

**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: 1800 McDonough Road Surgery Center, LLC d/b/a Ashton Surgery Center		
Street Address: 1800 McDonough Road, # 100		
City and Zip Code: Hoffman Estates, IL 60192		
County: Cook	Health Service Area: 7	Health Planning Area: 031

Legislators

State Senator Name: Cristina Castro
State Representative Name: Anna Moeller

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

Exact Legal Name: SBO OpCo Holdings, LLC
Street Address: 1101 Perimeter Drive, Suite 125
City and Zip Code: Schaumburg, IL 60173
Name of Registered Agent:
Registered Agent Street Address:
Registered Agent City and Zip Code:
Name of Chief Financial Officer: Timothy Long
CFO Street Address: 1101 Perimeter Drive, Suite 125
CFO City and Zip Code: Schaumburg, IL 60173
CFO Telephone Number: (630) 349-4199, Ext 1003

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: Barry Salzman
Title: Chairman
Company Name: SBO OPCO Holdings, LLC
Address: 1101 Perimeter Drive, Suite 125, Schaumburg, IL 60173
Telephone Number: 646-823-3861
E-mail Address: bsalzman@suburbanortho.com
Fax Number: N/A

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

Name: Ernessa Brawley
Title: Partner
Company Name: BakerHostetler
Address: 1170 Peachtree Street, Suite 2400, Atlanta, Georgia 30309
Telephone Number: 404-256-8421
E-mail Address: ebrawley@bakerlaw.com
Fax Number: N/A

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: Johny Antony
Title: Administrator
Company Name: Ashton Surgery Center
Address: 1800 McDonough Road, Suite 100, Hoffman Estates, IL 60192
Telephone Number: 847.742.7272
E-mail Address: JAntony@Oakbrooksurgeical.com
Fax Number: N/A

Site Ownership after the Project is Complete

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: 1800 McDonough Road Properties, LLC
Address of Site Owner: 2607 W. 22 nd Street, Ste 48, Oak Brook, IL 60523
Street Address or Legal Description of the Site: 1800 McDonough Road, Hoffman Estates, IL 60192
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: 1800 McDonough Road Surgery Center, LLC d/b/a Ashton Surgery Center			
Address: 1800 McDonough Road, Suite 100, Hoffman Estates, IL 60192			
☐	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: 1800 McDonough Road Surgery Center, LLC d/b/a Ashton Surgery Center	
Address: 1800 McDonough Road, Suite 100, Hoffman Estates, IL 60192	
☐ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
☒ Limited Liability Company	☐ Sole Proprietorship ☐
Other	
- 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. - o 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.

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 SBO OpCo Holdings, 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

Steven McGrath
PRINTED NAME

Manager
PRINTED TITLE

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

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

SIGNATURE

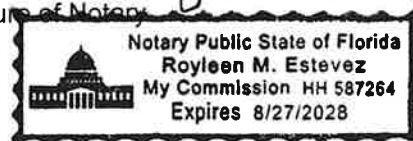
Barry Salzman
PRINTED NAME

Chairman
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 9th day of December

R. Estevez
Signature of Notary

Seal



CERTIFICATION

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

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

This Application is filed on the behalf of SBO OpCo Holdings, 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.

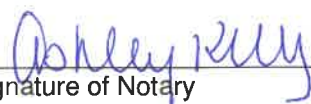

SIGNATURE

Steven McGrath
PRINTED NAME

Manager
PRINTED TITLE

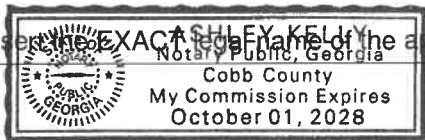
Notarization:

Subscribed and sworn to before me
this 6th day of December


Signature of Notary

Seal

*Insert the EXACT legal name of the applicant



SIGNATURE

Barry Salzman
PRINTED NAME

Chairman
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this _____ day of _____

Signature of Notary

Seal

Section 1. Identification, General Information, and Certification – Attachment 1

Certificates of Good Standing for the applicants, 1800 McDonough Road Surgical Center, LLC d/b/a Ashton Center for Day Surgery, and the proposed new member SBO MSO LLC are attached with the notation, Attachment 1.

A Certificate of Good Standing for SBO OpCo Holdings, LLC is also attached.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SBO OPCO HOLDINGS 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 SIXTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SBO OPCO HOLDINGS LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF NOVEMBER, A.D. 2021.

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



6425932 8300

SR# 20244411665

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 205054344

Date: 12-06-24

Section 1. Identification, General Information, and Certification – Attachment 4

Organizational Relationships

The organizational chart showing the current ownership structure of Ashton Center for Day Surgery, along with the post-closing ownership structure is enclosed at Attachment 4.

Below please find a list of persons with 5% or greater interest in the licensee.

Persons with 5% or greater Interest in the Licensee Pre-Close

Owner	Percentage of Ownership
Jafari Investments, LLC	57.5%
Dr. Howard Freedberg	30.5 %
Dr. Ankur Chhadia	6%
Dr. Kyle Peterson	6%

Persons with 5% or greater Interest in the Licensee Post-Close

Owner	Percentage of Ownership
SBO MSO, LLC	57.5%
Dr. Howard Freedberg	30.5 %
Dr. Ankur Chhadia	6%
Dr. Kyle Peterson	6%

Persons with 5% or greater Interest in SBO MSO, LLC Post-Close

SBO OpCo Holdings, LLC	100 %
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Persons with 5% or greater Interest in SBO OpCo Holdings, LLC

Owner	Percentage of Ownership
Dr. Howard Freedberg	11.5 %
Dr. Ankur Chhadia	21.6%
Richard Perlman	22.9%
Jim Price	22.9%

ATTACHMENT 5A

SBO, OpCo Holdings, LLC

December 4, 2024

Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Illinois Health Facilities and Services Review Board:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure. 735 ILCS 5/1-109 that SBO, OpCo Holdings, LLC has not owned or operated a health care facility in the State of Illinois during the three years prior to filing this application.

Additionally, pursuant to 77 Ill. Admin. Cod § 1110.230(a)(3)/C), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,



Barry Salzman
Chairman

Subscribed and sworn to me

This 9th day of December, 2024



Notary Public

