STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD
525 WEST JEFFERSON ST, SPRINGFIELD, ILLINOIS 62761 •(217) 782-3516 FAX: (217) 785-4111

May 27, 2026

TRANSMITTED ELECTRONICALLY AND VIA CERTIFIED MAIL

Kara Friedman, Attorney
Aronberg Goldgehn
225 West Washington Street, Suite 2800
Chicago, IL 60606
kfriedman@agdglaw.com

Tom Dudley
Chief Executive Officer
Opening Day Acquisition 111 LLC
Midwest Eye Center, S.C.
930 LBJ Freeway, Ste. 900
Dallas, TX 75243

CT Corporation
Registered Agent
Corporation Trust Center
1209 Orange St.
Wilmington, DE 19801

Re: APPROVAL AND ISSUANCE OF CERTIFICATE OF NEED PERMIT
Project Number:#25-046
Facility Name: Midwest Eye Center, S.C.
Facility Address: 1700 East West Road, Calumet City, Illinois
Permit Holders: Opening Day Acquisition 111, LLC, Midwest Eye Center, S.C.
Project Description: Discontinue Single Specialty Ambulatory Surgery Treatment Center
Permit Amount: $0.00
Permit Conditions: None
Financial Commitment Date: N/A
Project Completion Date: June 30, 2026
Annual Progress Report Due Date: N/A

Dear Mr. Dudley and Ms. Friedman:

Pursuant to the authority granted under the Illinois Health Facilities Planning Act ("Planning Act") [20 ILCS 3960/], on May 26, 2026, the Chairwoman of the Illinois Health Facilities and Services Review Board ("HFSRB") approved the permit application for the above-referenced project. This approval was based on substantial conformance with the applicable standards and criteria outlined in the Planning Act and 77 Ill. Adm. Code 1110, 1120, and 1130 ("Code").

After reviewing the record, including the application, the staff report and findings, public hearing testimony, public comments (oral and written), and all materials submitted in accordance with the applicable statutory and regulatory requirements, the Chair, on behalf of HFSRB, approved the above application and issued this Certificate of Need ("CON") permit. HFSRB permit approval is subject to the terms and conditions set forth in the applicable administrative rules, as well as to all representations made by the applicant and its authorized agents in the application and at the public meeting. This permit is **not transferable or assignable**, except as outlined in the Planning Act.

This permit approval shall be effective as of the date the Chair considered it on behalf of HFSRB. It will remain valid until the approved project is completed, unless extended or revoked in accordance with HFSRB administrative rules.

The project should be implemented as approved, with the total project cost not to exceed the amount referenced above. Should the approved terms and conditions of the project scope change, a timely request for alteration must be submitted in accordance with the regulatory provisions in 77 Ill. Adm. Code 1130.750 must be submitted to HFSRB staff.

The Permit Holder must comply with all applicable requirements outlined in 77 Ill. Adm. Code 1130. Failure to comply with the requirements may result in, without limitation, the invalidation of the permit, the filing of a new permit application and fee, and sanctions, fines, and/or HFSRB action to revoke the permit.

Nothing in this permit relieves the Permit Holder(s) of the obligation to obtain all necessary federal and state requirements, including licensure from the Illinois Department of Public Health. The Illinois Department of Public Health will not license the facility until all permit requirements outlined in the applicable sections of Title 77 of the Illinois Administrative Code have been fulfilled.

HFSRB appreciates your cooperation throughout the CON process and anticipates continued compliance with all applicable requirements governing the implementation of the approved project.

If you have any questions, contact HFSRB staff at (217) 782-3516 or via email at DPH.HFSRB@illinois.gov.

Sincerely,

Debra Savage, Chairwoman
Illinois Health Facilities and Services Review Board

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CERTIFICATE OF SERVICE

Sharie Ryan, HFSRB Office Coordinator, under penalties as provided by law pursuant to §1-109 of the Code of Civil Procedure [735 ILCS 5/1-109], certifies that the statements outlined in this certificate of service are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that they verily believe the same to be true and that they have served a copy of the above-mentioned documents from the foregoing Illinois Health Facilities & Services Review Board on May 27, 2026 to the below-referenced Applicant(s), by electronic mail and U.S. Post Office Certified Mail to the following:

Kara Friedman, Attorney
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By: s/ Sharie Ryan
HFSRB Office Coordinator