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HEALTH FACILITIES &
SERVICES REVIEW BOARD**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

25-028

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**This Section must be completed for all projects.****Facility/Project Identification**

Facility Name: Sozo Surgery Center		
Street Address: 7157 West Howard Street		
City and Zip Code: Niles 60714		
County: Cook	Health Service Area: VII	Health Planning Area: A-8

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

Exact Legal Name: Sozo Surgery Center LLC
Street Address: 7157 West Howard Street
City and Zip Code: Niles 60714
Name of Registered Agent: Annette Korovilas
Registered Agent Street Address: 7157 West Howard Street
Registered Agent City and Zip Code: Niles, IL 60714
Name of Chief Executive Officer: Sam Speron
CEO Street Address: 7157 West Howard Street
CEO City and Zip Code: Niles 60714
CEO Telephone Number: 847-696-9900

Type of Ownership of Applicants

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

- 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 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: Monica Hon
Title: Vice President/Director of Client Solutions
Company Name: Advis, Inc.
Address: 18670 Graphics Dr., STE 200 Tinley Park, IL 60477
Telephone Number: 708-478-7030
E-mail Address: mhon@advis.com
Fax Number:

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

Name: Bryan Niehaus
Title: Vice President
Company Name: Advis
Address: 18670 Graphics Dr., STE 200 Tinley Park, IL 60477
Telephone Number: 708-478-7030
E-mail Address: bnierhaus@advis.com
Fax Number:

Post Permit Contact

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

Name: Sam Speron
Title: Member
Company Name: Sozo Surgery Center, LLC
Address: 7157 West Howard Street Niles, IL 60714
Telephone Number: 847-696-9900
E-mail Address: samsperon@gmail.com
Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: 7157 Howard, LLC
Address of Site Owner: 7157 W. Howard Street Niles, IL 60714
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.

Operating Identity/Licensee

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

Exact Legal Name: Sozo Surgery Center, LLC	
Address: 7157 West Howard Street Niles, IL 60714	
<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
<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.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.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. This map must be in a readable format. In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (<http://www.hfsrb.illinois.gov>). **NOTE:** A SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM has been added at the conclusion of this Application for Permit that must be completed to deem a project complete.

APPEND DOCUMENTATION AS **ATTACHMENT 5**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS **ATTACHMENT 6**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.20 and Part 1120.20(b)]

Part 1110 Classification :

- ☒ Substantive
- ☐ Non-substantive

2. Narrative Description

In the space below, provide a brief narrative description of the project. 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. Include the rationale regarding the project's classification as substantive or non-substantive.

Sozo Surgery Center, LLC is proposing to establish a limited specialty, single room ambulatory surgical treatment center (ASTC), providing plastic and reconstructive surgery services, in a preexisting single story medical building made up of 2,1000 total gross square feet and will include one operating room. The proposed facility will be located at 7157 West Howard Street Niles, IL 60714.

Sozo Surgery Center, LLC is wholly owned by Dr. Sam Speron. This project is considered a substantive project because it will result in the establishment of a new facility.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees	\$28,000	\$4,000	\$32,000
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space, Equipment & TIA	\$853,304.03	\$246,000	\$1,099,304.03
Other Costs to Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$881,304.03	\$250,000	\$1,131,304.03
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$28,000	\$4,000	\$32,000
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$853,304.03	\$246,000	\$1,099,304.03
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$881,304.03	\$250,000	\$1,131,304.03
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Note: FMV Lease with a 15 year term, includes two additional clauses and additional costs: Tenant Improvement Allowance and Equipment Rental

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: \$ _____
Fair Market Value: \$ _____

The project involves the establishment of a new facility or a new category of service
☒ Yes ☐ No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is \$ _____

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

☐ None or not applicable ☐ Preliminary
☐ Schematics ☒ Final Working

Anticipated project completion date (refer to Part 1130.140): _____

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):

- ☒ Purchase orders, leases or contracts pertaining to the project have been executed.
☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies
☐ Financial Commitment will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable?

- ☒ Cancer Registry
☐ APORS N/A
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ All reports regarding outstanding permits

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

As a new ASTC, if approved, all necessary and applicable forms and reports shall be completed.

Cost Space Requirements

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (BGSF)** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the departments or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Not Reviewable Space (i.e., non-clinical): means an area for the benefit of the patients, visitors, staff, or employees of a health care facility and not directly related to the diagnosis, treatment, or rehabilitation of persons receiving services from the health care facility. "Non-clinical service areas" include, but are not limited to, chapels; gift shops; newsstands; computer systems; tunnels, walkways, and elevators; telephone systems; projects to comply with life safety codes; educational facilities; student housing; patient, employee, staff, and visitor dining areas; administration and volunteer offices; modernization of structural components (such as roof replacement and masonry work); boiler repair or replacement; vehicle maintenance and storage facilities; parking facilities; mechanical systems for heating, ventilation, and air conditioning; loading docks; and repair or replacement of carpeting, tile, wall coverings, window coverings or treatments, or furniture. Solely for the purpose of this definition, "non-clinical service area" does not include health and fitness centers. [20 ILCS 3960/3]

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
ASC	\$881,304.03	2,100 building gross s/f				2,100	
Total Clinical	\$881,304.03	2,100				2,100	
NON-REVIEWABLE							
Administrative	\$250,000	400				400	
Total Non-clinical	\$250,000	400				400	
TOTAL	\$1,131,304.03	2,500				2,500	

APPEND DOCUMENTATION AS **ATTACHMENT 9**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Facility Bed Capacity and Utilization – NOT APPLICABLE

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is available**. Include **observation days in the patient day totals for each bed service**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

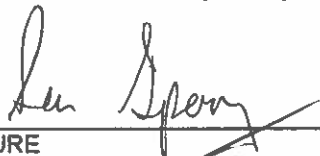
FACILITY NAME:		CITY:			
REPORTING PERIOD DATES:					
		From:		to:	
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long-Term Care					
Specialized Long-Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:					

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.

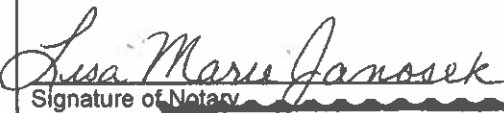
This Application is filed on the behalf of Sozo Surgery Center LLC *
in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The 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

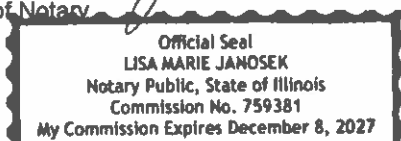
SAM SPORON
PRINTED NAME

MANAGER MEMBER
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 20th day of June 2025


Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

SIGNATURE

PRINTED NAME

PRINTED TITLE

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

Signature of Notary

Seal

SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

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. For the following questions, 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.
 - a. 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.
 - b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted, or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction, and submit any police or court records regarding any matters disclosed.
 - c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.
 - d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.
 - e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.
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 for permit, 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 can submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

Criterion 1110.110(b) & (d)

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Staff Report.

APPEND DOCUMENTATION AS ATTACHMENT 12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

- 1) Identify **ALL** the alternatives to the proposed project:

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost.
- B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes.
- C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
- D) Provide the reasons why the chosen alternative was selected.

- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality, and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT 13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative and it shall include the basis used for determining the space and the methodology applied.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.
 - c. The project involves the conversion of existing space that results in excess square footage.
 - d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ASTC (1 Operating Room)	2500 BGSF	2075-2,750 BGSF	NA	Yes

APPEND DOCUMENTATION AS ATTACHMENT 14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions, or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1	ASTC		4400	1,500	yes
YEAR 2	ASTC		470	1,500	yes

APPEND DOCUMENTATION AS ATTACHMENT 15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE:

Provide the following information:

1. Total gross square footage (GSF) of the proposed shell space.
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area, or function.
3. Evidence that the shell space is being constructed due to:
 - a. Requirements of governmental or certification agencies; or
 - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
 - a. Historical utilization for the area for the latest five-year period for which data is available; and
 - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VI. SERVICE SPECIFIC REVIEW CRITERIA

This Section is applicable to all projects proposing the establishment, expansion, or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion, and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria, and provide the required information APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

G. Non-Hospital Based Ambulatory Surgery

Applicants proposing to establish, expand and/or modernize the Non-Hospital Based Ambulatory Surgery category of service must submit the following information.

ASTC Service
<input type="checkbox"/> Cardiovascular
<input type="checkbox"/> Colon and Rectal Surgery
<input type="checkbox"/> Dermatology
<input type="checkbox"/> General Dentistry
<input type="checkbox"/> General Surgery
<input type="checkbox"/> Gastroenterology
<input type="checkbox"/> Neurological Surgery
<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Obstetrics/Gynecology
<input type="checkbox"/> Ophthalmology
<input type="checkbox"/> Oral/Maxillofacial Surgery
<input type="checkbox"/> Orthopedic Surgery
<input type="checkbox"/> Otolaryngology
<input type="checkbox"/> Pain Management
<input type="checkbox"/> Physical Medicine and Rehabilitation
<input checked="" type="checkbox"/> Plastic Surgery
<input type="checkbox"/> Podiatric Surgery
<input type="checkbox"/> Radiology
<input type="checkbox"/> Thoracic Surgery
<input type="checkbox"/> Urology
<input type="checkbox"/> Other

3. READ the applicable review criteria outlined below and submit the required documentation for the criteria:

APPLICABLE REVIEW CRITERIA	Establish New ASTC or Service	Expand Existing Service
1110.235(c)(2)(B) – Service to GSA Residents	X	X
1110.235(c)(3) – Service Demand – Establishment of an ASTC or Additional ASTC Service	X	

1110.235(c)(4) – Service Demand – Expansion of Existing ASTC Service		X
1110.235(c)(5) – Treatment Room Need Assessment	X	X
1110.235(c)(6) – Service Accessibility	X	
1110.235(c)(7)(A) – Unnecessary Duplication/Maldistribution	X	
1110.235(c)(7)(B) – Maldistribution	X	
1110.235(c)(7)(C) – Impact to Area Providers	X	
1110.235(c)(8) – Staffing	X	X
1110.235(c)(9) – Charge Commitment	X	X
1110.235(c)(10) – Assurances	X	X

APPEND DOCUMENTATION AS ATTACHMENT 25, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18-month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds - Review Criteria
- Section 1120.130 Financial Feasibility - Review Criteria
- Section 1120.140 Economic Viability - Review Criteria - subsection (a)

VII. 1120.120 - AVAILABILITY OF FUNDS

The applicant shall document those financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable [Indicate the dollar amount to be provided from the following sources]:

\$94,195.97	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
		1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
		2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion.
	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated timetable of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated timetable of receipts.
\$1,099,304.03	d)	Debt – a statement of the estimated terms and conditions (including the debt time, variable or permanent interest rates over the debt time, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
		1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated.
		2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate.
		3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.
		4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment.
		5) For any option to lease, a copy of the option, including all

	terms and conditions.
_____	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent.
_____	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt.
_____	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$94,195.97	TOTAL FUNDS AVAILABLE

APPEND DOCUMENTATION AS ATTACHMENT 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VIII. 1120.130 - FINANCIAL VIABILITY

All the applicants and co-applicants shall be identified, specifying their roles in the project funding, or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All the project's capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third-party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT 35, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

	Historical 3 Years			Projected
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 36, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. 1120.140 - ECONOMIC FEASIBILITY

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A) A portion or all the cash and equivalents must be retained in the balance sheet asset accounts to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available.
- 2) That the selected form of debt financing will not be at the lowest net cost available but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors.
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (List below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:

1. The project's material impact, if any, on essential safety net services in the community, **including the impact on racial and health care disparities in the community**, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in each community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 37.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			
Inpatient			

	Outpatient				
	Total				

APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. CHARITY CARE INFORMATION

Charity Care information **MUST** be furnished for **ALL** projects [1120.20(c)].

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 39.

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

APPEND DOCUMENTATION AS ATTACHMENT 39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.



SECTION XI -SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM

In accordance with Executive Order 2006-5 (EO 5), the Health Facilities & Services Review Board (HFSRB) must determine if the site of the CRITICAL FACILITY, as defined in EO 5, is in a mapped floodplain (Special Flood Hazard Area) or a 500-year floodplain. All state agencies are required to ensure that before a permit, grant or a development is planned or promoted, the proposed project meets the requirements of the Executive Order, including compliance with the National Flood Insurance Program (NFIP) and state floodplain regulation.

1. Applicant: Sozo Surgery Center, LLC 7157 West Howard Street
(Name) (Address)
Niles Illinois 60714 847-696-9900
(City) (State) (ZIP Code) (Telephone Number)

2. Project Location: 7157 West Howard Street Niles, IL 60714
(Address) (City) (State)
Cook Niles
(County) (Township) (Section)

3. You can create a small map of your site showing the FEMA floodplain mapping using the FEMA Map Service Center website (<https://msc.fema.gov/portal/home>) by entering the address for the property in the Search bar. If a map, like that shown on page 2 is shown, select the **Go to NFHL Viewer** tab above the map. You can print a

copy of the floodplain map by selecting the  icon in the top corner of the page. Select the pin tool icon  and place a pin on your site. Print a FIRMETTE size image.

If there is no digital floodplain map available select the **View/Print FIRM** icon above the aerial photo. You will then need to use the Zoom tools provided to locate the property on the map and use the **Make a FIRMette** tool to create a pdf of the floodplain map.

IS THE PROJECT SITE LOCATED IN A SPECIAL FLOOD HAZARD AREA: Yes ___ No X ?

IS THE PROJECT SITE LOCATED IN THE 500-YEAR FLOOD PLAIN? No

If you are unable to determine if the site is in the mapped floodplain or 500-year floodplain, contact the county or the local community building or planning department for assistance.

If the determination is being made by a local official, please complete the following:

FIRM Panel Number: _____ Effective Date: _____

Name of Official: _____ Title: _____

Business/Agency: _____ Address: _____

(City) (State) (ZIP Code) (Telephone Number)

Signature: _____ Date: _____

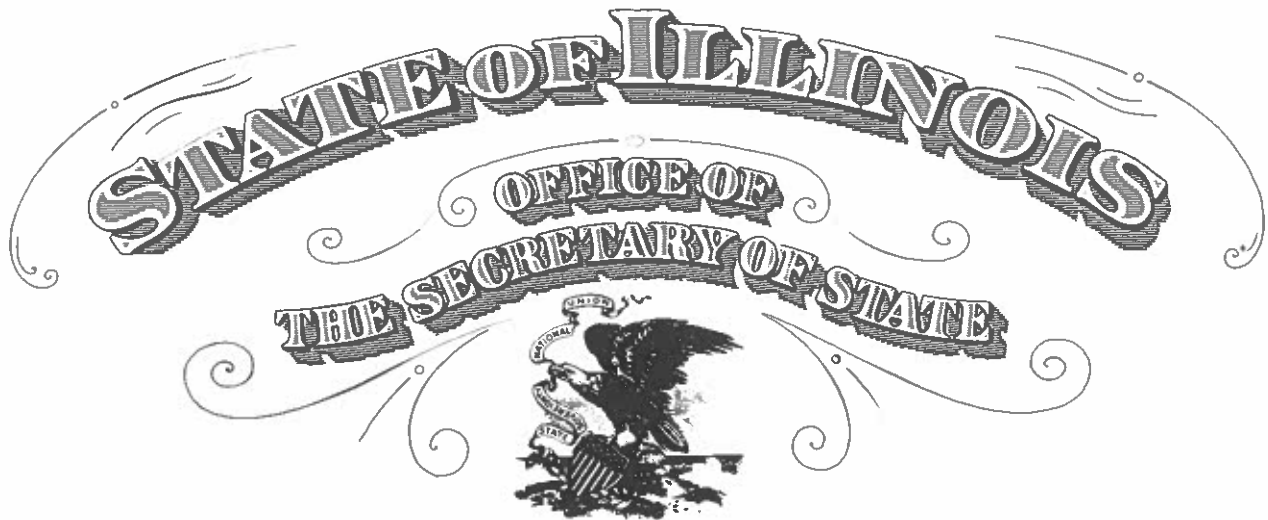
NOTE: This finding only means that the property in question is or is not in a Special Flood Hazard Area or a 500-year floodplain as designated on the map noted above. It does not constitute a guarantee that the property will or will not be flooded or be subject to local drainage problems.

If you need additional help, contact the Illinois Statewide Floodplain Program at 217/782-4428

Attachment 1
Certificate of Good Standing

File Number

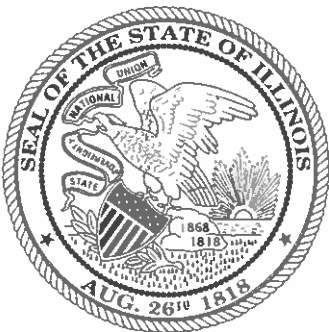
0756115-6



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, 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

SOZO SURGERY CENTER, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 21, 2019, 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 16TH day of JULY A.D. 2025 .

Authentication #: 2519702456 verifiable until 07/16/2026
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas
SECRETARY OF STATE

Attachment 2
Site Ownership

LEASE AGREEMENT

(to be executed upon project approval from HFSRB)

This Lease Agreement (this "Lease") is dated December 1, 2025, by and between **7157 Howard, L.L.C.** ("Landlord"), and **Sozo Surgery Center, L.L.C.**, ("Tenant"). The parties agree as follows:

PREMISES. Landlord, in consideration of the lease payments provided in this Lease, leases to Tenant 2500 square feet of clinical and non-clinical space (the "Premises") located at 7157 W. Howard St., Niles, Illinois 60714.

TERM. The lease term will begin on December 1, 2025, and will terminate on November 30, 2040.

BASE RENT. The Base Rent shall include the payment for the use of the PREMISES as a licensed and Medicare certified ambulatory surgical center and Equipment Rental necessary for the operation of the ambulatory surgical center.

TENANT IMPROVEMENT ALLOWANCE. Landlord shall provide Tenant with a Tenant Improvement Allowance of up to \$630 per month for the costs incurred related to the design and construction of Tenant's improvements within the Premises (the "Tenant Improvements"). The Tenant Improvement Allowance shall be amortized over the lease term and the monthly amortization amount shall be added to the Base Rent. In the event of early termination of this Lease, Tenant shall pay to Landlord the remaining unamortized balance of the Tenant Improvement Allowance, in a lump sum upon the effective date of termination.

EQUIPMENT RENTAL. Lessee shall have the right to utilize the following equipment (see attached equipment list and model numbers) for the term of this lease, commencing on December 1, 2025 and ending on November 30, 2040. The rental rate for the equipment shall be \$942.75 per month. Lessee is responsible for maintaining the equipment in good working order and for any repairs due to normal wear and tear. Lessee shall be responsible for the cost of replacement if the equipment is damaged or destroyed due to Lessee's negligence or misuse. This clause is in addition to the general lease terms and conditions.

LEASE PAYMENTS. Tenant shall pay to Landlord monthly installments of \$6,285 (Base Rent, Equipment Rental and Tenant Improvement Allowance), payable in advance on the first day of each month. Lease payments shall be made to the Landlord, 7157 Howard, L.L.C., at 7157 W. Howard St., Niles, Illinois 60714, which address may be changed from time to time by the Landlord.

POSSESSION. Tenant shall be entitled to possession on the first day of the term of this Lease and shall yield possession to Landlord on the last day of the term of this Lease, unless otherwise agreed by both parties in writing. At the expiration of the term, Tenant shall remove its goods and effects and peaceably yield up the Premises to Landlord in as good a condition as when delivered to Tenant, ordinary wear and tear excepted. Landlord promises to place Tenant in peaceful possession of the Office Space, and Tenant, by taking possession of the Office Space, will have acknowledged that the Office Space are in satisfactory and acceptable condition. Landlord promises to place Tenant in peaceful possession of the Office Space, and Tenant, by taking possession of the Office Space, will have acknowledged that the Office Space are in satisfactory and acceptable condition.

USE OF PREMISES. Tenant may use the Premises only for SURGERY CENTER. The Premises may be used for any other purpose only with the prior written consent of Landlord, which shall not be unreasonably withheld. Tenant shall notify Landlord of any anticipated extended absence from the Premises not later than the first day of the extended absence.

PARKING. Tenant shall be entitled to use all parking space(s) for the parking of the Tenant's customers'/guests' motor vehicle(s).

PROPERTY INSURANCE. Landlord and Tenant shall each maintain appropriate insurance for their respective interests in the Premises and property located on the Premises. Landlord shall be named as an additional insured in such policies. Tenant shall deliver appropriate evidence to Landlord as proof that adequate insurance is in force issued by companies reasonably satisfactory to Landlord. Landlord shall receive advance written notice from the insurer prior to any termination of such insurance policies. Tenant shall also maintain any other insurance which Landlord may reasonably require for the protection of Landlord's interest in the Premises. Tenant is responsible for maintaining casualty insurance on its own property.

RENEWAL TERMS. This Lease shall automatically renew for an additional period of Five years per renewal term, unless either party gives written notice of termination no later than 30 days prior to the end of the term or renewal term. The lease terms during any such renewal term shall be the same as those contained in this Lease.

COMMON AREAS OF OFFICE SPACE. Landlord shall make available at all times during the term of this lease in any portion of the Office Space that Landlord from time to time designates or relocates, automobile parking and common areas as Landlord shall from time to time deem appropriate. Tenant shall have the nonexclusive right during the term of this lease to use the common areas for itself, its employees, agents, customers, clients, invitees, and licensees. Landlord reserves the right to re-designate a common area for a non-common use or to designate as a common area a portion of the Office Space not previously designated a common area.

All common areas shall be subject to the exclusive control and management of Landlord or any other persons or nominees that Landlord may have delegated or assigned to exercise management or control, in whole or in part, in Landlord's place and stead. Landlord shall have the right to close, if necessary, all or any portion of the common areas as is deemed necessary by Landlord to effect necessary repairs, maintenance, or construction, or to maintain the safety of tenants or the general public. Landlord will maintain the common areas in a clean, orderly, and sanitary manner. Landlord is responsible for all repairs of the common areas, except those required by the negligence of Tenant.

Landlord and Landlord's nominees and assignees shall have the right to establish, modify, amend, and enforce reasonable rules and regulations with respect to the common areas and the Office Space. Tenant shall fully and faithfully comply with and observe the rules and regulations for the common areas and the building ("the Building Rules and Regulations"), of which the Leased Space is a part, including any additions or amendments to the Building Rules and Regulations that may be hereafter enacted by Landlord in Landlord's sole discretion.

PEST CONTROL. Tenant, at its sole expense, shall engage exterminators to control vermin and pests on a regular basis. Such extermination services shall be supplied in all areas where food is prepared, dispensed or stored and in all areas where trash is collected, and deliveries are made.

JANITORIAL SERVICE. The Tenant shall provide regular janitorial service to the Leased Office Space at its sole expense.

COVENANT AGAINST WASTE. Tenant agrees that Tenant will not commit waste in or upon the Office Space or any portion thereof. The Tenant shall be responsible for the ventilation and cleanliness of the demised premises and for keeping the waste sewerage lines free from grease stoppages.

TAXES. Taxes attributable to the Premises or the use of the Premises shall be allocated as follows:

REAL ESTATE TAXES. Landlord shall pay all real estate taxes and assessments for the Premises.

TERMINATION UPON SALE OF PREMISES. Notwithstanding any other provision of this Lease, Landlord may terminate this lease upon 30 days' written notice to Tenant that the Premises have been sold.

DESTRUCTION OR CONDEMNATION OF PREMISES. If the Premises are partially destroyed by fire or other casualty to an extent that prevents the conducting of Tenant's use of the Premises in a normal manner, and if the damage is reasonably repairable within sixty days after the occurrence of the destruction, and if the cost of repair is less than \$20,000.00, Landlord shall

repair the Premises and a just proportion of the lease payments shall abate during the period of the repair according to the extent to which the Premises have been rendered untenable. However, if the damage is not repairable within sixty days, or if the cost of repair is \$20,000.00 or more, or if Landlord is prevented from repairing the damage by forces beyond Landlord's control, or if the property is condemned, this Lease shall terminate upon twenty days' written notice of such event or condition by either party and any unearned rent paid in advance by Tenant shall be apportioned and refunded to it. Tenant shall give Landlord immediate notice of any damage to the Premises.

DEFAULTS. Tenant shall be in default of this Lease if Tenant fails to fulfill any lease obligation or term by which Tenant is bound. Subject to any governing provisions of law to the contrary, if Tenant fails to cure any financial obligation within 5 days (or any other obligation within 10 days) after written notice of such default is provided by Landlord to Tenant, Landlord may take possession of the Premises without further notice (to the extent permitted by law), and without prejudicing Landlord's rights to damages. In the alternative, Landlord may elect to cure any default, and the cost of such action shall be added to Tenant's financial obligations under this Lease. Tenant shall pay all costs, damages, and expenses (including reasonable attorney fees and expenses) suffered by Landlord by reason of Tenant's defaults. All sums of money or charges required to be paid by Tenant under this Lease shall be additional rent, whether or not such sums or charges are designated as "additional rent". The rights provided by this paragraph are cumulative in nature and are in addition to any other rights afforded by law.

LATE PAYMENTS. For any payment that is not paid within five days after its due date, Tenant shall pay a late fee of \$100.00.

CUMULATIVE RIGHTS. The rights of the parties under this Lease are cumulative and shall not be construed as exclusive unless otherwise required by law.

NON-SUFFICIENT FUNDS. Tenant shall be charged \$50.00 for each check that is returned to Landlord for lack of sufficient funds.

ACCESS BY LANDLORD TO PREMISES. Subject to Tenant's consent (which shall not be unreasonably withheld), Landlord shall have the right to enter the Premises to make inspections, provide necessary services, or show the unit to prospective buyers, mortgagees, tenants or workers. However, Landlord does not assume any liability for the care or supervision of the Premises. As provided by law, in the case of an emergency, Landlord may enter the Premises without Tenant's consent. During the last three months of this Lease, or any extension of this Lease, Landlord shall be allowed to display the usual "To Let" signs and show the Premises to prospective tenants.

INDEMNITY REGARDING USE OF PREMISES. To the extent permitted by law, Tenant agrees to indemnify, hold harmless, and defend Landlord from and against any and all losses, claims, liabilities, and expenses, including reasonable attorney fees, if any, which Landlord may

suffer or incur in connection with Tenant's possession, use or misuse of the Premises, except Landlord's act or negligence.

DANGEROUS MATERIALS. Tenant shall not keep or have on the Premises any article or thing of a dangerous, flammable, or explosive character that might substantially increase the danger of fire on the Premises, or that might be considered hazardous by a responsible insurance company, unless the prior written consent of Landlord is obtained and proof of adequate insurance protection is provided by Tenant to Landlord.

QUIET ENJOYMENT. Tenant shall not commit any waste upon the Office Space, nor cause any public or private nuisance or other act that may disturb the quiet enjoyment of any other tenant, nor shall Tenant allow the Office Space to be used for any improper, immoral, unlawful, or unsafe purpose, including, but not limited to, the storage of any flammable materials.

Nor shall Tenant use any apparatus, machinery or device in or on said Office Space that shall make any noise or cause any vibration that can be detected by other Tenants, or that shall in any way be a detriment to the Office Space.

Tenant further agrees that except for the tenant improvements contemplated in this Lease, Tenant will not install or construct within the Office Space electrical wires, water or drainpipes, machinery, or other permanently installed devices, including, but not limited to, alarm systems, private music systems, or special ventilation, without the prior written consent of Landlord.

COMPLIANCE WITH REGULATIONS. Tenant shall promptly comply with all laws, ordinances, requirements and regulations of the federal, state, county, municipal and other authorities, and the fire insurance underwriters. However, Tenant shall not by this provision be required to make alterations to the exterior of the building or alterations of a structural nature.

MECHANICS LIENS. Neither the Tenant nor anyone claiming through the Tenant shall have the right to file mechanics liens or any other kind of lien on the Premises and the filing of this Lease constitutes notice that such liens are invalid. Further, Tenant agrees to (1) give actual advance notice to any contractors, subcontractors or suppliers of goods, labor, or services that such liens will not be valid, and (2) take whatever additional steps that are necessary to keep the premises free of all liens resulting from construction done by or for the Tenant.

SUBORDINATION OF LEASE. This Lease is subordinate to any mortgage that now exists, or may be given later by Landlord, with respect to the Premises.

ASSIGNABILITY/SUBLETTING. Tenant may not assign or sublease any interest in the Premises, nor effect a change in the majority ownership of the Tenant (from the ownership existing

at the inception of this lease), nor assign, mortgage or pledge this Lease, without the prior written consent of Landlord, which shall not be unreasonably withheld.

GOVERNING LAW. This Lease shall be construed in accordance with the laws of the State of Illinois.

ENTIRE AGREEMENT/AMENDMENT. This Lease Agreement contains the entire agreement of the parties and there are no other promises, conditions, understandings or other agreements, whether oral or written, relating to the subject matter of this Lease. This Lease may be modified or amended in writing, if the writing is signed by the party obligated under the amendment.

SEVERABILITY. If any portion of this Lease shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this Lease is invalid or unenforceable, but that by limiting such provision, it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.

WAIVER. The failure of either party to enforce any provisions of this Lease shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this Lease.

BINDING EFFECT. The provisions of this Lease shall be binding upon and inure to the benefit of both parties and their respective legal representatives, successors and assigns.

SIGNATURES AND NOTICE. This Lease shall be signed by the following parties. No notice under this Lease shall be deemed valid unless given or served in writing and forwarded by mail, postage prepaid, addressed to the parties below:

LANDLORD:

7157 Howard L.L.C.
7157 W. Howard St.
Niles, Illinois 60714

TENANT:

Sozo Surgery Center, L.L.C.
7157 W. Howard St.
Niles, Illinois 60714

Such addresses may be changed from time to time by either party by providing notice as set forth above. Notices mailed in accordance with the above provisions shall be deemed received on the third day after posting.

LANDLORD:

7157 Howard L.L.C.

By: _____ Date:
Sam Speron
Manager Member

TENANT:

Sozo Surgery Center, L.L.C.

By: _____ Date:
Sam Speron
Manager Member

LEGAL DESCRIPTION

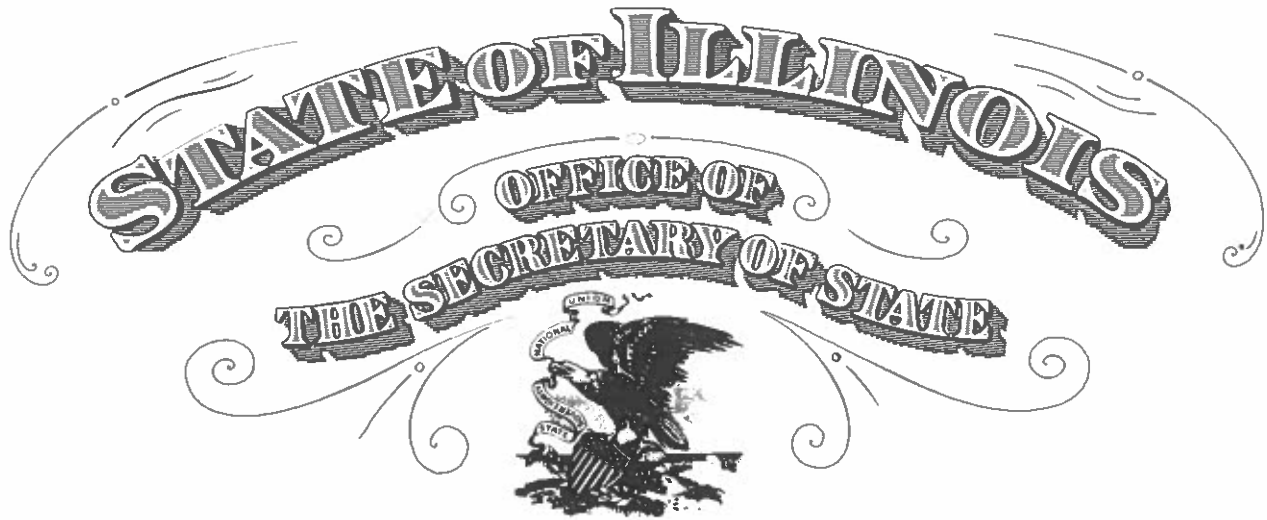
Lots 6, 7, 8, 9 and 10 in Block 18 in Hulbert's Milwaukee Avenue Subdivision, a Subdivision of Lot 1 in Superior Court Partition of the North 648 feet of that part of the Southwest Fractional 1/4 of Section 30, Township 41 North, Range 13, East of the Third Principal Meridian, lying between center lines of Milwaukee Avenue and North Branch Road in Cook County, Illinois. Excepting therefrom the following Parcel: That part of Lot 10 in Block 18 in Hulbert's Milwaukee Avenue Subdivision, a Subdivision of Lot 1 in Superior Court Partition of the North 648 feet of that part of the Southwest Fractional 1/4 of Section 30, Township 41 North, Range 13, East of the Third Principal Meridian, lying between the center lines of Milwaukee Avenue and North Branch Road in Cook County, Illinois, bounded and described as follows: Beginning at a point on the West line of said Lot 10, 7 feet South of the Northwest corner thereof (said point being also on the South line of Howard Street, as widened); thence East along a line parallel to and 7 feet South of the North line of said Lot 10 (said line being also the South line of Howard Street), a distance of 15 feet to a point; thence South westerly along a straight line, a distance of 21.50 feet to a point on the West line of said Lot 10, said point being 15 feet South of the point of beginning (as measured along the West line of said Lot 10); thence North along the West line of said Lot 10, a distance of 15 feet to the point of beginning, and also excepting the North 7 feet of Lots 6, 7, 8, 9 and 10 in said Block 18 dedicated for Howard Avenue by Document 10076875, in Cook County, Illinois.

Attachment 3 Operating Entity

Sozo Surgery Center will be licensed by the Illinois Department of Public Health. Attached is the certificate of good standing

File Number

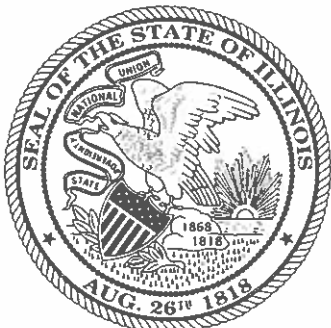
0756115-6



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, 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

SOZO SURGERY CENTER, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 21, 2019, 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.



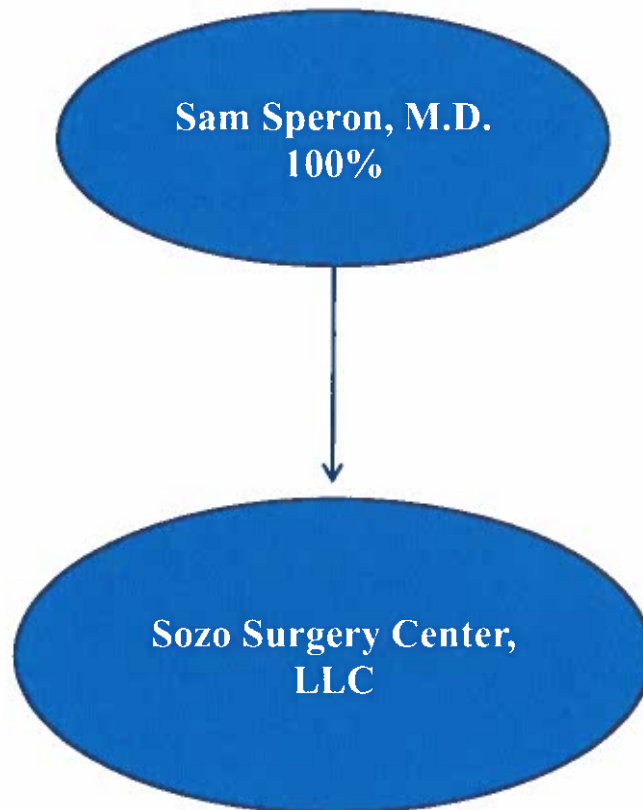
In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 16TH day of JULY A.D. 2025 .

Authentication #: 2519702456 verifiable until 07/16/2026
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas
SECRETARY OF STATE

**Attachment 4
Organizational Relationships**

Sozo Surgery Center, LLC Ownership Chart



Attachment 5 Flood Plain Requirements



Sozo LLC

7157 W Howard. St
Niles, IL 60714
Phone: 847.696.9900

Attachment 5 Flood Plain Requirements

June 17, 2025

John P. Kniery

Board Administrator

Illinois Health Facilities and Service Review Board

525 West Jefferson Street, 2nd Floor


Springfield, IL 62761

Re: Sozo Surgery Center – Flood Plain Requirements

Dear Mr. Kniery,

As a representative of Sozo Surgery Center, LLC, I, Sam Speron, M.D., affirm that the site of the proposed Sozo Surgery Center complies with Illinois Executive Order #2005-5. The facility location at 7157 West Howard Street Niles, IL 60714 is not located in a flood plain. As evidence, please find enclosed a map from the Federal Emergency Management Agency ("FEMA").

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

Sincerely, 
Sam Speron, M.D.

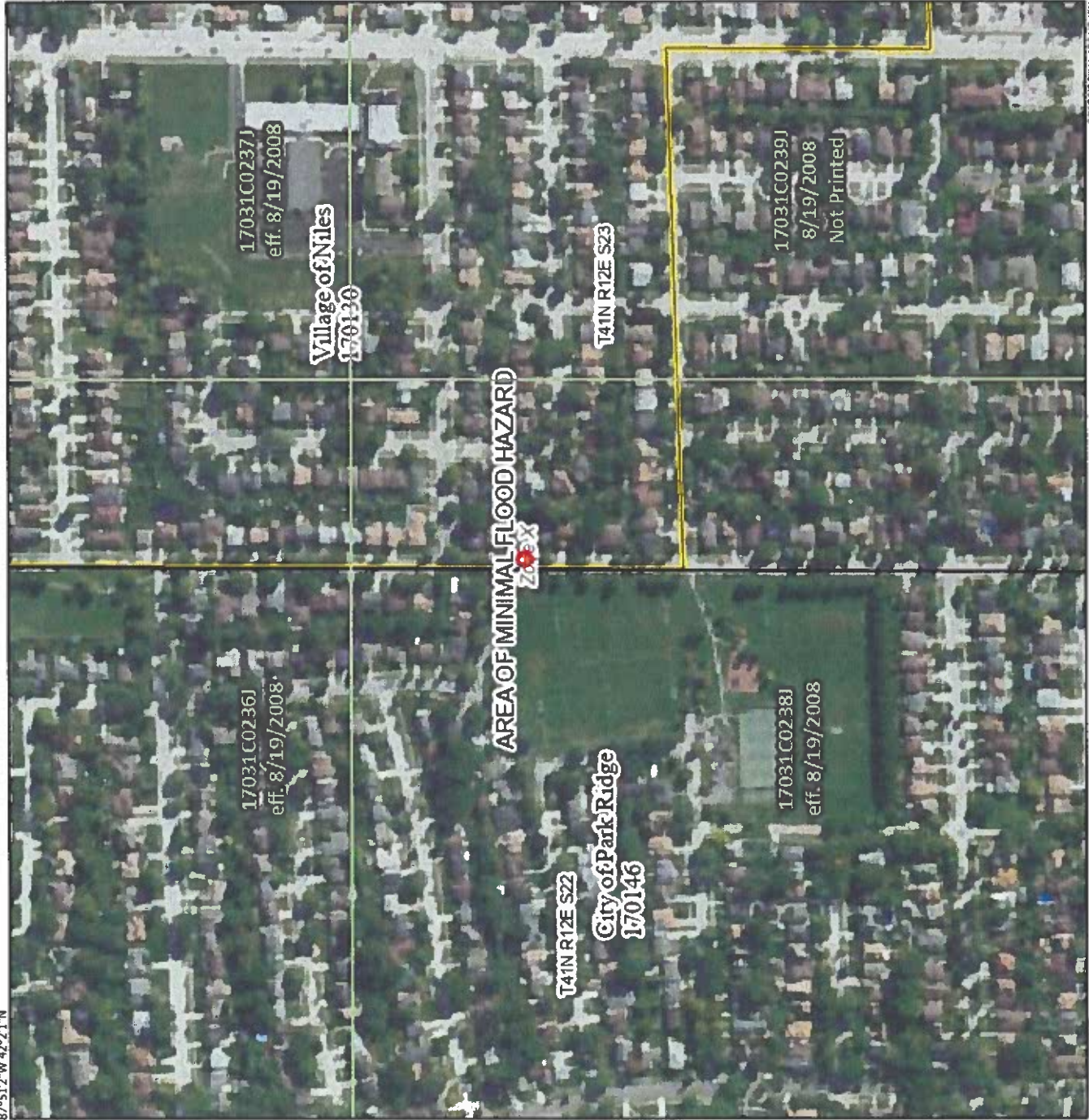
Member

Sozo Surgery Center, LLC

National Flood Hazard Layer FIRMette



87°51'2"W 42°2'1"N



0 250 500 1,000 1,500 2,000 Feet 1:6,000

Basemap Imagery Source: USGS National Map 2023

Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS

- Without Base Flood Elevation (BFE)
Zone A, V, A99
- With BFE or Depth
Zone AE, AO, AH, VE, AR
- Regulatory Floodway

OTHER AREAS OF FLOOD HAZARD

- 0.2% Annual Chance Flood Hazard. Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile
Zone X
- Future Conditions 1% Annual Chance Flood Hazard
Zone X
- Area with Reduced Flood Risk due to Levee. See Notes.
Zone X
- Area with Flood Risk due to Levee
Zone D

OTHER AREAS

- NO SCREEN
Area of Minimal Flood Hazard
Zone X
- Effective LOMRs
Area of Undetermined Flood Hazard
Zone D

GENERAL STRUCTURES

- Channel, Culvert, or Storm Sewer
- Levee, Dike, or Floodwall

OTHER FEATURES

- Cross Sections with 1% Annual Chance
Water Surface Elevation
Coastal Transect
Base Flood Elevation Line (BFE)
Limit of Study
Jurisdiction Boundary
Coastal Transect Baseline
Profile Baseline
Hydrographic Feature

MAP PANELS

- Digital Data Available
- No Digital Data Available
- Unmapped

The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards.

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 3/10/2025 at 8:01 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

Attachment 6

Historic Preservation Act Requirements

The Applicant submitted a request for determination to the Illinois Department of Natural Resources- Preservation Services Division on April 7, 2025. A final determination has been received, and is included with this attachment as evidence, as well as the letter requesting review.



Illinois
Department of
**Natural
Resources**

JB Pritzker, Governor • Natalie Phelps Finnie, Director
One Natural Resources Way • Springfield, Illinois 62702-1271
www.dnr.illinois.gov

**Cook County
Niles**

**CON - Rehabilitation to Establish an Ambulatory Surgical Treatment Center, Sozo Surgery Center, LLC
7157 W. Howard St.**

IHFSRB, SHPO Log #012040725

April 8, 2025

**Rachel Spence
Advis
18670 Graphics Dr., Suite 200
Tinley Park, IL 60477**

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact Steve Dasovich, Cultural Resources Manager, at 217/782-7441 or at Steve.Dasovich@illinois.gov.

Sincerely,

Carey L. Mayer

**Carey L. Mayer, AIA
Deputy State Historic Preservation Officer**

April 7, 2025

VIA E-MAIL

Jeffrey Krutchen
Chief Archaeologist
Preservation Services Division
Illinois Historic Preservation Office Illinois Department of Natural Resources
1 Natural Resources Way
Springfield, IL 62702
SHPO.Review@illinois.gov

**RE: Certificate of Need Application for the Establishment of an Ambulatory
Surgical Treatment Center – Sozo Surgery Center, LLC**

Dear Mr. Krutchen:

We are writing on behalf of Sozo Surgery Center, LLC (“Sozo”) to request a review of the project area under Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). Sozo is submitting an application for a Certificate of Need from the Illinois Health Facilities and Services Review Board. Sozo is proposing to establish an Ambulatory Surgical Treatment Center, to be located at 7157 West Howard Street Niles, Cook County, IL 60714 (“the Project”).

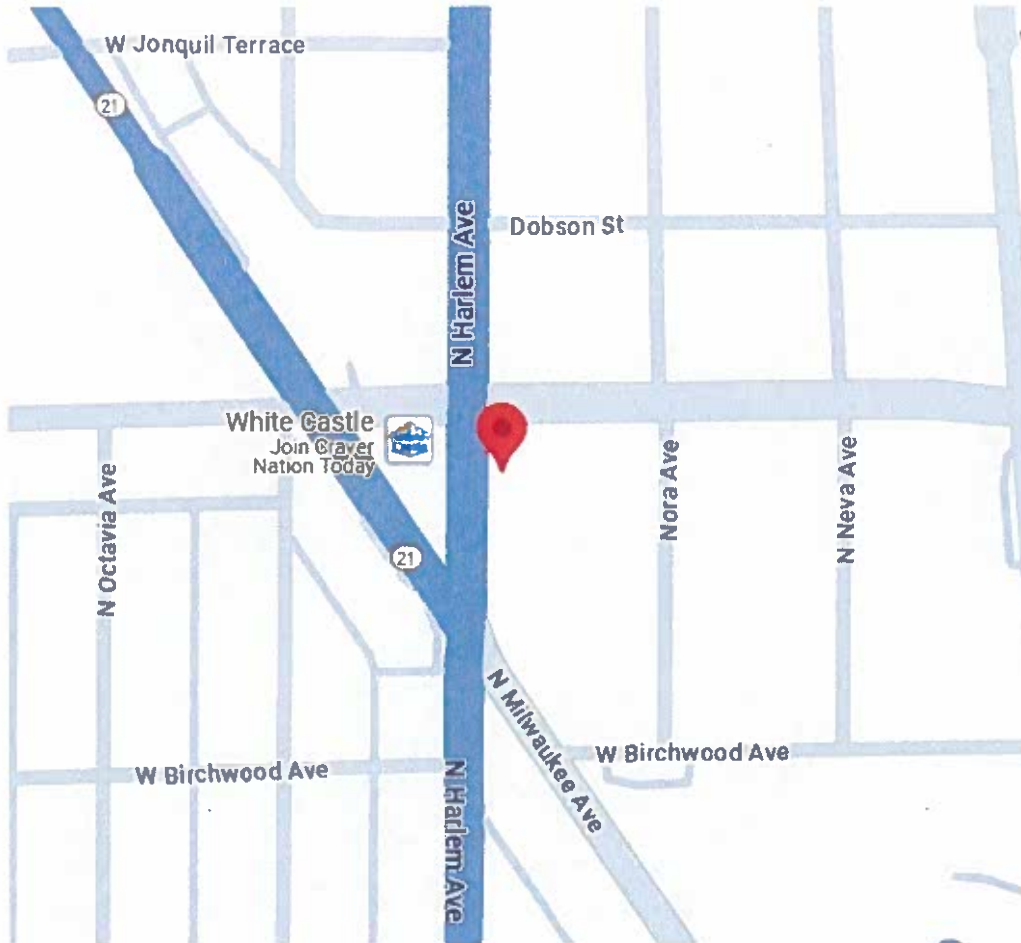
The proposed Project will occupy approximately 2,500 gross square feet in an existing building and will contain a patient waiting room, physician office space, examination rooms, mechanical space, and one operating room.

For your reference, we have enclosed pictures of the existing lot and topographic maps showing the general location of the project. We respectfully request review of the project area and a determination letter at your earliest convenience. Should you have any questions, please do not hesitate to contact me at (708) 487-7030 or at rspence@advis.com. Thank you in advance for your time and attention to this matter.

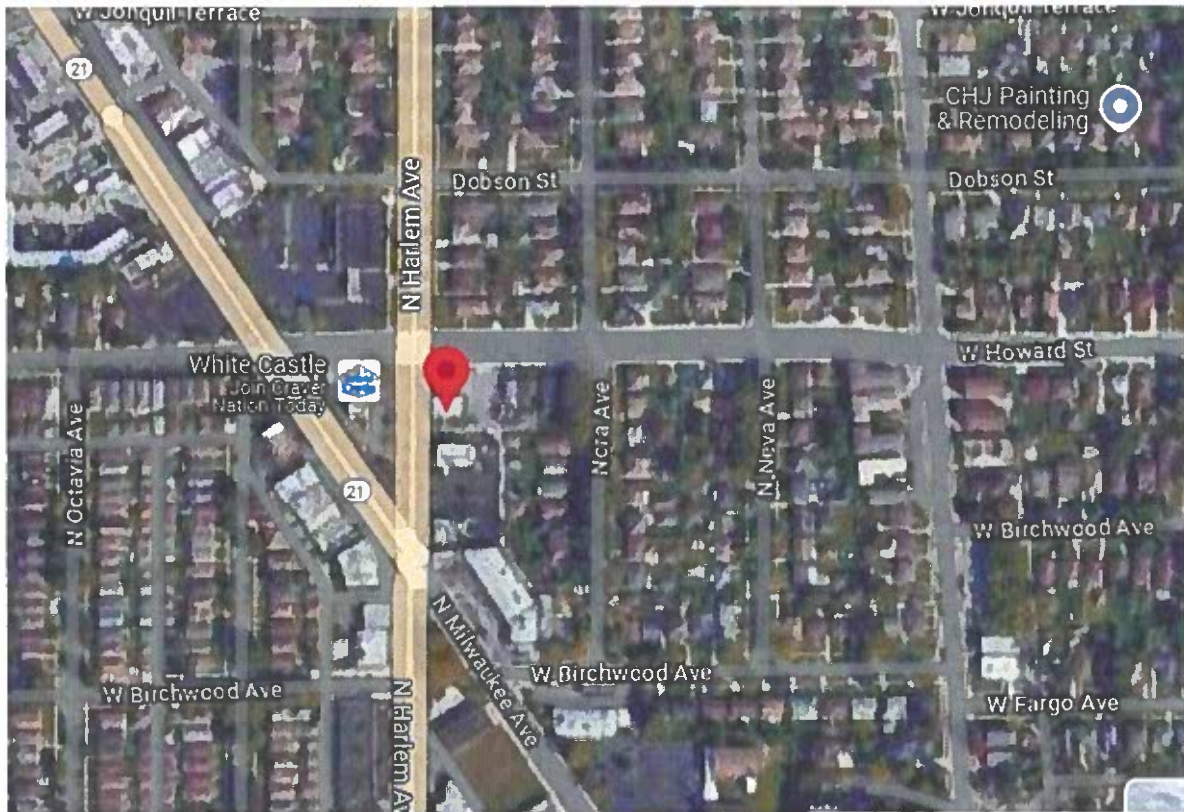
Sincerely,

Rachel Spence, J.D.

Topographic Map (7157 West Howard Street Niles, IL 60714)



Aerial Map (7157 West Howard Street Niles, IL 60714)



Street Views (7157 West Howard Street Niles, IL 60714)



Parking Lot View (7157 West Howard Street Niles, IL 60714)

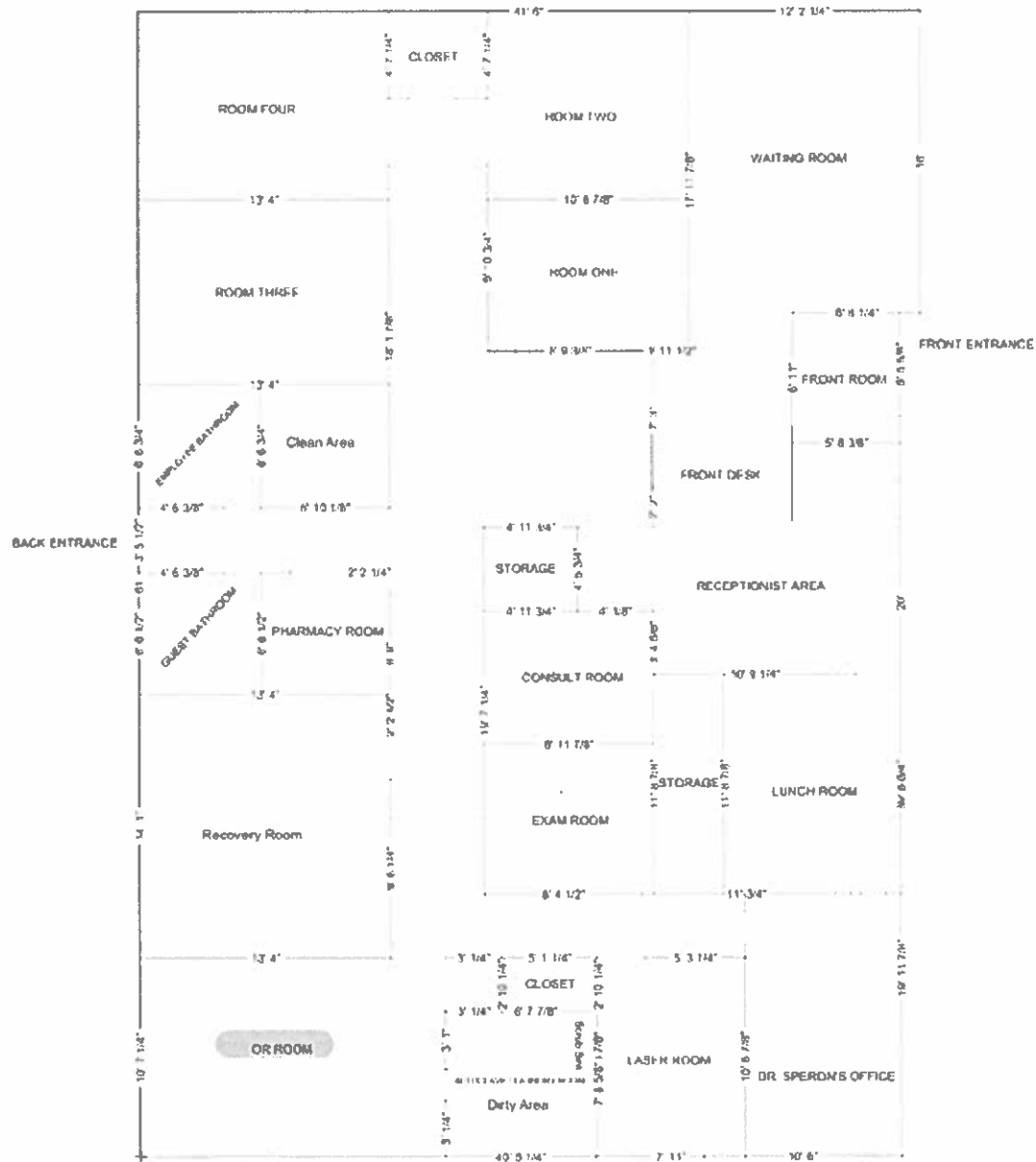


Attachment 7

Project Costs and Sources of Funds

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees	\$28,000	\$4,000	\$32,000
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space, Equipment & TIA	\$853,304.03	\$ 246,000	\$1,099,304.03
Other Costs to Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$881,304.03	\$ 250,000	\$ 1,131,304.03
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$28,000	\$4,000	\$32,000
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$853,304.03	\$246,000	\$1,099,304.03
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$881,304.03	\$250,000	\$1,131,304.03

Attachment 8 Project Status and Completion Schedule



As a AAASF certified surgical service, the ASTC space is ready for final licensure readiness upon approval of project.

Attachment 9 Cost Space Requirements

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
ASC	\$881,304.03	2,100 building gross s/f				2,100	
Total Clinical	\$881,304.03	2,100				2,100	
NON-REVIEWABLE							
Administrative	\$250,000	400				400	
Total Non-clinical	\$250,000					400	
TOTAL	\$1,131,304.03	2,500				2,500	

Attachment 11

Background of the Applicant

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

Sozo Surgery Center, LLC

The proposed project is brought by Sozo Surgery Center, LLC, an entity owned by Dr. Sam Speron. Dr. Speron will own 100% of the entity as reflected in Attachment 4. Sozo Surgery Center, LLC does not have an interest in any other healthcare facility. However, Dr. Speron does have direct interest in Dr. Speron Plastic Surgery, SC. The Applicant certifies that there have been no adverse actions taken during the three (3) years prior to the filing of this application. A letter certifying the above information is included at Attachment 11.

Dr. Sam Speron

Dr. Speron is a board-certified plastic surgeon with over 30 years of experience. He received his Bachelor of Science in Psychology from Loyola University Chicago and his Doctor of Medicine Degree at the Chicago Medical School. He completed his general surgery residency training as well as his plastic and reconstructive surgery fellowship at Loyola University Medical Center. He is a member of the American Society of Plastic Surgeons and the American Society for Aesthetic Plastic Surgery and a Fellow of the American College of Surgeons.

Dr. Speron performs a wide variety of plastic and reconstructive procedures including skin cancer surgery, panniculectomies, and large reconstructive procedures. Dr. Speron's current physician practice is home to a vibrant practice of plastic and reconstructive surgery. He is proud of history of patient satisfaction and positive outcomes. Dr. Speron has over 6,400 five-star online reviews and has no lawsuits during in 30 years in practice. Dr. Speron and his team maintain expertise in the latest in surgical technology and have a dedicated staff to provide care to the community.



Sozo LLC

7157 W Howard. St
Niles, IL 60714
Phone: 847.696.9900

Attachment 11 Background of Applicant

March 18, 2025

John P. Kniery

Board Administrator

Illinois Health Facilities and Service Review Board

525 West Jefferson Street, 2nd Floor

Springfield, IL 62761

Re: Sozo Surgery Center- Certification and Authorization

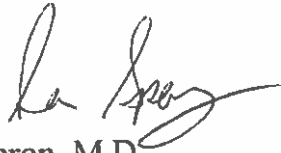
Dear Mr. Kniery,

As a representative of Sozo Surgery Center, LLC, I, Sam Speron, M.D., 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 Sozo Surgery Center, LLC, does not have ownership interest in other healthcare facilities. Therefore, there are 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 5/10109.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sam Speron', with a stylized, flowing script.

Sam Speron, M.D.

Member

Sozo Surgery Center, LLC

Attachment 12

Purpose of the Project

The purpose of the proposed ASTC project is to provide expanded access to highly specialized cosmetic and reconstructive surgery services to the community, specifically Dr. Speron's current patient population. The proposed ASTC is spearheaded by an experienced, respected practitioner and supported by an existing, vibrant practice. This project will increase access to efficient, quality care for those in need of these procedures and make such services available to Dr. Speron's current patient base. An ASTC can often facilitate a more efficient, single-visit experience with faster recovery in contrast to multiple appointments and prolonged recovery time in an office setting. More specifically, the ASTC is designed to offer efficient and safe surgical care, allowing patients to reach their desired goals in fewer visits compared to traditional practice settings. The market area for this project, as defined by regulation, is the 10-mile radius from the proposed facility, though patients travel from all over the county seeking treatment from Dr. Speron. If approved, the proposed ASTC would be the only facility in the market area that specializes solely in plastic and reconstructive surgery.

Many of the procedures Dr. Speron performs—due to their complexity or anesthesia requirements—are appropriate only in hospital or ASTC settings. Currently, while the surgeries are appropriate for most patients to be conducted in an ASTC, Dr. Speron's patients are some times treated in the hospital setting. Providing surgical services in such a setting is costly and inefficient. Additionally, scheduling hospital-based procedures has proven to be difficult as their operating rooms have limited availability. As such, procedures like the ones Dr. Speron provides, are routinely canceled in favor of more lucrative procedures leading to delays and diminished accessibility for patients in need of care. Furthermore, hospitals often lack the correct instruments and assistants as well as the specific state-of-the-art equipment necessary for optimal surgical outcomes for this specialty.

Establishing an ASTC focused on plastic and reconstructive surgery will allow Dr. Speron greater control over scheduling and types of procedures performed and will also facilitate spending more time in the operating room, rather than waiting for one to open. These factors improve efficiency and quality of an ASTC as opposed to a hospital while increasing access to care and controlling costs. Moreover, as the COVID-19 pandemic demonstrated, it is important to provide meaningful surgical options outside of a traditional hospital setting to minimize infection control and potential exposure to risks associated with a broader patient population.

Having a non-hospital facility that accepts all payer types, including Medicare and Medicaid, like the proposed ASTC, is critical to ensuring all members of the community can access world-class surgical services.

The primary goal of this project is to improve the health and wellbeing of patients who have suffered the unimaginable, from skin cancer to severe burns to disfiguring accidents. This goal is accomplished by providing necessary care utilizing the most clinically relevant procedures and state-of-the-art technology. The new facility will be more capable of accomplishing these goals by allowing the efficient handling of complex cases by Dr. Speron and his team. Dr. Speron's and the new facility's commitment to affordable, cutting-edge reconstructive and plastic surgery is part of what makes this project vital and unique.

Attachment 13 Alternatives

1. Continue Utilizing Hospital ORs (Cost: \$0)

This alternative has no capital costs associated with it. However, it does nothing to address the issue this project is seeking to solve. Continuing to perform surgical procedures at area hospitals was identified as an alternative. As noted in Attachment 12, scheduling time in hospital surgical suites has caused significant delays and inconvenience for the patients due to scheduling issues and delays. Hospital OR scheduling can require weeks to months of waiting, while an ASTC provides faster access to care. Over the years, the applicant has experienced scheduling delays and lack of choice for staff and preferred equipment when working within the hospital venue. In addition, utilizing a hospital venue is not, at times, in the best interest of the patient since hospital-based procedures are more costly than those performed in an ASTC. Many patients are either forced to pay higher hospital rates or delay necessary procedures due to cost. Moreover, studies show that hospitals have higher infection rates compared to ASTCs. For the reasons described above, this alternative was rejected.

2. Partner with an Existing Surgery Center (Cost: unknown)

Partnering with an existing surgery center to utilize their existing space was also identified as a potential option. The total projected cost of this alternative is, ultimately, unknown. However, this is not a viable option. A viable partner was not easily identified. Paying per-use fees or leasing fees reduces the financial sustainability of the ASTC over time. Additionally, existing ASTCs may prioritize their own surgeons leading to delays in scheduling and higher costs for patients. Utilizing another entity's space removes the quality control the Applicant would have over its own facility while increasing costs and decreasing patient access. Moreover, other ASCs may not align with the Applicant's commitment to personalized patient care and top-tier technology utilization.

3. Expand Office-Based Procedures (Cost: \$0)

The final option considered is to expand the number of office-based procedures offered. There would be no capital costs associated with this alternative. However, this is not a viable option because it will not result in improving the lack of access currently being experienced. The Applicant would not be able to provide the type of enhanced care it seeks to provide through the proposed ASTC. The Applicant is looking to offer more complex procedures to patients within the American Association for Accreditation of Ambulatory Surgical Facilities (AAAASF) accredited ASTC scope which office-based settings are not eligible for. To deliver these surgical services in an office-based setting, patients would be subject to multiple appointments and prolonged recovery times. In contrast, an Ambulatory Surgical Treatment Center (ASTC) can often facilitate a more efficient, single-visit experience with faster recovery. Furthermore, many of these procedures are only clinically appropriate or permissible in an ASTC or hospital environment, given the necessary equipment, safety protocols, and regulatory standards. For the reasons described above, this alternative was rejected.

4. Project, as proposed (Cost:

Sozo Surgery Center provides a unique alternative to other hospitals and ASTCs, ensuring affordable, high-quality, and convenient surgical care. The equipment, staff, and specialized expertise offered at the proposed ASTC will surpass what can be offered in the hospital setting or in other, existing surgical centers. Such care is simply too complex to be safely offered in an office-based setting. The facility will be open to all payers, including Medicare and Medicaid, which means those that traditionally face financial obstacles to care will have available a quality facility supported by a premier practice in the best setting possible. For the reasons described above, this option was selected.

Attachment 14 Size of the Project

The square footage identified in this application for the proposed project includes one operating room and is consistent with the standards identified in Appendix B of 77 Illinois Admin. Code Section 1110, as documented below.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ASTC (1 Operating Room)	2,500 BGSF	2075-2,750 BGFS	NA	Yes

Attachment 15 Project Services Utilization

The annual utilization expected of an ASTC is 1,500 hours per surgical or procedure room. The proposal for this facility is to establish one surgical room, making the objective for demonstrating utilization at least 80% of target utilization or at least 1,500 hours.

	DEPT./ SERVICE	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1	ASTC	400	1500	yes
YEAR 2	ASTC	470	1500	yes

The number of 470 predicted procedures is derived from patients and procedures emanating directly from current patients. The predicated procedures are based on procedures historically performed by Dr. Speron in an ASTC or hospital facility.

Year 1

Physician	Projected Volume	Average Surgery Time	Total Hours
Sam Speron, MD	400	3 hours	1,200

Total Hours: 1,200

The average procedure time of 3 hours was derived from the applicant's experience in providing procedures in other settings. The applicant anticipates providing at least 400 procedures in Year 1. Having space dedicated solely to his ASTC procedures will allow the applicant to schedule procedures more frequently to meet the demand of his existing patients. Additionally, the applicant will perform procedures on an additional 2 days per week to accommodate demand.

With a total of 400 procedures, the result would be 1,200 hours the surgical room could be utilized.

Year 2

In year 2, with a modest increase of 17.5%, or a total of 70 additional procedures, the result would be 1,410 hours of the available hours the surgical room could be utilized.

Physician	Projected Volume	Average Surgery Time	Total Hours
Sam Speron, MD	470	3 hours	1,410

Total Hours: 1,410

Attachment 16
Unfinished or Shell Space

NOT APPLICABLE- The proposed project does not include plans for shell space.

Attachment 17 Assurances

NOT APPLICABLE- The proposed project does not include plans for shell space.

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents- 1110.235(c)(2)(B)

The proposed project is necessary to meet the needs of the residents in the planning area in which the facility will be located. With one operating room, the ASTC will be able to meet the needs of the community and demand from the applicant's current practice. As a single specialty ASTC with a focus on plastic and reconstructive surgery, the impact on other area facilities at which these procedures were previously performed should be minimal. While area facilities have a degree surgical capacity, it has been proven by multiple studies, articles, and actions of the Centers of Medicare and Medicaid Services (CMS) that outpatient procedures in an ASTC setting is less costly when medically appropriate. There are huge cost incentives, and ASTCs offer more patients better access to care at a lower cost.

The primary purpose of this project is to provide necessary health care to residents of the geographic service area ("GSA") in which the ASTC will be located. Listed on the following pages, in accordance with 77 Illinois Admin Code Section 1110.235(c)(2)(8) is the GSA consisting of all zip codes areas that are located within a 10 mile radius of the proposed site of the ASTC. The zip codes and area within a 10 mile radius of the proposed facility is listed below. We have included a map of the multi-directional travel radii's of the proposed ASTC site.



ZIP CODE	CITY	POPULATION
60005	Arlington Heights, IL	30,221
60007	Elk Grove Village, IL	33,670
60015	Deerfield, IL	28,013
60016	Des Plaines, IL	61,888
60018	Des Plaines, IL	30,051
60022	Glencoe, IL	8,482
60025	Glenview, IL	41,256
60026	Glenview, IL	14,518
60029	Golf, IL	514
60043	Kenilworth, IL	2,514
60053	Morton Grove, IL	25,297
60056	Mount Prospect, IL	57,177
60062	Northbrook, IL	42,751
60068	Park Ridge, IL	39,672
60070	Prospect Heights, IL	15,840
60076	Skokie, IL	34,295
60077	Skokie, IL	28,856
60090	Wheeling, IL	39,017
60091	Wilmette, IL	28,053
60093	Winnetka, IL	20,691
60106	Bensenville, IL	20,562
60131	Franklin Park, IL	18,205
60153	Maywood, IL	23,512
60160	Melrose Park, IL	24,776
60164	Melrose Park, IL	22,367
60165	Stone Park, IL	4,576
60171	River Grove, IL	10,612
60176	Schiller Park, IL	11,714
60191	Wood Dale, IL	14,456
60201	Evanston, IL	44,652
60202	Evanston, IL	33,245
60203	Evanston, IL	4,634
60208	Evanston, IL	213
60301	Oak Park, IL	3,043
60302	Oak Park, IL	33,698
60305	River Forest, IL	11,710
60613	Chicago, IL	53,048
60618	Chicago, IL	90,316
60625	Chicago, IL	76,525
60626	Chicago, IL	50,548

60630	Chicago, IL	54,064
60631	Chicago, IL	29,691
60634	Chicago, IL	75,694
60639	Chicago, IL	89,543
60640	Chicago, IL	65,941
60641	Chicago, IL	69,354
60644	Chicago, IL	47,239
60645	Chicago, IL	48,356
60646	Chicago, IL	28,383
60647	Chicago, IL	85,631
60651	Chicago, IL	62,819
60656	Chicago, IL	28,474
60657	Chicago, IL	72,316
60659	Chicago, IL	40,579
60660	Chicago, IL	42,534
60706	Harwood Heights, IL	24,327
60707	Elmwood Park, IL	43,241
60712	Lincoln Wood, IL	13,463
60714	Niles, IL	31,006
Total		2,087,843

Below is a list of patient origin information by zip code for all of the applicant's patients at his current practice for the last 12-month period. At least 50% of patients were residents of the GSA.

ZIP CODE	CITY AND STATE	# OF PATIENTS
60068	PARK RIDGE, IL	55
60631	CHICAGO, IL	29
60016	DES PLAINES, IL	24
60714	NILES, IL	23
60630	CHICAGO, IL	18
6030	JEFFERSON PARK, IL	2
60706	HARWOOD HEIGHTS, IL	7
60706	NORRIDGE, IL	10
60634	CHICAGO, IL	17
60641	CHICAGO, IL	14
60656	CHICAGO, IL	12
60656	HARWOOD HEIGHTS, IL	1
60646	CHICAGO, IL	10
60618	CHICAGO, IL	7
60618	PARK RIDGE, IL	1

60025	GLENVIEW, IL	8
60056	MOUNT PROSPECT, IL	7
60005	ARLINGTON HEIGHTS, IL	7
60712	LINCOLNWOOD, IL	7
60076	SKOKIE, IL	6
60077	SKOKIE, IL	6
60645	CHICAGO, IL	6
60202	EVANSTON, IL	6
60053	MORTON GROVE, IL	5
60010	BARRINGTON, IL	1
60010	DEER PARK, IL	1
60010	INVERNESS, IL	1
60010	SOUTH BARRINGTON, IL	2
60004	ARLINGTON HEIGHTS, IL	5
60660	CHICAGO, IL	5
60402	BERWYN, IL	3
60402	STICKNEY, IL	2
60626	CHICAGO, IL	4
60657	CHICAGO, IL	4
60647	CHICAGO, IL	4
60070	PARK RIDGE, IL	1
60070	PROSPECT HEIGHTS, IL	3
60659	CHICAGO, IL	4
60611	CHICAGO, IL	3
60074	PALATINE, IL	3
60062	NORTHBROOK, IL	3
60101	ADDISON, IL	3
60067	IVERNESS, IL	2
60067	PALATINE, IL	1
60201	EVANSTON, IL	3
60007	ELK GROVE VILLAGE, IL	3
60707	CHICAGO, IL	1
60707	ELMWOOD PARK, IL	2
60131	FRANKLIN PARK, IL	2
60026	GLENVIEW, IL	2
60622	CHICAGO, IL	2
60164	NORTHLAKE, IL	2
60653	CHICAGO, IL	2
60171	RIVER GROVE, IL	2
60613	CHICAGO, IL	2
60173	SCHAUMBURG, IL	2

60108	BLOOMINGDALE, IL	2
60188	CAROL STREAM, IL	2
60035	HIGHLAND PARK, IL	2
60194	SCHAUMBURG, IL	2
60042	ISLAND LAKE, IL	2
60090	WHEELING, IL	2
46321	MUNSTER, IN	2
60302	OAK PARK, IL	1
60302	PARK RIDGE, IL	1
60614	CHICAGO, IL	2
60623	CHICAGO, IL	2
60046	LAKE VILLA, IL	2
60018	DES PLAINES, IL	2
60804	CHICAGO, IL	1
60804	CICERO, IL	1
60639	CHICAGO, IL	2
60527	BURR RIDGE, IL	1
60527	WILLOWBROOK, IL	1
60120	ELGIN, IL	2
60532	LISLE, IL	2
60654	CHICAGO, IL	2
60563	NAPERVILLE, IL	2
60130	FOREST PARK, IL	2
60605	CHICAGO, IL	2
60137	GLEN ELLYN, IL	2
60608	CHICAGO, IL	2
60453	OAK LAWN, IL	2
61256	HAMPTON, IL	2
60126	ELMHURST, IL	1
60465	PALOS HILLS, IL	1
60430	HOMEWOOD, IL	1
60133	HANOVER PARK, IL	1
60629	CHICAGO, IL	1
74104	TULSA, OK	1
60091	WILMETTE, IL	1
60061	VERNON HILLS, IL	1
60099	BEACH PARK, IL	1
60085	WAUKEGAN, IL	1
60625	CHICAGO, IL	1
60140	PINGREE GROVE, IL	1
46368	PORTAGE, IN	1

60544	PLAINFIELD, IL	1
60031	GURNEE, IL	1
60558	WESTERN SPRINGS, IL	1
60428	MARKHAM, IL	1
60560	YORKVILLE, IL	1
60441	LOCKPORT, IL	1
60155	BROADVIEW, IL	1
60661	CHICAGO, IL	1
60601	CHICAGO, IL	1
33498	BOCA RATON, FL	1
60162	HILLSDALE, IL	1
33837-8919	DAVENPORT, FL	1
60607	CHICAGO, IL	1
60014	CRYSTAL LAKE, IL	1
60102	ALGONQUIN, IL	1
60632	CHICAGO, IL	1
60609	CHICAGO, IL	1
60304	OAK PARK, IL	1
60610	CHICAGO, IL	1
60642	CHICAGO, IL	1
60103	BARTLETT, IL	1
60040	HIGHWOOD, IL	1
60104	BELLWOOD, IL	1
60651	CHICAGO, IL	1
60089	BUFFALO GROVE, IL	1
60435	JOLIET, IL	1
60616	CHICAGO, IL	1
60446	ROMEOVILLE, IL	1
60617	CHICAGO, IL	1
60044	LAKE BLUFF, IL	1
46324	HAMMOND, IL	1
60459	BURBANK, IL	1
60621	CHICAGO, IL	1
53158	PLEASANT PRAIRIE, WI	1
60110	CARPENTERSVILLE, IL	1
60473	SOUTH HOLLAND, IL	1
60195	SCHAUMBURG, IL	1
60487	TINLEY PARK, IL	1
96746	KAPAA, HI	1
60523	OAK BROOK, IL	1
60525	COUNTRYSIDE, IL	1

GRAND TOTAL		472
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Attachment 25
Non-Hospital Based Ambulatory Surgery
Service Demand 1110.235(c)(3)

The Applicant is submitting referral letters from Philip A. Theodoropoulos, MD that includes zip code specific patient origin analysis of the physician's historical caseload and confirmation that the patient origin to be serviced at the proposed facility is identical to that identified in the letter. Dr. Theodoropoulos currently refers patients to Dr. Speron and will continue to do so if the project is approved. Therefore, his referrals are already included in the number of Dr. Speron's projected Procedures.

Philip A Theodoropoulos, MD
8532 N Overhill Ave
Niles, Illinois 60714

March 18, 2025

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

Re: Referral Letter – Sozo Surgery Center

Dear Mr. Kniery,

I am a physician specializing in General Surgery. This letter contains the referral documentation required per 77 Ill. Admin. Code Section 1110.235(c)(3)(A)-(B). I support the proposal to establish the ambulatory surgical treatment center (ASTC) located at 7157 West Howard Street Niles, IL 60714

Over the past 12 months, I have referred 5 patients to the following healthcare facilities:
Sozo Surgery Center

Patient Zip Code	# of Patients from Zip Code
60714	3
60631	2

Based on historical referrals, I anticipate that I will refer 5-10 patients each year to Sozo Surgery Center. Enclosed with this letter is a list of patient origin by zip code of residence. I certify that the patients I propose to refer reside within the applicant's proposed geographic service area.

I further certify that the aforementioned referral counts have not been used to support another pending or approved permit application for any other licensed hospital or ASTC for the subject services.

Sincerely,



Philip A Theodoropoulos, MD



Sozo LLC

7157 W Howard. St
Niles, IL 60714
Phone: 847.696.9900

June 18, 2025

John P. Kniery

Board Administrator

Illinois Health Facilities and Service Review Board

525 West Jefferson Street, 2nd Floor

Springfield, IL 62761

Re: Sozo Surgery Center- Service Demand

Dear Mr. Kniery,

My name is Sam Speron, M.D. and I am a board-certified plastic surgeon and sole member of Sozo Surgery Center, LLC. I am a proud member of both the American Society of Plastic Surgeons (ASPS) and The Aesthetic Society (ASAPS) with over 6,400 five-star reviews. Additionally, my current practice operates under Quad A certification, reflecting a deep and ongoing commitment to the highest standards of patient safety, quality assurance, and regulatory compliance. If approved, I intend to bring the same level of accreditation to the proposed Ambulatory Surgical Treatment Center (ASTC), fully recognizing its broader clinical scope and more advanced regulatory framework compared to an office-based facility. The ASTC model will provide greater flexibility to perform a wider range of procedures while enhancing patient safety, efficiency, and outcomes.

With over 30 years of surgical experience across hospital operating rooms, accredited ASTCs, and office-based surgical suites, I bring a comprehensive understanding of the demands, workflows, and compliance standards associated with each care setting. This diverse background has prepared me to successfully operate within the regulatory and clinical parameters of an ASTC while maintaining a high standard of care.

Some of the procedures I perform—due to their complexity or anesthesia requirements—are appropriate only in a hospital or ASTC setting. At present, I conduct these procedures primarily in the hospital; however, limited scheduling availability and constrained hospital resources restrict my current surgical volume in a hospital or ASTC setting.

The ASTC will allow for a more efficient and flexible surgical schedule, enabling me to meet patient needs more effectively. Additionally, several procedures currently performed in multiple stages in my office can be consolidated into a single surgical session in the ASTC. For example, patients with multiple cancerous lesions in different anatomical areas must currently return for multiple office visits to address each site individually. In an ASTC, these lesions can be safely and efficiently removed in a single procedure under appropriate anesthesia, improving patient experience and increasing procedural volume.

Based on my clinical experience, patient demand, and current referral patterns, I conservatively project performing 400 surgical cases in Year 1 and approximately 470 in Year 2. These

estimates reflect not only my existing patient base but also the operational efficiencies and broader procedural capabilities afforded by the ASTC model. As a result, the proposed ASTC is not expected to negatively impact the surgical case volume of existing ASTCs or hospitals, as it will primarily accommodate procedures currently limited by hospital scheduling constraints and inefficiencies in the office-based setting.

The anticipated 400 cases in Year 1 and 470 cases in Year 2 exclude any potential outside referrals and will support the 1 operating room in the proposed ASTC.

Sincerely,

Sam Speron, M.D.



Member

Sozo Surgery Center, LLC

Attachment 25
Non-Hospital Based Ambulatory Surgery
Treatment Room Need Assessment 1110.235(c)(5)

The annual utilization expected of an ASTC is 1,500 hours per surgical or procedure room. The proposal for this facility is to establish one surgical room, making the objective for demonstrating utilization at least 80% of target utilization or at least 1,500 hours.

	DEPT./ SERVICE	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1	ASTC	400	1500	yes
YEAR 2	ASTC	470	1500	yes

The number of 470 predicted procedures is derived from patients and procedures emanating directly from current patients. The predicated procedures are based on procedures historically performed by Dr. Speron in an ASTC or hospital facility.

Year 1

Physician	Projected Volume	Average Surgery Time	Total Hours
Sam Speron, MD	400	3 hours	1,200

Total Hours: 1,200

The average procedure time of 3 hours was derived from Dr. Speron's experience in providing procedures in other settings. Dr. Speron anticipates providing at least 400 procedures in Year 1. Having space dedicated solely to his ASTC procedures will allow Dr. Speron to schedule procedures more frequently to meet the demand of his existing patients. Additionally, Dr. Speron will perform procedures on an additional 2 days per week to accommodate demand.

With a total of 400 procedures, the result would be 1,200 hours the surgical room could be utilized.

Year 2

In year 2, with a modest increase of 17.5%, or a total of 70 additional procedures, the result would be 1,410 hours of the available hours the surgical room could be utilized.

Physician	Projected Volume	Average Surgery Time	Total Hours
Sam Speron, MD	470	3 hours	1,410

Total Hours: 1,410

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service Accessibility- 1110.235(c)(6)

Facility Name	City	Number of Operating Rooms	Distance (in Miles)
West Suburban Medical Center	Chicago	8	9
Thorek Memorial Hospital	Chicago	5	9
Community First Medical Center	Chicago	7	6
Advocate Lutheran General	Park Ridge	25	3
Ascension Resurrection	Chicago	14	3
Endeavor Health Evanston	Evanston	15	7
Western Diversey Surgical Center	Chicago	2	9
Fullerton Kimball Medical and Surgical Center	Chicago	2	8
Chicago Surgery Center	Chicago		8
Fullerton Surgery Center	Chicago	3	7
Advanced Ambulatory Surgical Center Inc	Chicago	2	7
Belmont/Harlem Surgery Center	Chicago	4	6
Lakeshore Surgery Center, Doctores de Accidentes,	Chicago	2	6
Northshore Surgical Center	Lincolnwood	3	5

As previously discussed, the Applicant proposes to establish an ASTC with one operating room. Eleven of the facilities listed above are located within the city of Chicago as opposed to suburban Chicago where the proposed ASTC is located. Traveling into the city from the suburbs is burdensome, if not impossible, for many patients in the GSA. This poses a significant barrier to accessibility. Moreover, eight of the hospitals and ASTCs listed above do not offer plastic surgery services at all. None of the facilities above solely focus on plastic and reconstructive surgery, meaning they lack the specialization of the Applicant.

Establishing an ASTC will provide accessible, specialized reconstructive and plastic surgery services to patients in and around the Chicago area. ASTCs can achieve operational efficiencies that cannot be created at hospitals and other ASTCs due to limited scheduling slots and availability of other resources necessary for safe, quality care. Improved efficiency will result in increased access across the community.

Attachment 25
Non-Hospital Based Ambulatory Surgery
Unnecessary Duplication/Maldistribution, Impact on Area Providers-
1110.235(c)(7)(a)-(c)

This project is designed to treat an existing patient base of Dr. Sam Speron. Patients seeking more complex plastic and reconstructive surgical services that cannot be done in an office setting are forced to wait until there is time available at an area hospital or other ASTC where Dr. Speron has privileges. We believe that to meaningfully assess this issue requires going beyond the numbers to determine whether or not these services are truly needed within the community and whether those needs can practically and principally be met by existing facilities.

While area facilities have some degree of capacity, it has been shown in multiple studies, articles, and actions of the Centers for Medicare and Medicaid Services (CMS) that outpatient procedures in an ASTC setting are less costly when medically appropriate. There are huge cost incentives and ASTCs offer more patients better access to care at a lower cost. Moreover, from an infection control standpoint, ASTCs reduce exposure to illness that patients face in hospitals.

None of the licensed ASTCs and hospitals in the geographic service area offer what is proposed by this project. They are not designed specifically for plastic and reconstructive surgery. In fact, only a handful of facilities offer plastic surgery at all. All of the facilities in the geographic services area are multi-specialty ASTCs or hospitals offering procedures in many categories of service. Patients seek out Dr. Speron for his and his practice's commitment to providing the most cutting-edge procedures using state-of-the-art technology in a safe and efficient facility.

This makes the likelihood of maldistribution minimal. Because none of these facilities are a destination for Dr. Speron's patients, it should not lower the utilization of other area providers below the established standard. As a result, the impact on other ASTCs should be minimal.

Attachment 25
Non-Hospital Based Ambulatory Surgery
Staffing- 1110.235(c)(8)

The facility will appoint Sam Speron, M.D., a board-certified Plastic Surgeon, as Medical Director for the facility. The Applicant has not traditionally had any difficulties in staffing their existing offices nor do they anticipate difficulty in staffing the proposed ASTC. As needed additional staff will be identified and employed utilizing existing job search sites and professional placement services.

Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)

A list of the relevant CPT codes, procedures and charges for the proposed ASTC is outlined below. In submitting this information, the applicant verifies that it will not increase these charges for a minimum of 24 months.

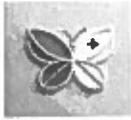
CPT Code	Procedure Description	Expected Charge Per Procedure
Skin Cancer Excision & Reconstruction		
11600	Excision of malignant skin lesion	\$762.00
11601	Excision of malignant skin lesion	\$901.00
11602	Excision of malignant skin lesion	\$976.00
11603	Excision of malignant skin lesion	\$1,120.00
11604	Excision of malignant skin lesion	\$1,244.00
11606	Excision of malignant skin lesion	\$1,798.00
11620	Excision of malignant skin lesion	\$767.00
11621	Excision of malignant skin lesion	\$905.00
11622	Excision of malignant skin lesion	\$1,011.00
11623	Excision of malignant skin lesion	\$1,189.00
11624	Excision of malignant skin lesion	\$1,348.00
11626	Excision of malignant skin lesion	\$1,629.00
11640	Excision of malignant skin lesion	\$790.00
11641	Excision of malignant skin lesion	\$937.00
11642	Excision of malignant skin lesion	\$1,072.00
11643	Excision of malignant skin lesion	\$1,266.00
11644	Excision of malignant skin lesion	\$1,566.00
11646	Excision of malignant skin lesion	\$2,056.00
11400	Excision of benign skin lesion	\$484.00
11401	Excision of benign skin lesion	\$593.00
11402	Excision of benign skin lesion	\$660.00
11403	Excision of benign skin lesion	\$767.00
11404	Excision of benign skin lesion	\$872.00
11406	Excision of benign skin lesion	\$1,265.00
11420	Excision of benign skin lesion	\$484.00
11421	Excision of benign skin lesion	\$620.00
11422	Excision of benign skin lesion	\$700.00
11423	Excision of benign skin lesion	\$802.00
11424	Excision of benign skin lesion	\$932.00
11426	Excision of benign skin lesion	\$1,349.00
11440	Excision of benign skin lesion	\$536.00

11441	Excision of benign skin lesion	\$667.00
11442	Excision of benign skin lesion	\$746.00
11443	Excision of benign skin lesion	\$893.00
11444	Excision of benign skin lesion	\$1,125.00
11446	Excision of benign skin lesion	\$1,567.00
17311	Mohs micrographic surgery	\$2,626.00
17312	Mohs micrographic surgery	\$1,551.00
17313	Mohs micrographic surgery	\$2,451.00
17314	Mohs micrographic surgery	\$1,479.00
17315	Mohs micrographic surgery	\$315.00
13100	Complex closure (layered repair)	\$1,333.00
13101	Complex closure (layered repair)	\$1,571.00
13102	Complex closure (layered repair)	\$482.00
13120	Complex closure (layered repair)	\$1,394.00
13121	Complex closure (layered repair)	\$1,695.00
13122	Complex closure (layered repair)	\$528.00
13131	Complex closure (layered repair)	\$1,536.00
13132	Complex closure (layered repair)	\$1,895.00
13133	Complex closure (layered repair)	\$710.00
13151	Complex closure (layered repair)	\$1,685.00
13152	Complex closure (layered repair)	\$2,014.00
13153	Complex closure (layered repair)	\$772.00
13160	Complex closure (layered repair)	\$3,270.00
14000	Adjacent tissue transfer/flap reconstruction	\$2,480.00
14001	Adjacent tissue transfer/flap reconstruction	\$3,194.00
14020	Adjacent tissue transfer/flap reconstruction	\$2,765.00
14021	Adjacent tissue transfer/flap reconstruction	\$3,461.00
14040	Adjacent tissue transfer/flap reconstruction	\$3,028.00
14041	Adjacent tissue transfer/flap reconstruction	\$3,739.00
14060	Adjacent tissue transfer/flap reconstruction	\$3,093.00
14061	Adjacent tissue transfer/flap reconstruction	\$4,018.00
14301	Adjacent tissue transfer/flap reconstruction	\$4,314.00
14302	Adjacent tissue transfer/flap reconstruction	\$911.00

14350	Adjacent tissue transfer/flap reconstruction	\$2,774.00
Skin Grafts & Flaps		
15100	Split-thickness skin graft (autograft)	\$3,450.00
15101	Split-thickness skin graft (autograft)	\$739.00
15110	Split-thickness skin graft (autograft)	\$3,228.00
15111	Split-thickness skin graft (autograft)	\$479.00
15115	Split-thickness skin graft (autograft)	\$3,194.00
15116	Split-thickness skin graft (autograft)	\$683.00
15120	Split-thickness skin graft (autograft)	\$3,407.00
15121	Split-thickness skin graft (autograft)	\$828.00
15200	Full-thickness skin graft	\$3,330.00
15201	Full-thickness skin graft	\$574.00
15220	Full-thickness skin graft	\$3,072.00
15221	Full-thickness skin graft	\$535.00
15240	Full-thickness skin graft	\$3,724.00
15241	Full-thickness skin graft	\$726.00
15260	Full-thickness skin graft	\$4,032.00
15261	Full-thickness skin graft	\$842.00
15170	Tissue cultured autograft	\$2,458.00
15171	Tissue cultured autograft	\$578.00
15175	Tissue cultured autograft	\$3,403.00
15176	Tissue cultured autograft	\$916.00
15756	Free flap with microvascular anastomosis	\$9,451.00
15757	Free flap with microvascular anastomosis	\$9,353.00
15758	Free flap with microvascular anastomosis	\$9,430.00
14000	Local flaps (e.g., rotation/advancement)	\$2,480.00
14001	Local flaps (e.g., rotation/advancement)	\$3,194.00
14020	Local flaps (e.g., rotation/advancement)	\$2,765.00
14021	Local flaps (e.g., rotation/advancement)	\$3,461.00
14040	Local flaps (e.g., rotation/advancement)	\$3,028.00
14041	Local flaps (e.g., rotation/advancement)	\$3,739.00
14060	Local flaps (e.g., rotation/advancement)	\$3,093.00
14301	Local flaps (e.g., rotation/advancement)	\$4,314.00
14302	Local flaps (e.g., rotation/advancement)	\$911.00
14350	Local flaps (e.g., rotation/advancement)	\$2,774.00
15734	Muscle or myocutaneous flap	\$6,218.00
Breast Procedures		
19318	Reduction mammoplasty	\$4,487.00
19301	Mastectomy (if applicable in recon context)	\$2,716.00

19302	Mastectomy (if applicable in recon context)	\$3,743.00
19303	Mastectomy (if applicable in recon context)	\$3,992.00
19304	Mastectomy (if applicable in recon context)	\$2,396.00
19305	Mastectomy (if applicable in recon context)	\$4,713.00
19306	Mastectomy (if applicable in recon context)	\$4,987.00
19307	Mastectomy (if applicable in recon context)	\$4,979.00
19357	Breast reconstruction with flaps or implants	\$6,065.00
19361	Breast reconstruction with flaps or implants	\$6,429.00
19364	Breast reconstruction with flaps or implants	\$11,292.00
19366	Breast reconstruction with flaps or implants	\$5,773.00
19367	Breast reconstruction with flaps or implants	\$7,305.00
19368	Breast reconstruction with flaps or implants	\$9,011.00
19369	Breast reconstruction with flaps or implants	\$8,361.00
Wound Care / Debridement		
97597	Debridement (superficial to deep)	\$185.00
97606	Debridement (superficial to deep)	\$95.00
11042	Debridement (superficial to deep)	\$475.00
11043	Debridement (superficial to deep)	\$918.00
11044	Debridement (superficial to deep)	\$1,257.00
11045	Debridement (superficial to deep)	\$165.00
11046	Debridement (superficial to deep)	\$296.00
11047	Debridement (superficial to deep)	\$503.00
Procedure		
97605	Wound VAC placement	\$80.00
97606	Wound VAC placement	\$95.00
29580	Unna boot / compression therapy	\$245.00
97607	Negative pressure wound therapy	\$600.00
97608	Negative pressure wound therapy	\$625.00
Optional Add-ons / Frequently Billed Codes		
99151	Moderate sedation	\$110.00
99152	Moderate sedation	\$95.00

99153	Moderate sedation	\$25.00
99155	Moderate sedation	\$170.00
99156	Moderate sedation	\$150.00
99157	Moderate sedation	\$115.00
88305	Pathology (specimen exam)	\$268.00
88307	Pathology (specimen exam)	\$1,027.00
88309	Pathology (specimen exam)	\$1,564.00
00100	Anesthesia (linked by procedure)	No Fee value
01999	Anesthesia (linked by procedure)	No Fee value



Sozo LLC

7157 W Howard. St
Niles, IL 60714
Phone: 847.696.9900

Attachment 25 Non-Hospital Based Ambulatory Surgery

Charge Commitment- 1110.235(c)(9)

June 18, 2025

John P. Kniery

Board Administrator

Illinois Health Facilities and Service Review Board

525 West Jefferson Street, 2nd Floor

Springfield, IL 62761

Re: Sozo Surgery Center

Ill. Admin. Code Section 1120.235(c)(9)(a) – Charge Commitment

Ill. Admin. Code Section 1120.235(c)(10)(a) – Assurances

Dear Mr. Kniery,

As a representative of Sozo Surgery Center, LLC, I, Sam Speron, M.D., hereby attest that a peer review program will be implemented that evaluates whether patient outcomes are consistent with quality standards established by professional organizations for ASTC services, and if outcomes do not meet or exceed those standards, a quality improvement plan will be initiated.

Furthermore, I hereby attest that in order to meet the objectives of the Illinois Health Facilities Planning Act, which are to improve the financial ability of the public to obtain necessary health services and to establish an orderly and comprehensive healthcare delivery system that will guarantee the availability of quality health care to the general public and cost containment and support for

safety net services that we have enclosed a list of CPT codes and a proposed fee schedule.

We hereby commit the charges will not increase, at a minimum, for the first 2 years of operation unless a permit is first obtained pursuant to 77 Ill. Admin. Code. 1130.310(a).

Sincerely,

Sam Speron, M.D.



Member

Sozo Surgery Center, LLC

Attachment 25
Non-Hospital Based Ambulatory Surgery
Assurances – 1110.235(c)(10)



Sozo LLC

7157 W Howard. St
Niles, IL 60714
Phone: 847.696.9900

June 27, 2025

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

Re: Sozo Surgery Center- Assurances

Dear Mr. Kniery,

As a representative of Sozo Surgery Center, LLC, I, Sam Speron, M.D., hereby attest Applicant's full anticipation that, by the end of the second year following the proposed ambulatory surgical treatment center's opening, the proposed facility will operate at or in excess of the utilization standards identified in 77 Ill. Admin. Code Section 110, Appendix B.

Sincerely,

Sam Speron, M.D.



Member

Sozo Surgery Center, LLC

Attachment 34 Availability of Funds

The total estimated project cost is \$1,131,304.03 Sam Speron, M.D. will fund the project costs with a lease and cash. Dr. Speron has sufficient internal resources to fund the cash portion of the project. A letter from Chase Bank is enclosed to show the available cash. A new bank account to represent the ASTC under the Sozo Surgery Center, LLC shall be opened and funded upon approval of the ASTC project.

The lease payment includes a portion attributed to a tenant improvement clause to cover necessary renovations and an equipment rental clause. No other construction, renovation or equipment costs are necessary at this time.

Please refer to Attachment 2 for Lease

**Attachment 34
Availability of Funds**



Sozo LLC

**7157 W Howard. St
Niles, IL 60714
Phone: 847.696.9900**

June 27, 2025

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

**Re: Sozo Surgery Center-
Ill. Admin. Code Section 1120.120(a) Available Funds Certification
Ill. Admin. Code Section 1110.140(a) Reasonableness of Financing Arrangements**

Dear Mr. Kniery,

As a representative of Sozo Surgery Center, LLC, I, Sam Speron, M.D., hereby attest that the total project cost is \$1,131,304.03. The professional service fees will be funded with cash or existing securities in the amount of \$32,000 with access of up to \$94,195.97 and the remainder of the project costs will be paid through the lease for the property where the facility will be located. Sozo Surgery Center, LLC has sufficient and readily accessible internal resources to fund their obligation required by the project, and to fully fund other ongoing obligations.

I further certify that our analysis of the funding options for this project reflected the funding strategy outlined herein is the lowest net cost option available.

Sincerely,

Sam Speron, M.D.



Member

Sozo Surgery Center, LLC



Deposit Account Balance Summary

03/29/2025

Requestor information:

DR. SPERON PLASTIC SURGERY, S.C.
7157 W HOWARD ST
NILES, IL 60714-3757

Addressed to:

HFSRB and John P. Kniery
Board Administrator
Illinois Health Facilities and Service Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Summary of Deposit Account				
Account Number	Account Type	Open Date	Current Balance	
943249367	Chase Business Complete Checking	12/06/2010	\$94,195.97	
Customer Information				
DR. SPERON PLASTIC SURGERY, S.C.		Sole Owner		
ANNETTE [REDACTED]		Signer		
SAM SPERON		Signer		

Deposit Account Balance Summary request completed by:

ALINA CUMPAN
(847) 965-1911
Chicago Bank Branch

PLEASE NOTE THAT THE INFORMATION PROVIDED IN THIS LETTER WILL BE THE ONLY INFORMATION RELEASED BY JPMorgan Chase, N.A.

This letter is written as a matter of business courtesy, without prejudice, and is intended for the confidential use of the addressee only. No consideration has been paid or received for the issuance of this letter. The sources and contents of this letter are not to be divulged and no responsibility is to attach to this bank or any of its officers, employees or agents by the issuance or contents of the letter which is provided in good faith and in reliance upon the assurances of confidentiality provided to this bank. Information and expressions of opinion of any type contained herein are obtained from the records of this bank or other sources deemed reliable, without independent investigation, but such information and expressions are subject to change without notice and no representation or warranty as to the accuracy of such information or the reliability of the sources is made or implied or vouched in any way. This letter is not to be reproduced, used in any advertisement or in any way whatsoever except as represented to this bank. This bank does not undertake to notify of any changes in the information contained in this letter. Any reliance is at the sole risk of the addressee.

Attachment 36

Criterion 1120.130(a) – Financial Viability

Please find in the projected viability ratios for Sozo Surgery Center. As a newly formed entity developed for the ASTC, Sozo Surgery Center, LLC does not have existing operations or audited financials. The applicant has provided supporting schedules to support the numbers documenting how the numbers have been compiled or projected. The ratios contained therein are calculated in accordance with the requirements of Section 1120, Appendix A.

Standards

This project involves expansion of an existing Ambulatory Surgical Treatment Center, as such the applicable standards indicated in Appendix A have been applied.

Financial Viability Ratios

Viability Ratio Calculations: Current Ratio

Current Assets/Current Liabilities

State Standard	Year 1	Year 2	Year 3	Met Standard?
≥1.5	5.26	9.14	13.41	Yes

Viability Ratio Calculations: Net Margin Percentage

(Net Income/Net Operating Revenues) X 100

State Standard	Year 1	Year 2	Year 3	Met Standard?
≥3.5%	19.76%	21.99%	22.76%	Yes

Viability Ratio Calculations: Long Term Debt to Capitalization

(Long-Term Debt/Long-Term Debt plus Net Assets) X 100

State Standard	Year 1	Year 2	Year 3	Met Standard?
≤80%	38.05%	31.76%	26.42%	Yes

Viability Ratio Calculations: Projected Debt Service Coverage

Net Income plus (Depreciation plus Interest plus Amortization)/Principal Payments plus Interest Expense for the Year of Maximum Debt Service after Project Completion

State Standard	Year 1	Year 2	Year 3	Met Standard?
≥1.75	2.86	3.74	4.12	Yes

Viability Ratio Calculations: Days Cash on Hand

(Cash plus Investments plus Board Designated Funds)/(Operating Expense less Depreciation Expense)/365 days

State Standard	Year 1	Year 2	Year 3	Met Standard?
≥45 days	114.93	191.63	277.07	Yes

Viability Ratio Calculations: Cushion Ratio

(Cash plus Investments plus Board Designated Funds)/(Principal Payments plus Interest Expense) for the year of maximum debt service after project completion.

State Standard	Year 1	Year 2	Year 3	Met Standard?
≥3.0	4.11	7.85	11.97	Yes

BALANCE SHEET**ASSETS**

BANK	309,923.62	592,118.01	902,798.14
FMV Lease Right of Use (Current - Discounted)	72,733.57	72,733.57	72,733.57
FMV Lease Right of Use (Long-Term - Discounted)	609,165.83	578,847.21	546,417.58

LIABILITIES**CURRENT LIABILITIES**

FMV Lease Liability (Current - Discounted)	72,733.57	72,733.57	72,733.57
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LONG-TERM LIABILITIES

FMV Lease Liability (Long-term - Discounted)	609,165.83	578,847.21	546,417.58
--	------------	------------	------------

EQUITY

CAPITAL STOCK		94,195.97	94,195.97
PAID IN CAPITAL OR SURPLUS	94,195.97		
NET INCOME	215,727.65	282,194.39	310,680.13
RETAINED EARNINGS		215,727.65	497,922.04

-	-	-
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PROFIT & LOSS**INCOME**

PATIENT SERVICES	1,200,000.00	1,410,000.00	1,500,000.00
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COST OF GOODS

SURGERY SUPPLIES, MEDICINES & EQUIPMENT	(108,000.00)	(126,900.00)	(135,000.00)
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GROSS PROFIT	1,092,000.00	1,283,100.00	1,365,000.00
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EXPENSES

ADVERTISING AND PROMOTION	(64,615.38)	(75,923.08)	(80,769.23)
BANK CHARGES AND FEES	(8,026.15)	(9,430.73)	(10,032.69)
COMPUTER & SOFTWARE	(6,461.54)	(7,592.31)	(8,076.92)
CONTRACTOR EXPENSE (ANESTHESIOLOGIST)	(240,000.00)	(282,000.00)	(300,000.00)
MEDICAL WASTE DISPOSAL & SUPPLIES	(7,692.31)	(9,038.46)	(9,615.38)
OFFICE EXPENSES	(1,615.38)	(1,898.08)	(2,019.23)
PAYROLL - OFFICER	(80,000.00)	(94,000.00)	(100,000.00)
PAYROLL - CLINICAL EMPLOYEES	(190,400.00)	(223,720.00)	(238,000.00)
PAYROLL - OFFICE STAFF	(60,000.00)	(60,000.00)	(60,000.00)
DUES & SUBSCRIPTIONS	(7,692.31)	(9,038.46)	(9,615.38)
AAAASF ACCREDITATION, LICENSES & COMPLIANCE	(15,384.62)	(18,076.92)	(19,230.77)
INSURANCE	(61,538.46)	(72,307.69)	(76,923.08)
PROFESSIONAL SERVICES	(6,461.54)	(7,592.31)	(8,076.92)
FMV LEASE(S)	(75,420.27)	(75,420.27)	(75,420.27)
REPAIRS & MAINTENANCE	(1,292.31)	(1,518.46)	(1,615.38)
UTILITIES	(24,000.00)	(24,000.00)	(24,000.00)
PAYROLL TAX EXPENSE	(25,672.08)	(29,348.84)	(30,924.60)

NET INCOME	215,727.65	282,194.39	310,680.13
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Attachment 37

Section X, Economic Feasibility Review Criteria Criterion 1120.140(a), Reasonableness of Financing Arrangements

A. Reasonableness of Financing Arrangements:

See Attachment 37-Exhibit 1 for a signed, notarized statement from a representative of Sozo Surgery Center.

B. Conditions of Debt Financing

See Attachment 37-Exhibit 1 for a signed, notarized statement from a representative of Sozo Surgery Center.

C. Reasonableness of Project and Related Costs

Per the below tables, the applicant has met the project costs standards established by the state.

Table 1120 Appendix A		
	Application	Above/Below State Standard
New Construction & Contingencies	N/A	N/A
Modernization Construction	N/A	N/A
OR Equipment (Leased)	\$360,725	Below State Standard
Contingencies	N/A	N/A
A/E Fees	N/A	N/A
Site Survey + Site Prep	N/A	N/A
Pre-planning	N/A	N/A

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department	A	B	C	D	E	F	G	H	TOTAL COST (G + H)
	Cost/ Sq. Ft.* New	Mod.	Gross Sq. Ft. New Circ.		Gross Sq. Ft. Mod. Circ.		Const. \$ (A x C)	Mod. \$ (B x E)	
Clinical	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Non-Clinical	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

D. Projected Operating Costs – Year 1

OPERATING COSTS	
ASTC	\$876,272.35
TOTAL	\$876,272.35

Total Patient Treatments = 400
Operating Cost/Visit = \$2,190.68

E. Total Effect of the Project on Capital Costs – Year 1

CAPITAL COSTS	
Lease	\$75,420.27
TOTAL	\$75,420.27

Total Patient Treatments = 400
Capital Cost/Visit = \$188.55

Attachment 37 Economic Feasibility



Sozo LLC

**7157 W Howard. St
Niles, IL 60714
Phone: 847.696.9900**

June 27, 2025

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

**Re: Sozo Surgery Center-
Ill. Admin. Code Section 1120.120(a) Available Funds Certification
Ill. Admin. Code Section 1110.140(a) Reasonableness of Financing Arrangements**

Dear Mr. Kniery,

As a representative of Sozo Surgery Center, LLC, I, Sam Speron, M.D., hereby attest that the project costs will be \$1,131,304.03. The professional fees will be funded with cash or existing securities in the amount of \$32,000 with availability of up to \$94,195.97 and the remainder of the project costs will be paid through the lease for the property where the facility will be located. Sozo Surgery Center, LLC has sufficient and readily accessible internal resources to fund their obligation required by the project, and to fully fund other ongoing obligations.

I further certify that our analysis of the funding options for this project reflected the funding strategy outlined herein is the lowest net cost option available.

Sincerely,

Sam Speron, M.D.



Member

Sozo Surgery Center, LLC

Attachment 38
Non-Hospital Based Ambulatory Surgery
Safety Net Impact Statement

Sozo Surgery Center, LLC is a new entity and has no applicable historical data for this section of the application. However, it is anticipated that the proposed facility will have no material impact on essential safety net services in the community.

Sozo Surgery Center has long maintained a commitment to serving diverse communities in Chicago and the Chicagoland area. That diversity has included both racial and economic diversity. This is evidenced by the proposed business plan for the facility which intends to serve Medicaid patients, which many area ASTCs do not.

The community and existing patients served by Dr. Speron are both racially and economically diverse. This project is proposed to increase access to care within the community without materially impacting area facilities.

Attachment 39

Charity Care

Sozo Surgery Center, LLC is a new entity and has no applicable historical data for this section of the application. The projected patient mix, by payer sources, anticipated charity care expense, and projected ratio of charity care to net revenue by the end of its second year of operations are included below.

Payer Type	Estimated Number of Patients (percentage)	Projected Revenue % by Payor Mix
Commercial/self-pay	58%	75%
Medicare	32%	24%
Medicaid	9%	1%
Charitable Care	1%	0%

Attachment 40
Flood Zone Letter



Sozo LLC

7157 W Howard. St
Niles, IL 60714
Phone: 847.696.9900

Attachment 40 Flood Zone Letter

March 18, 2025

John P. Kniery

Board Administrator

Illinois Health Facilities and Service Review Board

525 West Jefferson Street, 2nd Floor

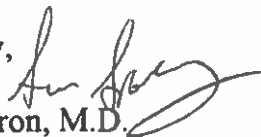
Springfield, IL 62761

Re: Sozo Surgery Center – Flood Plain Requirements

Dear Mr. Kniery,

As a representative of Sozo Surgery Center, LLC, I, Sam Speron, M.D., affirm that the site of the proposed Sozo Surgery Center complies with Illinois Executive Order #2005-5. The facility location at 7157 West Howard Street Niles, IL 60714 is not located in a flood plain. As evidence, please find enclosed a map from the Federal Emergency Management Agency ("FEMA").

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

Sincerely, 
Sam Speron, M.D.

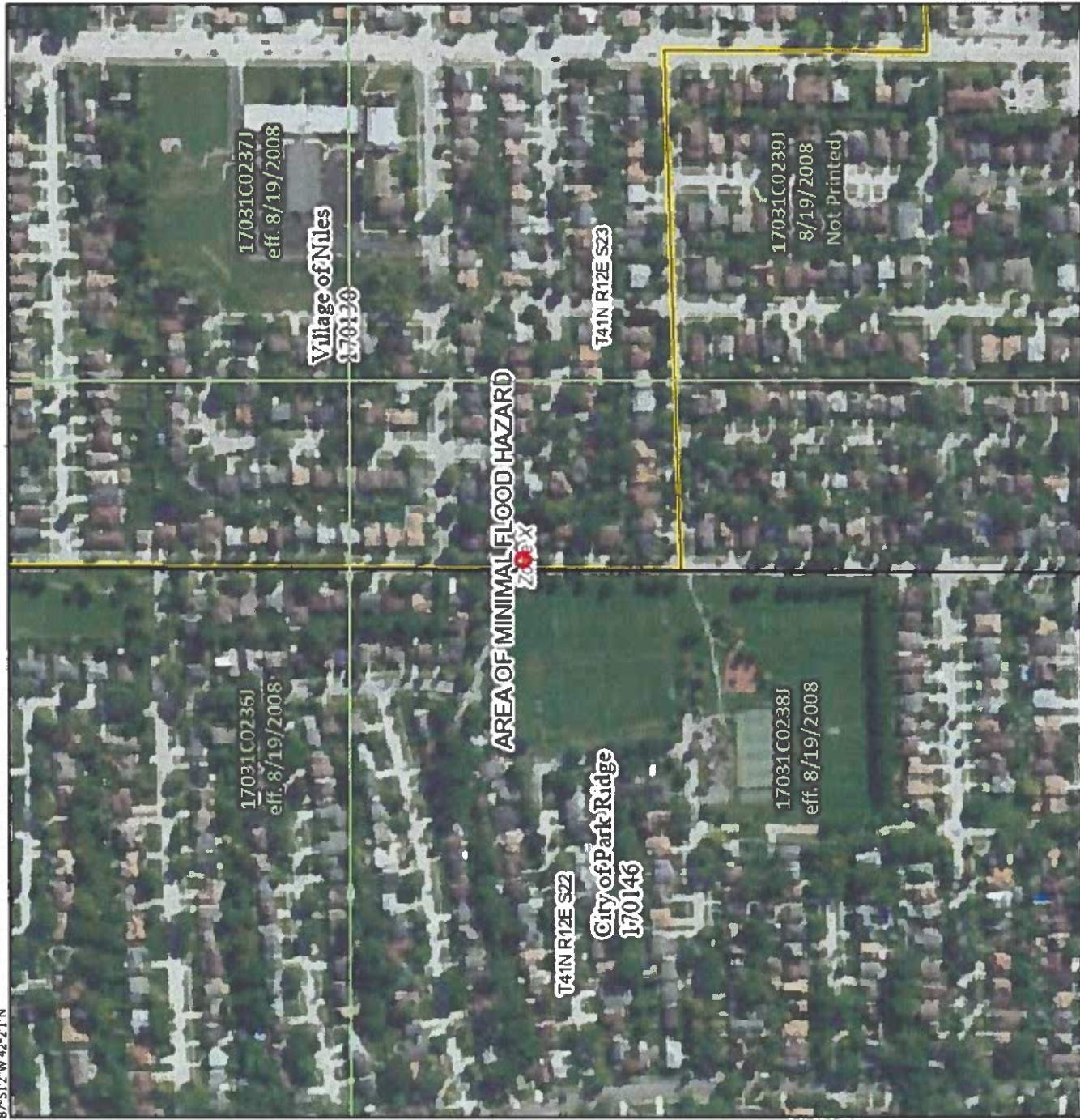
Member

Sozo Surgery Center, LLC

National Flood Hazard Layer FIRMette



87°51'2"W 42°21'N



0 250 500 1,000 1,500 2,000 Feet 1:6,000 87°50'25"W 42°1'34"N

Basemap Imagery Source: USGS National Map 2023

Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS		Without Base Flood Elevation (BFE) Zone A, V, A99
		With BFE or Depth Zone AE, AO, AH, VE, AR
		Regulatory Floodway

	0.2% Annual Chance Flood Hazard: Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
	Future Conditions 1% Annual Chance Flood Hazard Zone X
	Area with Reduced Flood Risk due to Levee. See Notes. Zone X
	Area with Flood Risk due to Levee Zone D

	NO SCREEN Area of Minimal Flood Hazard Zone X
	Effective LOMRS Area of Undetermined Flood Hazard Zone D

	Channel, Culvert, or Storm Sewer
	Levee, Dike, or Floodwall

	Cross Sections with 1% Annual Chance
	Water Surface Elevation
	Coastal Transect
	Base Flood Elevation Line (BFE)
	Limit of Study
	Jurisdiction Boundary
	Coastal Transect Baseline
	Profile Baseline
	Hydrographic Feature

	Digital Data Available
	No Digital Data Available
	Unmapped

MAP PANELS



The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards.

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 3/10/2025 at 8:01 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

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	25
2	Site Ownership	27
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	31
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	33
5	Flood Plain Requirements	34
6	Historic Preservation Act Requirements	37
7	Project and Sources of Funds Itemization	44
8	Financial Commitment Document if required	45
9	Cost Space Requirements	46
10	Discontinuation	
11	Background of the Applicant	47
12	Purpose of the Project	50
13	Alternatives to the Project	51
14	Size of the Project	52
15	Project Service Utilization	53
16	Unfinished or Shell Space	54
17	Assurances for Unfinished/Shell Space	55
	Service Specific:	
18	Medical Surgical Pediatrics, Obstetrics, ICU	
19	Comprehensive Physical Rehabilitation	
20	Acute Mental Illness	
21	Open Heart Surgery	
22	Cardiac Catheterization	
23	In-Center Hemodialysis	
24	Non-Hospital Based Ambulatory Surgery	
25	Selected Organ Transplantation	56
26	Kidney Transplantation	
27	Subacute Care Hospital Model	
28	Community-Based Residential Rehabilitation Center	
29	Long Term Acute Care Hospital	
30	Clinical Service Areas Other than Categories of Service	
31	Freestanding Emergency Center Medical Services	
32	Birth Center	
	Financial and Economic Feasibility:	
33	Availability of Funds	
34	Financial Waiver	79
35	Financial Viability	
36	Economic Feasibility	82
37	Safety Net Impact Statement	92
38	Charity Care Information	93
39	Flood Plain Information	94

40 Flood Zone Letter

95