



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

Juan Morado Jr. CON Counsel
Benesch Friedlander, Coplan & Aronoff, LLP
71 South Wacker Drive, Suite 1600
Chicago, IL 60606

jmorado@beneschlaw.com

J. Eric Evans
Chief Executive Officer
NovaMed Surgery Center of Chicago—Northshore, LLC
Surgery Partners, Inc.
310 Seven Springs Way, Ste. 500
Brentwood, TN 37027

Illinois Corporate Service Co.
Registered Agent
801 Adlai Stevenson Dr.
Springfield, IL 62703

Lawrence D. Wolin, M.D.
2433 N. Greenview
Chicago, IL 60614

Re: APPROVAL AND ISSUANCE OF CERTIFICATE OF NEED PERMIT

Project Number: #25-048

Facility Name: NovaMed Surgery Center of Chicago-Northlake

Facility Address: 3034 West Peterson Avenue, Chicago, Illinois

Permit Holders: NovaMed Surgery Center of Chicago-Northshore, LLC, Surgery Partners, Inc., Lawrence Wolin, M.D., Gerstein ASC Interests, LLC, David M. Greenberg, M.D.

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. Evans, Dr. Wolin, and Mr. Morado:

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



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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:

Juan Morado Jr. CON Counsel
Benesch Friedlander, Coplan & Aronoff, LLP
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By: s/ Sharie Ryan
HFSRB Office Coordinator