Sirajudeen's spouse, Narjisha Thowfeek, through her ownership of Peterson Surgery Center LLC will become the owner and operator of the Existing ASTC. The legal entity owning the Existing ASTC will be Peterson Surgery Center LLC after the transaction is completed.

This Change of Ownership Certificate of Exemption Application is necessary to align the ownership of the ASTC prior to its relocation, which will be accomplished through two separate, but related, Certificate of Need permit filings:

- The discontinuation of the Existing ASTC located at 7616 N. Paulina St., Chicago, IL 60626 (Project #24-010)
- The establishment of Peterson Surgery Center to be located at 2300 W. Peterson Ave., Chicago, IL 60659 (Project #24-009)

As this transaction is occurring between spouses, there will be no sale or exchange of money associated with this project. The planned change of ownership will occur as soon as feasible upon approval of this Change of Ownership Application for Exemption Certificate and on completion of any filings that may be required by the Illinois Department of Public Health.

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 ☐ Yes ☒ 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): As soon as feasible upon approval of this Change of Ownership Application for Exemption Certificate and on completion of any filings that may be required by the Illinois Department of Public Health.

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:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Peterson Surgery Center 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 On behalf of herself and Peterson Surgery Center LLC	SIGNATURE
Norjisha Thowfeek PRINTED NAME	PRINTED NAME
Authorized Representative PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 24 day of June 2024	Notarization: Subscribed and sworn to before me this _____ day of _____
Signature of Notary	Signature of Notary
Seal OFFICIAL SEAL MOHAMMED SABIR JUNAGADHWALA NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES: 11/5/2026	Seal

*Insert the EXACT legal name of the applicant

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Rogers Park One Day Surgery Center, 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
On behalf of himself and Rogers Park One Day Surgery Center, Inc

Mohamed Sirajudeen
PRINTED NAME

Authorized Representative
PRINTED TITLE

Notarization:
Subscribed and sworn to before me this 24 day of June 2024

Signature of Notary

Seal

OFFICIAL SEAL
MOHAMMED SABIR JUNAGADHWALA
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 11/18/2026

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:
Subscribed and sworn to before me this _____ day of _____

Signature of Notary

Seal

*Insert the Exact Legal Name of the applicant

ATTACHMENT 1

Rogers Park One Day Surgery Center, Inc. is the operator/licensee of the ambulatory surgical treatment center located at 7616 N. Paulina St., Chicago, IL 60626. A Certificate of Good Standing for Rogers Park One Day Surgery Center, Inc. is attached below.

File Number 5966-472-7

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias**, *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*

ROGERS PARK ONE DAY SURGERY CENTER, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 13, 1997, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION 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* 19TH *day of* FEBRUARY *A.D.* 2024 .

Authentication #: 2405001080 verifiable until 02/19/2025
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

A Certificate of Good Standing for Peterson Surgery Center LLC is attached below.

File Number 1427058-2

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias**, *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*

PETERSON SURGERY CENTER LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 26, 2024, 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 DOMESTIC LIMITED LIABILITY COMPANY 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* 2ND *day of* FEBRUARY *A.D.* 2024 .

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

Authentication #: 2403302110 verifiable until 02/02/2025
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

ATTACHMENT 2

Site Ownership

By signing the certification pages within this application, the Applicants attest the operator has control of the real property located at 7616 N. Paulina St. Chicago, IL 60626 through a leasing arrangement.

ATTACHMENT 3

Operating Entity/Licensee

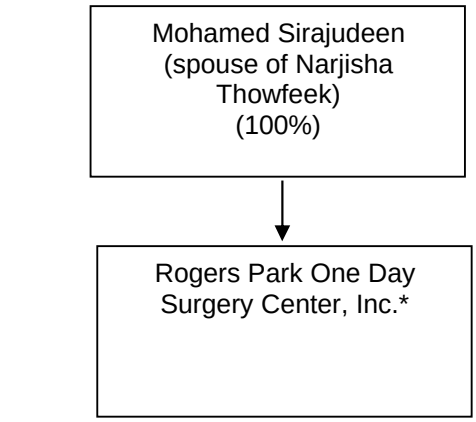
Rogers Park One Day Surgery Center, Inc. is the licensee and operator of the Existing ASTC. A copy of the ASTC's license is attached at Attachment- 5A. After the change of ownership, Peterson Surgery Center LLC will be the licensee and operator of the Existing ASTC.

ATTACHMENT 4

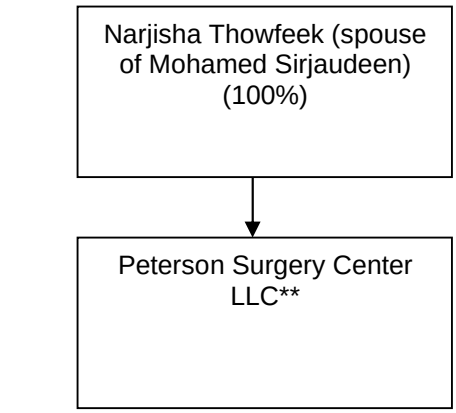
Organizational Relationships

Pre-closing and post-closing organizational charts are attached hereto at Attachment- 4.

Pre-Closing Organizational Chart



Post-Closing Organizational Chart



* Rogers Park One Day Surgery Center, Inc. is currently the licensed entity.

**Peterson Surgery Center LLC will become the licensed entity at the current location

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 <u>ATTACHMENT 5</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 5.

ATTACHMENT 5
Background of Applicants

A. Rogers Park One Day Surgery Center, Inc.

1. Mohamed Sirajudeen owns and operates the following healthcare facility:
    - Rogers Park One Day Surgery Center, Inc.

    Proof of current licensure for Rogers Park One Day Surgery Center, Inc. is attached at Attachment-5A.

2. By signing the certification pages within this application, we attest that no adverse action has been taken against any facility owned and/or operated by the owner/operator of Rogers Park One Day Surgery Center, Inc. during the three years prior to filing this application.

3. By signing the certification pages within this application, we authorize the State Board and the Illinois Department of Public Health ("IDPH") to access any documents necessary to verify information submitted, including, but not limited to: official records of IDPH or other State agencies; and the records of nationally recognized accreditation organizations.

B. Peterson Surgery Center LLC

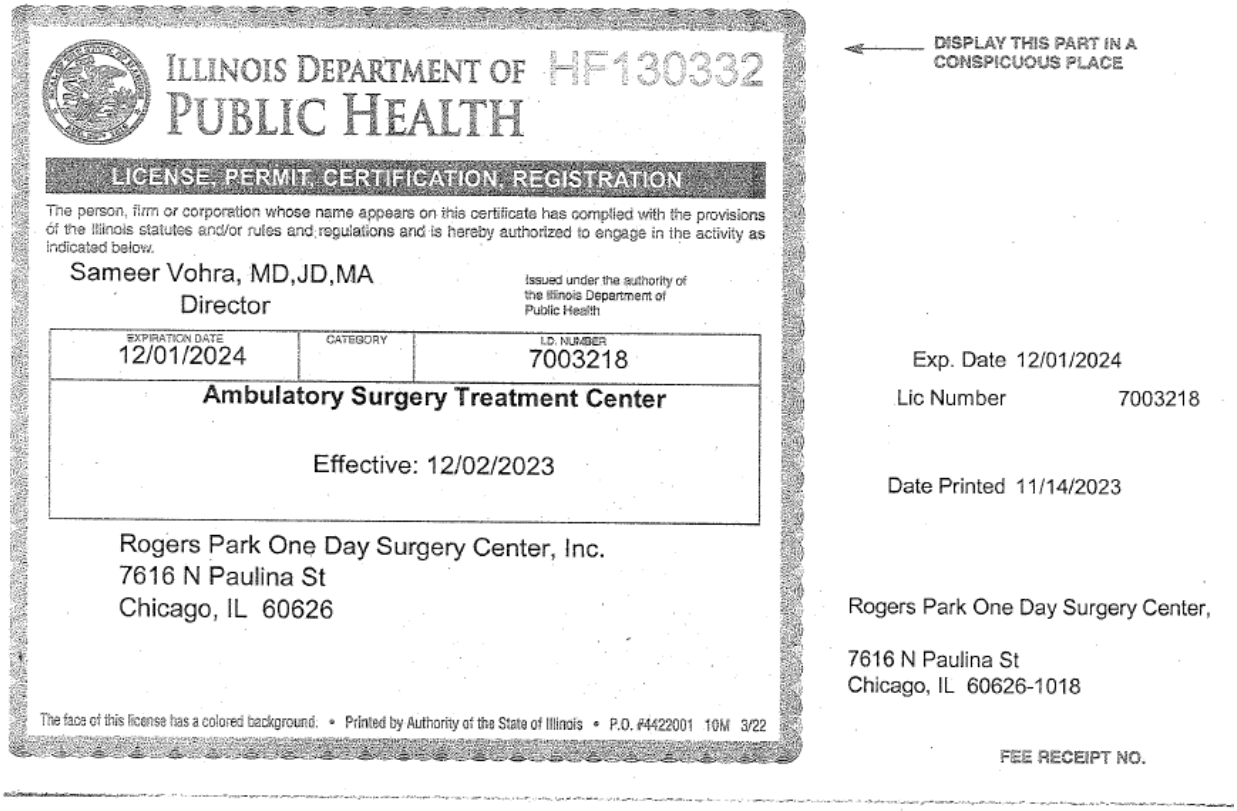
1. Peterson Surgery Center LLC is a newly formed entity and does not currently own or operate any health care facilities.

2. As such, by signing the certification pages within this application, we attest that no adverse action has been taken against any facility owned and/or operated by Peterson Surgery Center during the three years prior to filing this application.

3. By signing the certification pages within this application, we authorize the State Board and the Illinois Department of Public Health ("IDPH") to access any documents necessary to verify information submitted, including, but not limited to: official records of IDPH or other State agencies; and the records of nationally recognized accreditation organizations.

ATTACHMENT 5A

Proof of Licensure



ILLINOIS DEPARTMENT OF PUBLIC HEALTH

HF130332

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.

Sameer Vohra, MD,JD,MA
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/01/2024		7003218

Ambulatory Surgery Treatment Center

Effective: 12/02/2023

Rogers Park One Day Surgery Center, Inc.
7616 N Paulina St
Chicago, IL 60626

The face of this license has a colored background. • Printed by Authority of the State of Illinois • P.O. #4422001 10M 3/22

DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 12/01/2024

Lic Number 7003218

Date Printed 11/14/2023

Rogers Park One Day Surgery Center,

7616 N Paulina St
Chicago, IL 60626-1018

FEE RECEIPT NO.

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.

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	X
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 <u>ATTACHMENT 6,</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ATTACHMENT 6

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

Names of Parties, Post-Closing Licensee and Structure of the Transaction - (1130.520 (b)(1)(A), (b)(1)(B) and (b)(1)(C))

Mohamed Sirajudeen currently is the sole owner of Rogers Park One Day Surgery Center, Inc., which is the operator/licensee of the ambulatory surgical treatment center located at 7616 N. Paulina St., Chicago, IL 60626 (the "Existing ASTC"). Peterson Surgery Center LLC will become the owner and operator of the Existing ASTC pursuant to a transfer of assets of the Existing ASTC to Peterson Surgery Center LLC.

This Change of Ownership Certificate of Exemption Application is necessary to align the ownership of the ASTC prior to its relocation, which will be accomplished through two separate, but related, Certificate of Need permit filings:

- The discontinuation of the Existing ASTC located at 7616 N. Paulina St., Chicago, IL 60626 (Project #24-010)
- The establishment of Peterson Surgery Center to be located at 2300 W. Peterson Ave., Chicago, IL 60659 (Project #24-009)

List of Membership Interests -1130.520(b)(1)(E)

Rogers Park One Day Surgery Center, Inc. is the operator/licensee of the ambulatory surgical treatment center located at 7616 N. Paulina St., Chicago, IL 60626. Peterson Surgery Center LLC's sole owner is Narjisha Thowfeek, the spouse of Mohamed Sirajudeen. Peterson Surgery Center LLC will become the operator/licensee of the Existing ASTC.

Fair Market Value of the Membership Interest Being Purchased -1130.520(b)(1)(F)

The net book value of equipment to be transferred from Rogers Park One Day Surgery Center, Inc. to Peterson Surgery Center LLC is $320,000.

Purchase Price -1130.520(b)(1)(G)

As this transaction is occurring between spouses, there will be no sale or exchange of money associated with this project.

Affirmation regarding Outstanding CON Permits -1130.520(b)(2)

The Applicants do not hold any outstanding Certificate of Need permits and Certificates of Exemption. The two CON permit applications mentioned above are pending review.

Hospital Financial Assistance Policy Affirmation -1130.520(b)(3)

Not Applicable.

Anticipated Benefits and Cost Savings -1130.520(b)(4) and (b)(5)
The planned move of the business will not impact patient care or the cost to provide that care. Upon relocation, Peterson Surgery Center LLC intends to enroll in the Medicare program which Rogers Park One Day Surgery Center has been unable to do based on physical plant issues.

Quality Improvement Program to be Utilized– 1130.520(b)(7)

The ASTC's existing quality improvement program will remain in place and not be impacted by the change of ownership.

Governing Body Composition/Selection Process -1130.520(b)(7)

After the completion of the change of ownership, Narjisha Thowfeek will be the sole owner of the Existing ASTC. She along with the current administrator of Rogers Park One Day Surgery Center will perform the day-to-day administration and will have sole control over the Existing ASTC.

Scope of Services – 1130.520(b)(9)

There will be no changes in the Categories of Service(s) provided by the ASTC within 24 months following the move unless the operator applies for and obtains approval from the HFSRB.

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.

ATTACHMENT 7

1. Charity Care Information – Rogers Park One Day Surgery Center, Inc

CHARITY CARE			
	2020	**2021**	**2022**
Net Patient Revenue	**$0**	**$0**	**$0**
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:

INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	11-12
2	Site Ownership	13
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	14
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	15
5	Background of the Applicant	17-18
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7	Charity Care Information	25