25-046

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Midwest Eye Center, S.C. Discontinuation
Street Address: 1700 E. West Road
City and Zip Code: Calumet City 60409
County: Cook Health Service Area: 007 Health Planning Area: 031

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

Exact Legal Name: Opening Day Acquisition 111 LLC
Street Address: 9330 LBJ Freeway, Ste. 900
City and Zip Code: Dallas, TX 75243
Name of Registered Agent: CT Corporation
Registered Agent Street Address: Corporation Trust Center 1209 Orange St.
Registered Agent City and Zip Code: Wilmington, DE 19801
Name of Chief Executive Officer: Tom Dudley
CEO Street Address: 9330 LBJ Freeway, Ste. 900
CEO City and Zip Code: Dallas, TX 75243
CEO Telephone Number: 844-377-6468

Type of Ownership of Applicants

☐	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☒	Limited Liability Company	☐	Sole Proprietorship	☐	Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Kara Friedman
Title: Attorney
Company Name: Aronberg Goldgehn
Address: 225 W. Washington St. Suite 2800 Chicago, IL 60606
Telephone Number: 312-755-3157
E-mail Address: kfriedman@agdglaw.com

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

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

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
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City and Zip Code: Calumet City 60409
County: Cook Health Service Area: 007 Health Planning Area: 031

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

Exact Legal Name: Midwest Eye Center, S.C.
Street Address: 1700 E. West Road
City and Zip Code: Calumet City 60409
Name of Registered Agent: CT Corporation
Registered Agent Street Address: 208 S. LaSalle St., Ste 814
Registered Agent City and Zip Code: Chicago, IL 60604
Name of Chief Executive Officer: Tom Dudley
CEO Street Address: 9330 LBJ Freeway, Ste. 900
CEO City and Zip Code: Dallas, TX 75243
CEO Telephone Number: 844-377-6468

Type of Ownership of Applicants

☐ Non-profit Corporation ☐ Partnership
☒ For-profit Corporation ☐ Governmental
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Additional Contact [Person who is also authorized to discuss the application for permit]

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

Post Permit Contact

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

Name: Kara Friedman
Title: Attorney
Company Name: Aronberg Goldgehn
Address: 225 W. Washington St. Suite 2800 Chicago, IL 60606
Telephone Number: 312-755-3157
E-mail Address: kfriedman@agdglaw.com

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Calumet City MOB, LP
Address of Site Owner: 4849 Greenville Ave. Suite 1480 Dallas, TX 75206
Street Address or Legal Description of the Site: 1700 E. West Road Calumet City, IL 60409 **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: Midwest Eye Center, S.C.
Address: 1700 E. West Rd. Calumet City, IL 60409

☐ Non-profit Corporation ☐ Partnership
☒ For-profit Corporation ☐ Governmental
☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS 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**).

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.

Opening Day Acquisition 111 LLC and Midwest Eye Center, S.C. (the "Applicants"), seek authority from the Illinois Health Facilities and Services Review Board to discontinue Midwest Eye Center, S.C., which is an existing ambulatory surgical treatment center ("ASTC") located at 1700 E. West Road Calumet City, IL 60409 (the "ASTC").

There are no costs associated with the discontinuation of the ASTC. The project is classified as a substantive project.

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	$0	$0	$0
Site Survey and Soil Investigation	$0	$0	$0
Site Preparation	$0	$0	$0
Off Site Work	$0	$0	$0
New Construction Contracts	$0	$0	$0
Modernization Contracts	$0	$0	$0
Contingencies	$0	$0	$0
Architectural/Engineering Fees	$0	$0	$0
Consulting and Other Fees	$0	$0	$0
Movable or Other Equipment (not in construction contracts)	$0	$0	$0
Bond Issuance Expense (project related)	$0	$0	$0
Net Interest Expense During Construction (project related)	$0	$0	$0
Fair Market Value of Leased Space or Equipment	$0	$0	$0
Other Costs To Be Capitalized	$0	$0	$0
Acquisition of Building or Other Property (excluding land)	$0	$0	$0
TOTAL USES OF FUNDS	$0	$0	$0
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$0	$0	$0
Pledges	$0	$0	$0
Gifts and Bequests	$0	$0	$0
Bond Issues (project related)	$0	$0	$0
Mortgages	$0	$0	$0
Leases (fair market value)	$0	$0	$0
Governmental Appropriations	$0	$0	$0
Grants	$0	$0	$0
Other Funds and Sources	$0	$0	$0
TOTAL SOURCES OF FUNDS	$0	$0	$0
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

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): Upon HFSRB approval, which is expected to occur by June 30, 2026

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140): **Not Applicable**

☐ 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 - NOT APPLICABLE
☐ APORS – NOT APPLICABLE
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☐ All reports regarding outstanding permits – NOT APPLICABLE
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

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 department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

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 Opening Day Acquisition 111 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	SIGNATURE
Tom Dudley PRINTED NAME	PRINTED NAME
Authorized Signatory PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 24 day of November 2025	Notarization: Subscribed and sworn to before me this _____ day of _____
Signature of Notary	Signature of Notary
Seal "OFFICIAL SEAL" MARIA F STAMAS NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 4/15/2027	Seal

*Insert the EXACT legal name of the applicant

CERTIFICATION

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

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- 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 Midwest Eye Center, S.C.*
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

Tom Dudley
PRINTED NAME

Authorized Signatory
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 24 day of November 2025

Signature of Notary

Seal

"OFFICIAL SEAL"
MARIA F STAMAS
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 4/15/2027

SIGNATURE

Janna Mullaney
PRINTED NAME

Authorized Signatory
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 24 day of November 2025

Signature of Notary

Seal

"OFFICIAL SEAL"
MARIA F STAMAS
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 4/15/2027

*Insert the EXACT legal name of the applicant

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 is able to 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** of 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?**

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**	**MEET STANDARD?**
YEAR 1					
YEAR 2					

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.

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 Viability – Review Criteria**
- **Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)**

VI. 1120.120 - AVAILABILITY OF FUNDS

The applicant shall document that 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]:**

_____	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 time table 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 time table of receipts;
_____	d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, 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.
n/a	**TOTAL FUNDS AVAILABLE**

APPEND DOCUMENTATION AS ATTACHMENT 33, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VII. 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 of the projects 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 34, 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 35, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VIII.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 of the cash and equivalents must be retained in the balance sheet asset accounts in order 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	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. 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 36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. 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, 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 a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of 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 37, 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 38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	25-26
2	Site Ownership	27
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	28
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	29
5	Flood Plain Requirements	30
6	Historic Preservation Act Requirements	31
7	Project and Sources of Funds Itemization	32
8	Financial Commitment Document if required	33
9	Cost Space Requirements	34
10	Discontinuation	35-53
11	Background of the Applicant	54-55
12	Purpose of the Project	56-59
13	Alternatives to the Project	n/a
14	Size of the Project	n/a
15	Project Service Utilization	n/a
16	Unfinished or Shell Space	n/a
17	Assurances for Unfinished/Shell Space	n/a
	Service Specific:	
18	Medical Surgical Pediatrics, Obstetrics, ICU	n/a
19	Comprehensive Physical Rehabilitation	n/a
20	Acute Mental Illness	n/a
21	Open Heart Surgery	n/a
22	Cardiac Catheterization	n/a
23	In-Center Hemodialysis	n/a
24	Non-Hospital Based Ambulatory Surgery	n/a
25	Selected Organ Transplantation	n/a
26	Kidney Transplantation	n/a
27	Subacute Care Hospital Model	n/a
28	Community-Based Residential Rehabilitation Center	n/a
29	Long Term Acute Care Hospital	n/a
30	Clinical Service Areas Other than Categories of Service	n/a
31	Freestanding Emergency Center Medical Services	n/a
32	Birth Center	n/a
	Financial and Economic Feasibility:	
33	Availability of Funds	n/a
34	Financial Waiver	n/a
35	Financial Viability	n/a
36	Economic Feasibility	n/a
37	Safety Net Impact Statement	59-60
38	Charity Care Information	61
Appendix -	Physician Referral Letter	n/a

Section I, Identification, General Information, and Certification
Applicants

Certificates of Good Standing for Opening Day Acquisition 111 LLC and Midwest Eye Center S.C. are attached at Attachment – 1.

Delaware

The First State

I, CHARONI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPENING DAY ACQUISITION 111 LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OPENING DAY ACQUISITION 111 LLC" WAS FORMED ON THE SIXTEENTH DAY OF DECEMBER, A.D. 2022.

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

C. B. Sanchez

Charoni Patibanda-Sanchez, Secretary of State

Authentication: 205195694

Date: 10-31-25

7194047 8300

SR# 20254432347

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

Attachment – 1

File Number 5168-005-7

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

MIDWEST EYE CENTER, S.C., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 01, 1979, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 28TH *day of* OCTOBER *A.D.* 2025 .

Authentication #: 2530101512 verifiable until 10/28/2026
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

Attachment - 1

Section I, Identification, General Information, and Certification
Site Ownership

By signing the certification page within this application, the Applicants attest that Calumet City MOB, LP has control of the real property located at 1700 E. West Road Calumet City, IL 60409.

Section I, Identification, General Information, and Certification
Operating Identity/Licensee

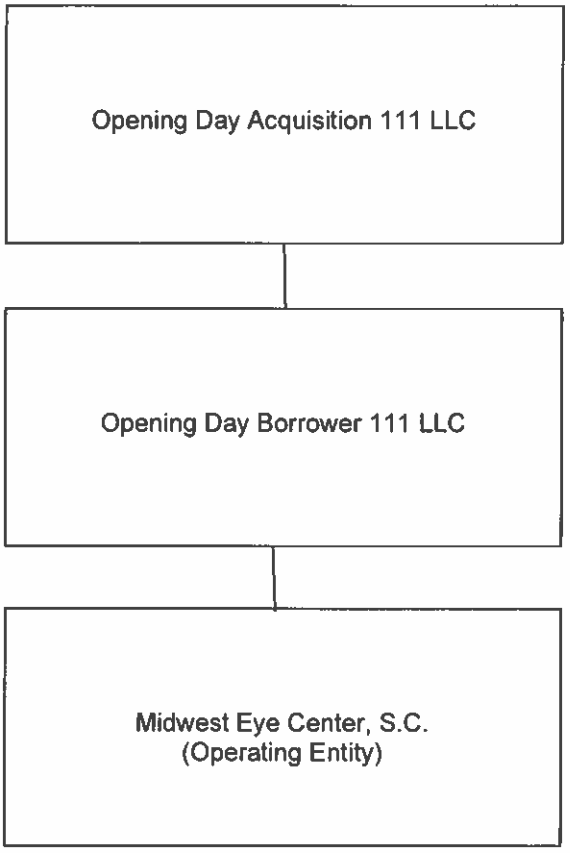
Midwest Eye Center, S.C. is the licensee and operator of the ASTC. A copy of the ASTC's license is attached as Attachment- 11.

Attachment – 3

Section I, Identification, General Information, and Certification

Organizational Relationships

The organizational chart for Midwest Eye Center, S.C. is below[1]:



[1] Opening Day Acquisition 111 LLC was formerly known as ESP Topco, LLC

Section I, Identification, General Information, and Certification

Flood Plain Requirements

This project does not involve construction or modernization of a health care facility. Accordingly, this criterion is not applicable.

Section I, Identification, General Information, and Certification

Historic Resources Preservation Act Requirements

This project does not involve construction or modernization of a health care facility. Accordingly, this criterion is not applicable.

Section I, Identification, General Information, and Certification
Project Costs and Sources of Funds

This project does not involve costs. Accordingly, this criterion is not applicable.

Active CON Permits

The ASTC does not have any active CON/COE permits.

Cost Space Requirements

This project does not involve construction or modernization of a health care facility. Accordingly, this criterion is not applicable.

Section II, Discontinuation

Criterion 1110.290(a), General

1. **Identify the categories of service and the number of beds, if any that is to be discontinued.**
   The Applicants seek authority from the Health Facilities and Services Review Board (the "State Board") to discontinue, in its entirety, the existing ASTC located at 1700 E. West Road in Calumet City, IL 60409 (the "ASTC"). The ASTC has the following key rooms:
   - Operating Rooms: 2
   - Procedure Rooms: 0
   - Stage 1 Recovery Stations: 1
   - Stage 2 Recovery Stations: 4

2. **Identify all of the other clinical services that are to be discontinued.**
   No other clinical services will be discontinued as a result of this project.

3. **Provide the anticipated date of discontinuation for each identified service or for the entire facility.**
   Discontinuation will occur upon HFSRB approval. This is expected to occur prior to June 30, 2026.[2]

4. **Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.**
   The ASTC leases space. Unless and until it is able to find a subtenant the space will remain vacant.

5. **Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.**
   The Applicants will retain medical records as required by statute.

6. **For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.**
   The Applicants will continue to submit all questionnaires and data required by the HFSRB and IDPH going forward.

Criterion 1110.290(b), Reasons for Discontinuation

This permanent discontinuation is necessary due to a decrease in surgical volumes and an increase in operating costs which made continued operation of the ASTC untenable. Following the retirement of one of the ASTC's founding members and key surgeons, case volumes declined. This reduction in surgical activity created a ripple effect: without sufficient case volumes, the ASTC could not justify the increasing fixed costs of anesthesiology coverage and facility maintenance. With no viable path to restore volumes or financial stability, the Applicants worked diligently to recruit additional physicians to perform cases at the ASTC and/or find a new operator for the ASTC; however, as a limited specialty eye surgery center, they had limited options and were unable to do so during the temporary suspension period.

Criterion 1110.290(c), Impact on Access

Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.

The permanent discontinuation will not negatively impact access to care. Midwest Eye Center suspended operation of its ASTC on April 9, 2025. Since this temporary suspension of services, physicians on staff at Midwest Eye Center have primarily moved their surgical block time to EyeSouth Surgery Center and Trinity Hospital. The temporary suspension of services did not have an adverse impact on access to care,

[2] Operations are temporarily suspended. The Applicants will return the ASTC's licenses shortly after the Certificate of Exemption is issue.

and the Applicants do not anticipate that the planned discontinuation will result in any additional impact on access for residents of the market area.

Further, based on the 2023 Inventory of Other Healthcare Services, there were 65 ASTCs, 181 ASTC operating/procedure rooms, and 191,221 surgical hours within Planning Area 007. Although there is no need formula for ASTCs or the number of surgical/treatment rooms in a Geographic Service Area (GSA), this translates to 1,056 surgical hours per ASTC operating room, which is well below the State Board's utilization standard for an ASTC (1,500 hours per operating/procedure room). Accordingly, the closure of the ASTC will reduce the excess of operating rooms and bring the number of surgical hours in the Planning Area closer in line with the State Board's utilization standard.

Criterion 1110.290(d), Notifications

The Applicants provided notice of the planned discontinuation to the following state and local officials. Copies of the notices are attached below.

- Thaddeus M. Jones (Mayor of Calumet City)
- Nicholas K. Smith (State Representative- 34th District)
- Elgie R. Sims, Jr. (State Senator- 17th District)
- John Kniery (Administrator of HFSRB)
- Sameer Vohra, MD, JD, MA (Director of IDPH)
- Elizabeth Whitehorn (Director of Illinois Department of Healthcare and Family Services)

A copy of the notice of discontinuation published on November 16, 2025 in the Daily Southtown is attached below.

Copies of notifications to the following health care facilities offering ophthalmologic procedures within the geographic service area are attached below.

Hospital	Street Address	City	Zip Code	Distance
Ingalls Memorial Hospital	1 Ingalls Dr.	Harvey	60426	4.9
Advocate South Suburban Hospital	17800 S. Kedzie Ave.	Hazel Crest	60429	7.2
Franciscan Health - Olympia Fields	20201 S. Crawford	Olympia Fields	60461	9.3

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Chicago, Illinois 60606
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www.agdglaw.com

Anne Cooper
DIRECT: 312-755-3169
DIRECT FAX: 312-828-9635
acooper@agdglaw.com

OUR FILE NUMBER

October 21, 2025

Via Certified Mail

The Honorable Thaddeus M. Jones
Mayor of Calumet City
204 Pulaski Road
Calumet City, Illinois 60409

RE: Midwest Eye Center Discontinuation

Dear Mayor Jones:

This letter concerns Midwest Eye Center, S.C. ("Midwest Eye Center"). Midwest Eye Center is licensed by the Illinois Department of Public Health as a single-specialty ambulatory surgery treatment center ("ASTC") offering ophthalmology procedures at 1700 E. West Road in Calumet City, Illinois.

Pursuant to 20 Ill. Comp. Stat. 3960/8.7(a), I am writing on behalf of Midwest Eye Center, S.C. to notify you that Midwest Eye Center intends to file a Certificate of Need application with the Illinois Health Facilities and Services Review Board (the "State Board") to relinquish its ASTC license. As will be described in further detail within the forthcoming Certificate of Need permit application, the ASTC has reached a point where it is no longer financially feasible to operate.

I do not anticipate that the planned discontinuation of Midwest Eye Center will negatively impact access to care in the market area, as the center has not served a patient since it temporarily suspended services on April 9, 2025. Following this temporary suspension of services, surgeons who previously performed procedures at Midwest Eye Center shifted their surgeries to EyeSouth Surgery Center at Oak Lawn and Advocate Trinity Hospital. The temporary suspension of services did not have an adverse impact on access to care, and I do not anticipate that the planned discontinuation will result in any additional impact on access for residents of the market area.

If you have any questions about the above project, please feel free to contact me.

Sincerely,

Anne M. Cooper

Anne M. Cooper

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acooper@agdglaw.com

OUR FILE NUMBER:

October 21, 2025

Via Certified Mail

The Honorable Elgie R. Sims, Jr.
Illinois State Senator, 17th District
8233 S. Princeton
Chicago, IL 60620

RE: Midwest Eye Center Discontinuation

Dear Senator Sims:

This letter concerns Midwest Eye Center, S.C. ("Midwest Eye Center"). Midwest Eye Center is licensed by the Illinois Department of Public Health as a single-specialty ambulatory surgery treatment center ("ASTC") offering ophthalmology procedures at 1700 E. West Road in Calumet City, Illinois.

Pursuant to 20 Ill. Comp. Stat. 3960/8.7(a), I am writing on behalf of Midwest Eye Center, S.C. to notify you that Midwest Eye Center intends to file a Certificate of Need application with the Illinois Health Facilities and Services Review Board (the "State Board") to relinquish its ASTC license. As will be described in further detail within the forthcoming Certificate of Need permit application, the ASTC has reached a point where it is no longer financially feasible to operate.

I do not anticipate that the planned discontinuation of Midwest Eye Center will negatively impact access to care in the market area, as the center has not served a patient since it temporarily suspended services on April 9, 2025. Following this temporary suspension of services, surgeons who previously performed procedures at Midwest Eye Center shifted their surgeries to EyeSouth Surgery Center at Oak Lawn and Advocate Trinity Hospital. The temporary suspension of services did not have an adverse impact on access to care, and I do not anticipate that the planned discontinuation will result in any additional impact on access for residents of the market area.

If you have any questions about the above project, please feel free to contact me.

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Anne M. Cooper

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acooper@agdglaw.com

OUR FILE NUMBER

October 21, 2025

Via Certified Mail

The Honorable Nicholas K. Smith
State Representative (34th District)
113 E. 95th Street, Suite A
Chicago, Illinois 60619

RE: Midwest Eye Center Discontinuation

Dear Representative Smith:

This letter concerns Midwest Eye Center, S.C. ("Midwest Eye Center"). Midwest Eye Center is licensed by the Illinois Department of Public Health as a single-specialty ambulatory surgery treatment center ("ASTC") offering ophthalmology procedures at 1700 E. West Road in Calumet City, Illinois.

Pursuant to 20 Ill. Comp. Stat. 3960/8.7(a), I am writing on behalf of Midwest Eye Center, S.C. to notify you that Midwest Eye Center intends to file a Certificate of Need application with the Illinois Health Facilities and Services Review Board (the "State Board") to relinquish its ASTC license. As will be described in further detail within the forthcoming Certificate of Need permit application, the ASTC has reached a point where it is no longer financially feasible to operate.

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If you have any questions about the above project, please feel free to contact me.

Sincerely,

Anne M. Cooper

Anne M. Cooper

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Anne Cooper
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acooper@agdglaw.com

OUR FILE NUMBER

October 21, 2025

Via Certified Mail

Sameer Vohra, M.D., J.D., M.A.
Director
Illinois Department of Public Health
525 W. Jefferson St.
Springfield, Illinois 62761

RE: Midwest Eye Center Discontinuation

Dear Dr. Vohra:

This letter concerns Midwest Eye Center, S.C. ("Midwest Eye Center"). Midwest Eye Center is licensed by the Illinois Department of Public Health as a single-specialty ambulatory surgery treatment center ("ASTC") offering ophthalmology procedures at 1700 E. West Road in Calumet City, Illinois.

Pursuant to 20 Ill. Comp. Stat. 3960/8.7(a), I am writing on behalf of Midwest Eye Center, S.C. to notify you that Midwest Eye Center intends to file a Certificate of Need application with the Illinois Health Facilities and Services Review Board (the "State Board") to relinquish its ASTC license. As will be described in further detail within the forthcoming Certificate of Need permit application, the ASTC has reached a point where it is no longer financially feasible to operate.

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If you have any questions about the above project, please feel free to contact me.

Sincerely,

Anne M. Cooper

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Anne Cooper
DIRECT: 312.755.3169
DIRECT FAX: 312.828.9635
acooper@agdglaw.com

OUR FILE NUMBER

October 21, 2025

Via Certified Mail

Elizabeth Whitehorn
Director
Illinois Department of Healthcare & Family Services
201 South Grand Avenue East
Springfield, Illinois 62763

RE: Midwest Eye Center Discontinuation

Dear Director Whitehorn:

This letter concerns Midwest Eye Center, S.C. ("Midwest Eye Center"). Midwest Eye Center is licensed by the Illinois Department of Public Health as a single-specialty ambulatory surgery treatment center ("ASTC") offering ophthalmology procedures at 1700 E. West Road in Calumet City, Illinois.

Pursuant to 20 Ill. Comp. Stat. 3960/8.7(a), I am writing on behalf of Midwest Eye Center, S.C. to notify you that Midwest Eye Center intends to file a Certificate of Need application with the Illinois Health Facilities and Services Review Board (the "State Board") to relinquish its ASTC license. As will be described in further detail within the forthcoming Certificate of Need permit application, the ASTC has reached a point where it is no longer financially feasible to operate.

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If you have any questions about the above project, please feel free to contact me.

Sincerely,

Anne M. Cooper

Anne M. Cooper

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Anne Cooper
DIRECT: 312-755 3169
DIRECT FAX: 312-828-9635
acooper@agdglaw.com

OUR FILE NUMBER

October 21, 2025

Via Certified Mail

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

RE: Midwest Eye Center Discontinuation

Dear Mr. Kniery:

This letter concerns Midwest Eye Center, S.C. ("Midwest Eye Center"). Midwest Eye Center is licensed by the Illinois Department of Public Health as a single-specialty ambulatory surgery treatment center ("ASTC") offering ophthalmology procedures at 1700 E. West Road in Calumet City, Illinois.

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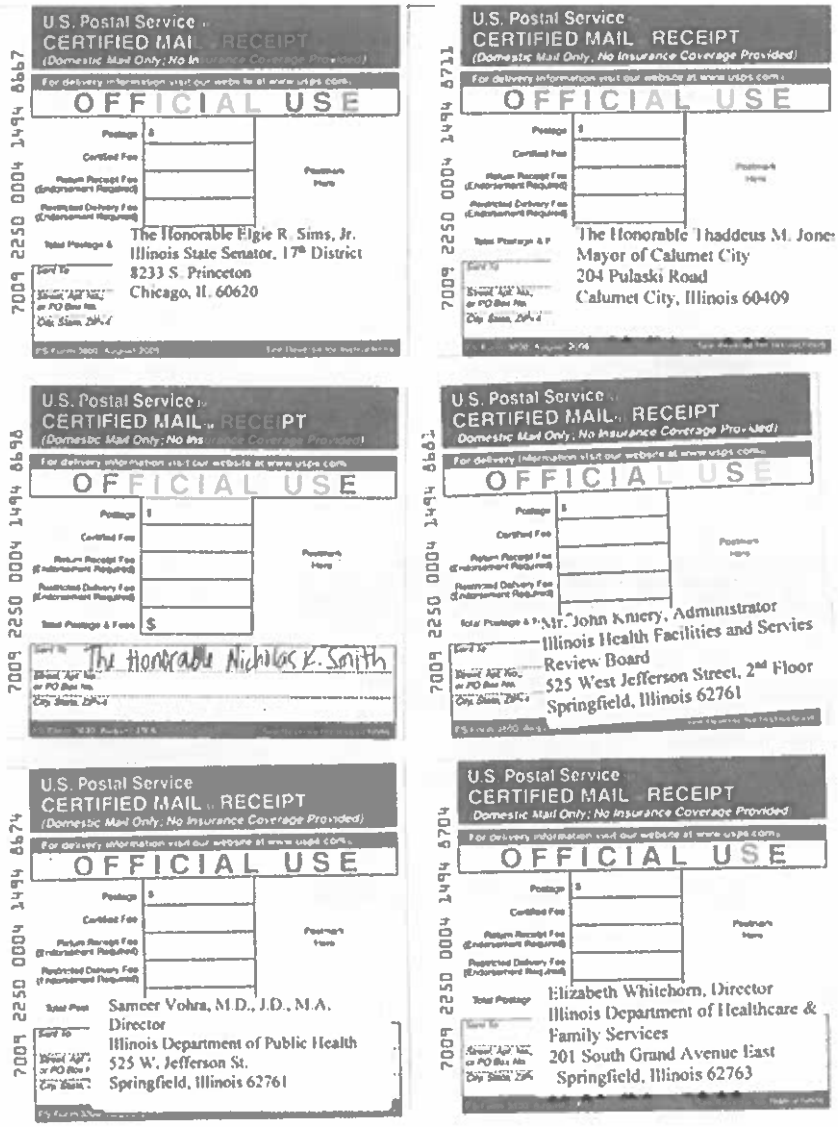
If you have any questions about the above project, please feel free to contact me.

Sincerely,

Anne M. Cooper

Anne M. Cooper



Attachment - 10

CHICAGO TRIBUNE
media group

Sold To:
Aronberg Goldgehn - CU80202571
225 W. Washington St., Suite 2800
Chicago,IL 60606

Bill To:
Aronberg Goldgehn - CU80202571
225 W. Washington St., Suite 2800
Chicago,IL 60606

Certificate of Publication:

Order Number: 7897498
Purchase Order:

State of Illinois - Cook

Chicago Tribune Media Group does hereby certify that it is the publisher of the Daily Southtown. The Daily Southtown is a secular newspaper, has been continuously published Daily for more than fifty (50) weeks prior to the first publication of the attached notice, is published in the City of Park Forest, Township of Rich, State of Illinois, is of general circulation throughout that county and surrounding area, and is a newspaper as defined by 715 IL CS 5/5.

This is to certify that a notice, a true copy of which is attached, was published 1 time(s) in the Daily Southtown, namely one time per week or on 1 successive weeks. The first publication of the notice was made in the newspaper, dated and published on 11/16/2025, and the last publication of the notice was made in the newspaper dated and published on 11/16/2025.

This notice was also placed on a statewide public notice website as required by 715 ILCS 5/2.1.

PUBLICATION DATES: Nov 16, 2025.

Daily Southtown
In witness, an authorized agent of The Chicago Tribune Media Group has signed this certificate executed in Chicago, Illinois on this

17th Day of November, 2025, by

Chicago Tribune Media Group

Jeremy Gates

Chicago Tribune - chicagotribune.com
160 N Stetson Avenue, Chicago, IL 60601
(312) 222-2222 - Fax: (312) 222-4014

Midwest Eye Center, S.C. has operated an ambulatory surgical treatment center at 1700 E. West Road, Calumet City, IL 60409 (the "ASTC"). Pending approval by the Illinois Health Facilities and Services Review Board, Midwest Eye Center will permanently close the ASTC. The ASTC temporarily suspended services on April 9, 2025 when staff physicians moved their cases to EyeSouth Surgery Center and Trinity Hospital. If you are or have been a patient of Midwest Eye Center and have questions about obtaining your medical records, please call (844) 377-6468.
11/16/2025 7897498

Attachment - 10

ARONBERG GOLDGEHN

Aronberg Goldgehn Davis & Garmisa
225 W. Washington St., Suite 2800
Chicago, Illinois 60606
TEL: 312-828-9600
FAX: 312-828-9635
www.agdglaw.com

November 17, 2025

Via Certified Mail

Franciscan Health - Olympia Fields
20201 S. Crawford
Olympia Fields, IL 60461
Attn: Administrator

Re: Midwest Eye Center ASTC Closure

Dear Administrator:

This letter concerns Midwest Eye Center, S.C. ("Midwest Eye Center"). Midwest Eye Center is licensed by the Illinois Department of Public Health as a single-specialty ambulatory surgery treatment center ("ASTC") offering ophthalmology procedures at 1700 E. West Road in Calumet City, Illinois. I am writing on behalf of Midwest Eye Center to notify your facility that Midwest Eye Center intends to file a Certificate of Need application with the Illinois Health Facilities and Services Review Board (the "State Board") to relinquish its ASTC license. As will be described in further detail within the forthcoming Certificate of Need permit application, the planned discontinuation is necessary because the ASTC has reached a point where it is no longer financially feasible to operate.

In accordance with applicable HFSRB rules, we are notifying healthcare facilities with similar programs in the area to advise each program of these plans, so each provider may assess whether it believes these plans will impact its program. As the center has not served a patient since it temporarily suspended services on April 9, 2025, we do not believe the planned discontinuation will impact your program; however, you are receiving this letter based on HFSRB requirements because your facility is located within a certain proximity of Midwest Eye Center.

The permanent closure is expected to occur in early 2026 when the State Board approves the closure. For your information, Midwest Eye performed 1,422 and 1,446 procedures in 2023 and 2024, respectively.

Please note that the affiliated medical practice will remain open and the associated eye doctors continue to actively practice and are available for referrals.

If you have any questions about this matter, please call at 844-377-6468 or email Janna Mullaney at Janna.mullaney@espmgmt.com.

Sincerely,

Collin Anderson
Health Planning Consultant

Attachment - 10

ARONBERG GOLDGEHN

Aronberg Goldgehn Davis & Garmisa
225 W. Washington St., Suite 2800
Chicago, Illinois 60606
TEL: 312-828-9600
FAX: 312-828-9635
www.agdglaw.com

November 17, 2025

Via Certified Mail

Advocate South Suburban Hospital
17800 S. Kedzie Ave.
Hazel Crest, IL 60429
Attn: Administrator

Re: Midwest Eye Center ASTC Closure

Dear Administrator:

This letter concerns Midwest Eye Center, S.C. ("Midwest Eye Center"). Midwest Eye Center is licensed by the Illinois Department of Public Health as a single-specialty ambulatory surgery treatment center ("ASTC") offering ophthalmology procedures at 1700 E. West Road in Calumet City, Illinois. I am writing on behalf of Midwest Eye Center to notify your facility that Midwest Eye Center intends to file a Certificate of Need application with the Illinois Health Facilities and Services Review Board (the "State Board") to relinquish its ASTC license. As will be described in further detail within the forthcoming Certificate of Need permit application, the planned discontinuation is necessary because the ASTC has reached a point where it is no longer financially feasible to operate.

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Sincerely,

Collin Anderson
Health Planning Consultant


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Advocate South Suburban Hospital
17800 S. Kedzie Ave.
Hazel Crest, IL 60429
Attn: Administrator
7017 2680 0001 0192 6943

Attachment - 10

ARONBERG GOLDGEHN

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225 W. Washington St., Suite 2800
Chicago, Illinois 60606
TEL: 312-828-9600
FAX: 312-828-9635
www.agdglaw.com

November 17, 2025

Via Certified Mail

Ingalls Memorial Hospital
1 Ingalls Dr.
Harvey, IL 60426
Attn. Administrator

Re: Midwest Eye Center ASTC Closure

Dear Administrator:

This letter concerns Midwest Eye Center, S.C. ("Midwest Eye Center"). Midwest Eye Center is licensed by the Illinois Department of Public Health as a single-specialty ambulatory surgery treatment center ("ASTC") offering ophthalmology procedures at 1700 E. West Road in Calumet City, Illinois. I am writing on behalf of Midwest Eye Center to notify your facility that Midwest Eye Center intends to file a Certificate of Need application with the Illinois Health Facilities and Services Review Board (the "State Board") to relinquish its ASTC license. As will be described in further detail within the forthcoming Certificate of Need permit application, the planned discontinuation is necessary because the ASTC has reached a point where it is no longer financially feasible to operate.

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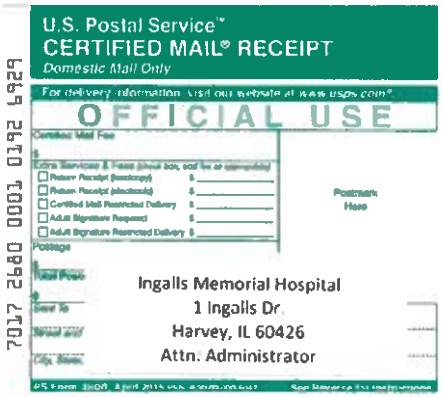
Sincerely,

Collin Anderson
Health Planning Consultant



Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.110 (a), Project Purpose, Background and Alternatives

Background of the Applicant

1. The Applicants own the following Illinois healthcare facilities:

   Midwest Eye Center, S.C.
   License Number: 7003225

2. Proof of current licensure is attached at Attachment – 11A.

3. By signing the certification pages within this application, the Applicants attest that no adverse action has been taken against any facility owned and/or operated by the Applicants during the three years prior to filing this application.

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

Attachment- 11A

ILLINOIS DEPARTMENT OF
PUBLIC HEALTH HF133637

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Sameer Vohra, MD,JD,MA
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
5/3/2026		7003225

Ambulatory Surgery Treatment Center

Effective: 05/04/2025

Midwest Eye Center, SC
1700 E West Rd
Calumet City, IL 60409

PROVISIONAL

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #C25001 2M 4-25

◄—— DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 5/3/2026

Lic Number 7003225

Date Printed 5/2/2025

Midwest Eye Center, SC

1700 E West Rd
Calumet City, IL 60409-5415

FEE RECEIPT NO.

Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.110(b), Project Purpose, Background and Alternatives

Purpose of the Project

This permanent discontinuation is necessary due to a decrease in surgical volumes and an increase in operating costs which made continued operation of the ASTC untenable. Following the retirement of one of the ASTC's founding members and key surgeons, case volumes declined. This reduction in surgical activity created a ripple effect: without sufficient case volumes, the ASTC could not justify the increasing fixed costs of anesthesiology coverage and facility maintenance. With no viable path to restore volumes or financial stability, the Applicants worked diligently to recruit additional physicians to perform cases at the ASTC and/or find a new operator for the ASTC; however, as a limited specialty eye surgery center, they had limited options and were unable to do so during the temporary suspension period.

1. **Document that the Project will provide health care services that improve the health care or well-being of the market area population to be served.**
   The permanent discontinuation will not negatively impact access to care. Midwest Eye Center suspended operation of its ASTC on April 9, 2025. Since this temporary suspension of services, physicians on staff at Midwest Eye Center have primarily moved their surgical block time to EyeSouth Surgery Center and Trinity Hospital. The temporary suspension of services did not have an adverse impact on access to care, and the Applicants do not anticipate that the planned discontinuation will result in any additional impact on access for residents of the market area.

   Further, based on the 2023 Inventory of Other Healthcare Services, there were 65 ASTCs, 181 ASTC operating/procedure rooms, and 191,221 surgical hours within Planning Area 007. Although there is no need formula for ASTCs or the number of surgical/treatment rooms in a Geographic Service Area (GSA), this translates to 1,056 surgical hours per ASTC operating room, which is well below the State Board's utilization standard for an ASTC (1,500 hours per operating/procedure room). Accordingly, the closure of the ASTC will reduce the excess of operating rooms and bring the number of surgical hours in the Planning Area closer in line with the State Board's utilization standard.

2. **Define the planning area or market area, or other, per the applicant's definition.**
   Midwest Eye Center serves patients in the Chicago metro area within 10 miles of the ASTC. A map of the market area of Midwest Eye Center is attached at Attachment – 12A. The distance from Midwest Eye Center to the GSA borders are as follows:
   - East: Indiana border (10 miles)
   - South: South Chicago Heights, Illinois (10 miles)
   - West: Country Club Hills, Illinois (10 miles)
   - North: Lake Michigan (10 miles)

3. **Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the Project.**
   As described above, permanent discontinuation is necessary due to a decrease in surgical volumes and an increase in operating costs which made continued operation of the ASTC untenable. With no viable path to restore volumes or financial stability, the Applicants worked diligently to recruit additional physicians to perform cases at the ASTC and/or find a new operator for the ASTC; however, they were unable to do so during the temporary suspension period.

4. **Cite the sources of the information provided as documentation.**
   n/a

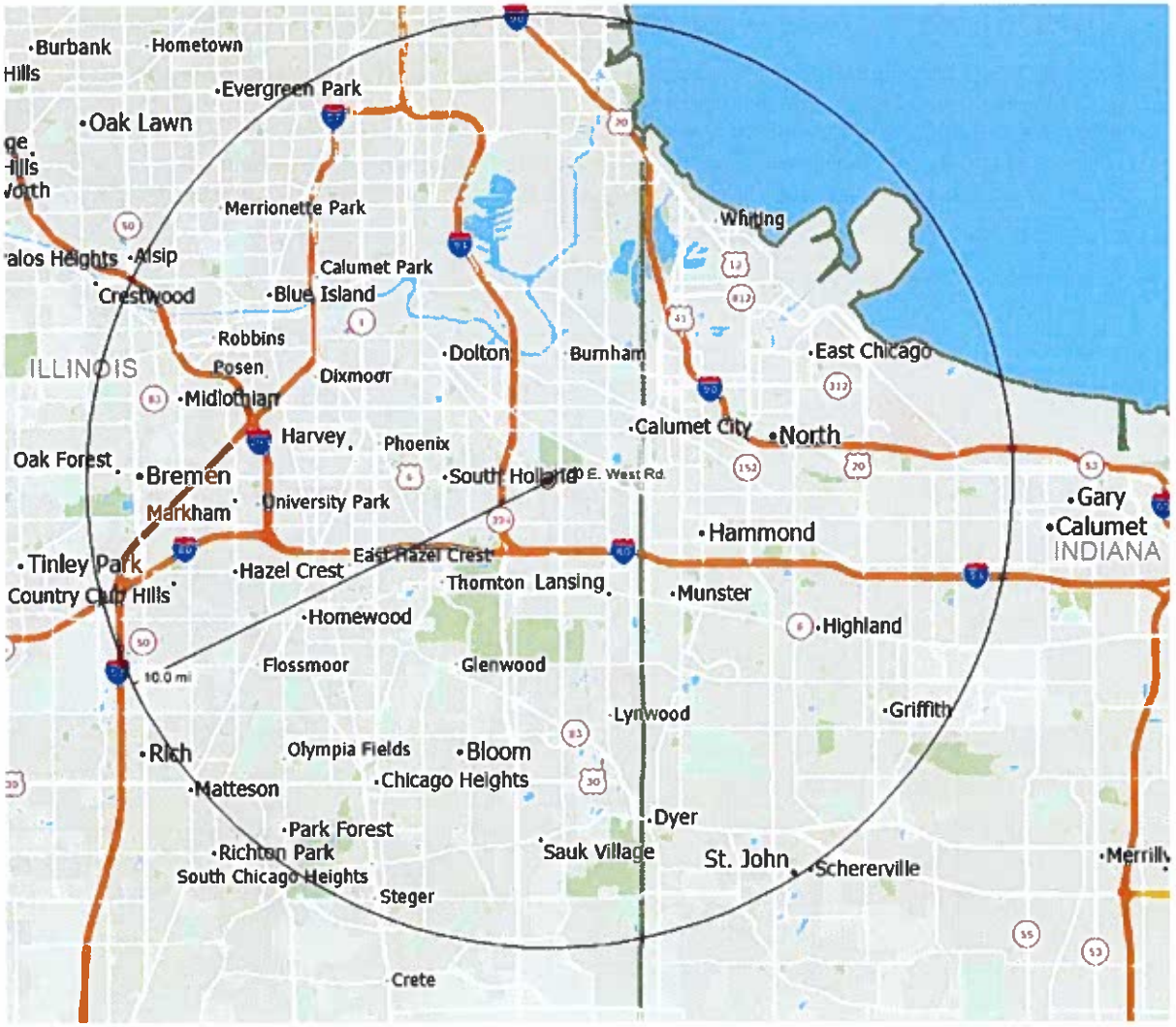
5. **Detail how the Project will address or improve the previously referenced issues as well as the population's health status and well-being.**
   As discussed in greater detail above, permanent discontinuation is necessary due to a decrease in surgical volumes and an increase in operating costs which made continued operation of the ASTC

untenable. The discontinuation will not negatively impact access to care, as Midwest Eye Center suspended operation of its ASTC on April 9, 2025 and physicians on staff at Midwest Eye Center have primarily moved their surgical block time to EyeSouth Surgery Center and Trinity Hospital.

6. **Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.**
   Below are the Applicants' prevailing objectives:
   - To ensure that the discontinuation does not negatively impact access to care.
   - To address the decrease in surgical volumes and increase in operating costs which made continued operation of the ASTC untenable.

   These goals can be achieved upon project completion.

10-mile Geographic Service Area



Attachment – 12

89526052 1

Section IX. Safety Net Impact Statement

This Safety Net Impact Statement addresses the following requirements:

A) **The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.**
The discontinuation of Midwest Eye Center (the "ASTC") will not impact safety net providers in the community. As discussed in Attachment- 10, Midwest Eye Center suspended operation of its ASTC on April 9, 2025. Since this temporary suspension of services, physicians on staff primarily moved their surgical block time to EyeSouth Surgery Center and Trinity Hospital. The temporary closure has not had an adverse impact on essential safety net services in the community, and the proposed discontinuation is not expected to have any additional impact.

Further, based on the 2023 Inventory of Other Healthcare Services, there were 65 ASTCs, 181 ASTC operating/procedure rooms, and 191,221 surgical hours within Planning Area 007. Although there is no need formula for ASTCs or the number of surgical/treatment rooms in a Geographic Service Area (GSA), this translates to 1,056 surgical hours per ASTC operating room, which is well below the State Board's utilization standard for an ASTC (1,500 hours per operating/procedure room). Accordingly, the closure of the ASTC will reduce the excess of operating rooms and bring the number of surgical hours in the Planning Area closer in line with the State Board's utilization standard.

B) **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.**
The discontinuation of the ASTC will not impact the ability of other healthcare providers or health care systems to cross-subsidize safety net services. Following the proposed discontinuation, physicians will continue to utilize the facilities where their block time moved upon the Surgery Center's temporary closure on April 9, 2025.

C) **How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.**
The discontinuation of the Surgery Center will not impact the remaining safety net providers in the community. As detailed above, the remaining ASTCs in the GSA have sufficient capacity to accommodate the Surgery Center's patients.

Safety Net Impact Statements shall also include:

(a) For the three fiscal years prior to the application, the applicant must also provide certification describing the amount of charity care provided by the applicant;

(b) For the three fiscal years prior to the application, a certification of the amount of charity care provided to Medicaid patients;

(c) Any information the applicant believes is directly relevant to safety net services.

A) Charity Care Information

	FY 22	FY 23	FY 24
Charity Care (# of patients)	0	0	0
Charity Care (cost in dollars)	$0	$0	$0

* The ASTC operator does not have the benefit of a tax exemption. Accordingly, the operator tracks bad debt rather than charity care.

B) Medicaid Information

	FY 22	FY 23	FY 24
Medicaid (# of patients)	245	239	211
Medicaid (Net Revenue)	$143,984	$228,518	$219,297

C) Additional Information Relevant to Safety Net Services
n/a

Section X, Charity Care Information

The table below provides charity care information for the most recent three years for Midwest Eye Center.

CHARITY CARE			
	2022	**2023**	**2024**
Net Patient Revenue	**$1,426,433**	**$1,884,407**	**$2,316,799**
Amount of Charity Care (charges)	$0	$0	$0
Cost of Charity Care	$0	$0	$0

The ASTC operator does not have the benefit of a tax exemption. Accordingly, the operator tracks bad debt rather than charity care.