

E-002-25

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR CHANGE OF OWNERSHIP EXEMPTION

RECEIVED

MAR 07 2025

HEALTH FACILITIES &
SERVICES REVIEW BOARD

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Plainfield Surgery Center (Real Estate Only)			
Street Address: 24600 West 127 th Street, Building C			
City and Zip Code: Plainfield 60585			
County: Will	Health Service Area: 009	Health Planning Area: 197	

Legislators

State Senator Name: Meg Loughran Cappel
State Representative Name: Harry Benton

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

Exact Legal Name: Endeavor Health
Street Address: 1301 Central Avenue
City and Zip Code: Evanston 60201
Name of Registered Agent: Shivani Bautista
Registered Agent Street Address: 1301 Central Avenue
Registered Agent City and Zip Code: Evanston 60201
Name of Chief Executive Officer: Gerald P. Gallagher
CEO Street Address: 1301 Central Avenue
CEO City and Zip Code: Evanston 60201
CEO Telephone Number: 847-570-2000

Type of Ownership of Applicants

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input 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: Kara Friedman
Title: Attorney
Company Name: Polsinelli PC
Address: 150 N. Riverside Plaza, Ste. 3000, Chicago, IL 60606
Telephone Number: 312-873-3639
E-mail Address: kfriedman@polsinelli.com
Fax Number: NA

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

Exact Legal Name: Edward Health Ventures
Street Address: 1301 Central Avenue
City and Zip Code: Evanston 60201
Name of Registered Agent: Shivani Bautista
Registered Agent Street Address: 1301 Central Avenue
Registered Agent City and Zip Code: Evanston 60201
Name of Chief Executive Officer: Gerald P. Gallagher
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Legislators

State Senator Name: Meg Loughran Cappel
State Representative Name: Harry Benton

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

Exact Legal Name: Plainfield Surgery Center, LLC
Street Address: 24600 W. 127th Street, Building C
City and Zip Code: Plainfield 60585
Name of Registered Agent: Charmia Zigmond
Registered Agent Street Address: 900 Rand Road, Ste. 300
Registered Agent City and Zip Code: Des Plaines 60016
Name of Chief Executive Officer: Giridhar Burra, M.D. (Chairman)
CEO Street Address: 24600 West 127th Street
CEO City and Zip Code: Plainfield 60585
CEO Telephone Number: 847-998-5680

Type of Ownership of Applicants

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
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Legislators

State Senator Name: Meg Loughran Cappel
State Representative Name: Harry Benton

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

Exact Legal Name: Illinois Bone and Joint Institute, LLC
Street Address: 900 Rand Road, Suite 300
City and Zip Code: Des Plaines 60016
Name of Registered Agent: Charmia Zigmond
Registered Agent Street Address: 900 Rand Road, Suite 300
Registered Agent City and Zip Code: Des Plaines 60016
Name of Chief Executive Officer: Andre Blom
CEO Street Address: 900 Rand Road, Suite 300
CEO City and Zip Code: Des Plaines 60016
CEO Telephone Number: 847-998-5680

Type of Ownership of Applicants

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<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
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Telephone Number: 312-873-3639
E-mail Address: kfriedman@polsinelli.com
Fax Number: NA

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

Name: Shivani Bautista
Title: Chief Legal Officer
Company Name: Endeavor Health
Address: 1301 Central Street
Telephone Number: 847-570-5230
E-mail Address: sbautista@northshore.org
Fax Number: NA

Post Exemption Contact

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

Name: Cheryl Eck
Title: Vice President, Strategy, Community & Government Relations
Company Name: Endeavor Health
Address: 4201 Winfield Road, Warrenville, IL 60555
Telephone Number: 331-221-3478
E-mail Address: Cheryl.Eck@eehealth.org
Fax Number: NA

Site Ownership after the Project is Complete

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Edward Health Ventures
Address of Site Owner: 1301 Central Street, Evanston, IL 60201
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.

Current Operating Identity/Licensee

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

Exact Legal Name: Plainfield Surgery Center, LLC	
Address: 24600 W 127th St Building C, Plainfield, IL 60585	
<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	

Operating Identity/Licensee after the Project is Complete

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

Exact Legal Name: Plainfield Surgery Center, LLC

Address: 24600 W 127th St Building C, Plainfield, IL 60585

- | | |
|---|--|
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| <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 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.

Narrative Description

In the space below, provide a brief narrative description of the change of ownership. 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.

Plainfield Surgery Center, LLC ("PSC") is a licensed ambulatory surgical treatment center ("ASTC") located at 24600 West 127th Street, Plainfield, IL. PSC, as the operator of the ASTC, is the current owner of the building housing the ASTC which is approximately 13,850 GSF. Edward Health Ventures currently owns the land on which the ASTC building resides and PSC has a ground lease with Edward Health Ventures. PSC is the sole occupant of the building.

This application for a certificate of exemption is only for the change of ownership of the physical plant (i.e. the building), of PSC and there will not be a change in the ownership or operation of the ASTC or the license holder.

PSC and Edward Health Ventures have executed a Purchase and Sale Agreement ("PSA") for this real estate transfer. The PSA is subject to the approval of this COE application by the Illinois Health Facilities and Services Review Board Pursuant to the PSA, the purchase price for the building housing the ASTC is \$5,500,000 which represents Fair Market Value for the building. Edward Health Ventures is part of Endeavor Health and is a part owner of PSC.

The acquisition of the building property by Edward Health Ventures will not result in any changes in the operations of the ASTC or the activities and operations conducted in the building.

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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price: \$	NA	
Fair Market Value: \$	NA	

Project Status and Completion Schedules

Outstanding Permits: Does the facility have any projects for which the State Board issued a permit that is not complete? Yes X No _____. If yes, indicate the projects by project number and whether the project will be complete when the exemption that is the subject of this application is complete.

For Endeavor Health:

- Project #21-016: NorthShore University HealthSystem, Glenbrook Hospital, completion date December 31, 2024
- Project #22-010: Northwest Community Hospital Outpatient Care Center, expected completion date March 31, 2025
- Project #23-029: Cardiovascular Institute Outpatient Center, expected completion date March 31, 2025
- Project #23-040: Cardiovascular Institute Ambulatory Surgery Center, expected completion date June 30, 2025

Anticipated exemption completion date (refer to Part 1130.570): _____ June 1, 2025 _____

State Agency Submittals

Are the following submittals up to date as applicable:

- Cancer Registry NA
- APORS NA
- 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 being deemed incomplete.

CERTIFICATION

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

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o 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);
- o 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);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Endeavor Health

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.

Doug Welday
SIGNATURE

Doug Welday
PRINTED NAME

Chief Financial Officer
PRINTED TITLE

Shivani Bautista
SIGNATURE

Shivani Bautista
PRINTED NAME

Chief Legal Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 3d day of MARCH 2025.

Pennee Hale Lampres
Signature of Notary

Notarization:
Subscribed and sworn to before me
this 3d day of MARCH 2025.

Pennee Hale Lampres
Signature of Notary



*Insert the EXACT legal name of the applicant

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Doug Welday
SIGNATURE

Doug Welday
PRINTED NAME

Chief Financial Officer
PRINTED TITLE

Shivani Bautista
SIGNATURE

Shivani Bautista
PRINTED NAME

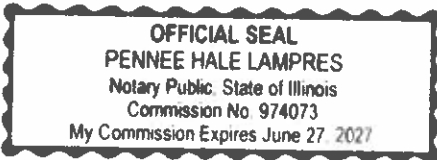
Chief Legal Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 3d day of MARCH 2025.

Pennee Hale Lampres
Signature of Notary

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this 3d day of MARCH 2025.

Pennee Hale Lampres
Signature of Notary



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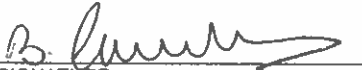
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This Application is filed on the behalf of Plainfield Surgery Center, LLC

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

SIGNATURE

Dr. Giridhar Burra
PRINTED NAME

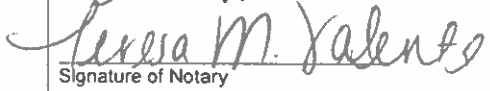
see following
PRINTED NAME

IBJI Chairman of the Board; Orthopedic Surgeon
PRINTED TITLE

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 3rd day of March

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



Signature of Notary

Signature of Notary



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Cheryl Eck
SIGNATURE

Cheryl Eck
PRINTED NAME

PSC Board of Director/Board Secretary
VP, Strategy, Community & Govt Affairs-Endeavor Health
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 5th day of March 2025

Marna J Rush
Signature of Notary

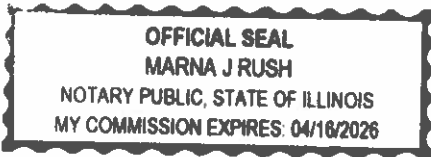
SIGNATURE

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This Application is filed on the behalf of IBJI Bone and Joint Institute, 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

Andre Blom
PRINTED NAME

CEO
PRINTED TITLE

[Signature]
SIGNATURE

Chris Kantas
PRINTED NAME

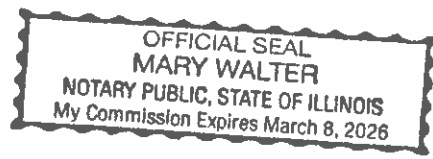
Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 3rd day of March

[Signature]
Signature of Notary

Notarization:
Subscribed and sworn to before me
this 3rd day of March

[Signature]
Signature of Notary



*Insert the EXACT legal name of the applicant

SECTION II. BACKGROUND.

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. 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. 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.
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, 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 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 5.

SECTION III. CHANGE OF OWNERSHIP (CHOW)

Transaction Type. Check the Following that Applies to the Transaction:

- Purchase resulting in the issuance of a license to an entity different from current licensee.
- Lease resulting in the issuance of a license to an entity different from current licensee.
- Stock transfer resulting in the issuance of a license to a different entity from current licensee.
- Stock transfer resulting in no change from current licensee.
- Assignment or transfer of assets resulting in the issuance of a license to an entity different from the current licensee.
- Assignment or transfer of assets not resulting in the issuance of a license to an entity different from the current licensee.
- Change in membership or sponsorship of a not-for-profit corporation that is the licensed entity.
- Change of 50% or more of the voting members of a not-for-profit corporation's board of directors that controls a health care facility's operations, license, certification or physical plant and assets.
- Change in the sponsorship or control of the person who is licensed, certified or owns the physical plant and assets of a governmental health care facility.
- Sale or transfer of the physical plant and related assets of a health care facility not resulting in a change of current licensee.
- Change of ownership among related persons resulting in a license being issued to an entity different from the current licensee
- Change of ownership among related persons that does not result in a license being issued to an entity different from the current licensee.
- Any other transaction that results in a person obtaining control of a health care facility's operation or physical plant and assets and explain in "Narrative Description."

1130.520 Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility

1. Prior to acquiring or entering into a contract to acquire an existing health care facility, a person shall submit an application for exemption to HFSRB, submit the required application-processing fee (see Section 1130.230) and receive approval from HFSRB.
2. If the transaction is not completed according to the key terms submitted in the exemption application, a new application is required.
3. READ the applicable review criteria outlined below and **submit the required documentation (key terms) for the criteria:**

APPLICABLE REVIEW CRITERIA	CHOW
1130.520(b)(1)(A) - Names of the parties	X
1130.520(b)(1)(B) - Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.	X
1130.520(b)(1)(C) - Structure of the transaction	X
1130.520(b)(1)(D) - Name of the person who will be licensed or certified entity after the transaction	X
1130.520(b)(1)(E) - List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons.	X
1130.520(b)(1)(F) - Fair market value of assets to be transferred. \$	X
1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]	X
1130.520(b)(2) - Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section	X
1130.520(b)(3) - If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction	X

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 04/2021 Edition**

APPLICABLE REVIEW CRITERIA	CHOW
1130.520(b)(4) - A statement as to the anticipated benefits of the proposed changes in ownership to the community	X
1130.520(b)(5) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership;	X
1130.520(b)(6) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control;	X
1130.520(b)(7) - A description of the selection process that the acquiring entity will use to select the facility's governing body;	X
1130.520(b)(9)- A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.	X
APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

SECTION IV.CHARITY CARE INFORMATION

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 7.

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

APPEND DOCUMENTATION AS ATTACHMENT 7, 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	20-24
2	Site Ownership	25-26
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	27
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	28-29
5	Background of the Applicant	30-31
6	Change of Ownership	32-34
7	Charity Care Information	35

Attachment 1
Certificates of Good Standing

Included in this attachment are the following:

1. Certificate of Good Standing for Endeavor Health
2. Certificate of Good Standing for Edward Health Ventures
3. Certificate of Good Standing for Plainfield Surgery Center, LLC
4. Certificate of Good standing for Illinois Bone and Joint Institute, LLC

File Number 7305-903-8



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

ENDEAVOR HEALTH, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 14, 2021, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT 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 27TH day of NOVEMBER A.D. 2024 .

Authentication # 2433200612 verifiable until 11/27/2025
Authenticate at: <https://www.isos.gov>

Alexi Giannoulis
SECRETARY OF STATE

File Number 5419-108-1



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

EDWARD HEALTH VENTURES, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 28, 1986, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication # 2432502922 verifiable until 11/20/2025
Authenticate at <https://www.ilsos.gov>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 20TH day of NOVEMBER A.D. 2024 .

Alexi Giannoulas
SECRETARY OF STATE

File Number 0171868-1



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

PLAINFIELD SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 27, 2005, 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.



Authentication # 2505003282 verifiable until 02/19/2026
Authenticate at <https://www.ilsos.gov>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 19TH day of FEBRUARY A.D. 2025 .

Alexi Giannoulis
SECRETARY OF STATE

File Number 0168922-3



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

ILLINOIS BONE AND JOINT INSTITUTE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 29, 2005, 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.



Authentication # 2505900886 verifiable until 02/28/2026
Authenticate at <https://www.ilsos.gov>

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 FEBRUARY A.D. 2025 .

Alexi Giannoulis
SECRETARY OF STATE

Attachment 2
Site Ownership

The land on which the building of Plainfield Surgery Center, LLC is located is owned by Edward Health Ventures, an Illinois corporation and indirect wholly owned subsidiary of Endeavor Health. Plainfield Surgery Center, LLC owns the building at 24600 West 127th Street, Building C and maintains a ground lease with Edward Health Ventures.

A notarized statement attesting to Plainfield Surgery Center, LLC's ownership of the real estate (building only) associated with this project is on the following page.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 04/2021 Edition

February 28, 2025

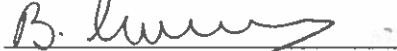
Debra Savage, Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Plainfield Surgery Center, Site Ownership

Dear Chair Savage,

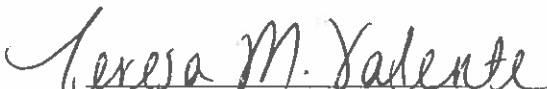
I am writing to attest that Plainfield Surgery Center, LCC owns the ambulatory surgery center building located at 24600 West 127th Street in Plainfield, Illinois. A purchase and sale agreement has been duly executed, pending COE submission, and is in effect between Plainfield Surgery Center, LLC and Edward Health Ventures for the aforementioned, with all terms binding and enforceable.

Plainfield Surgery Center, LLC



By Dr. Giridhar Burra, Its Chairman of the Board

Subscribed and sworn to me
This 3rd day of March, 2025


Notary Public



Attachment 3
Operating Identity

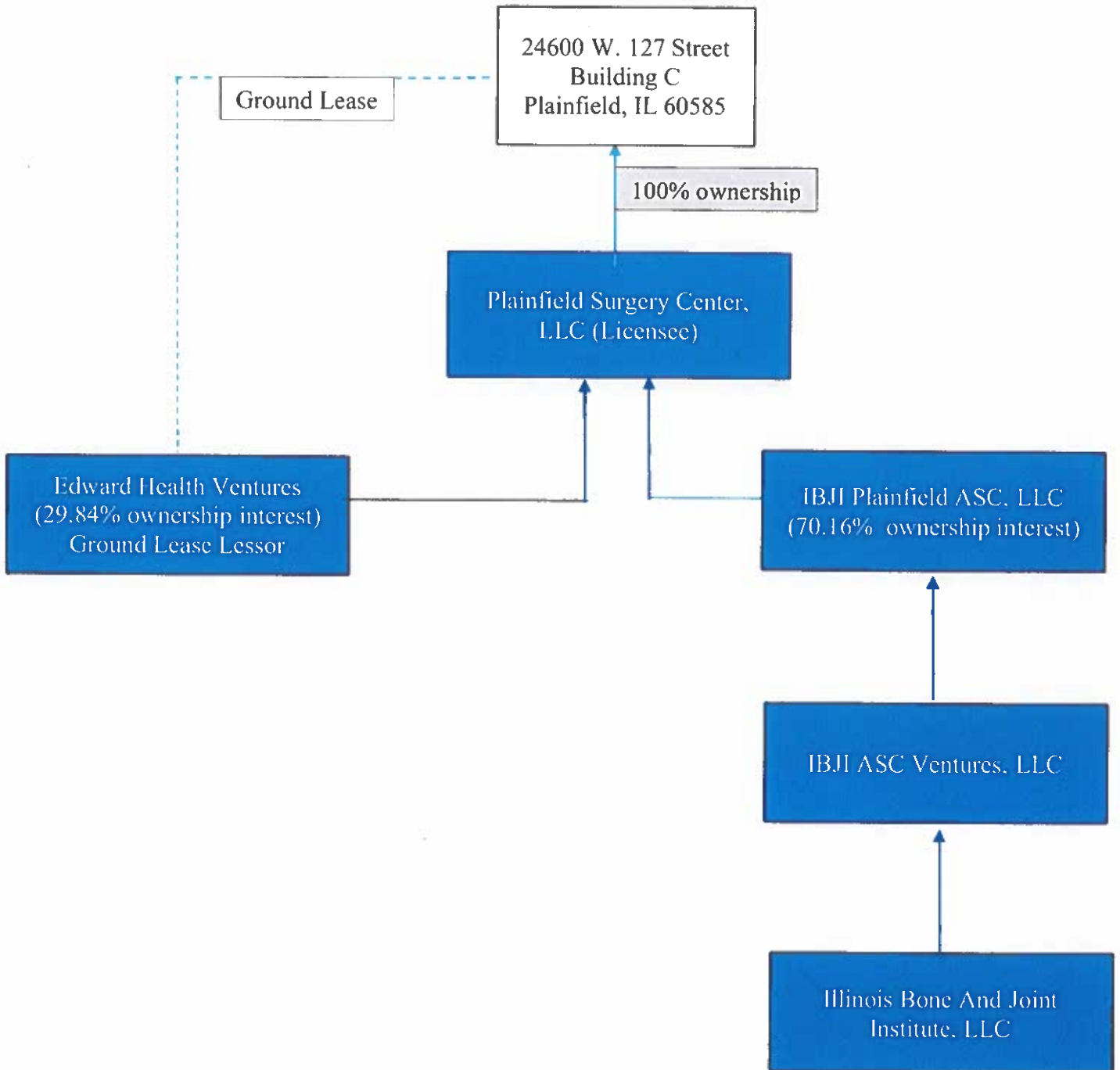
Plainfield Surgery Center is currently the operating entity of the ASTC and will continue to be the licensed operating entity of the ASTC after the completion of the real estate transaction.

Plainfield Surgery Center is an Illinois limited liability company.

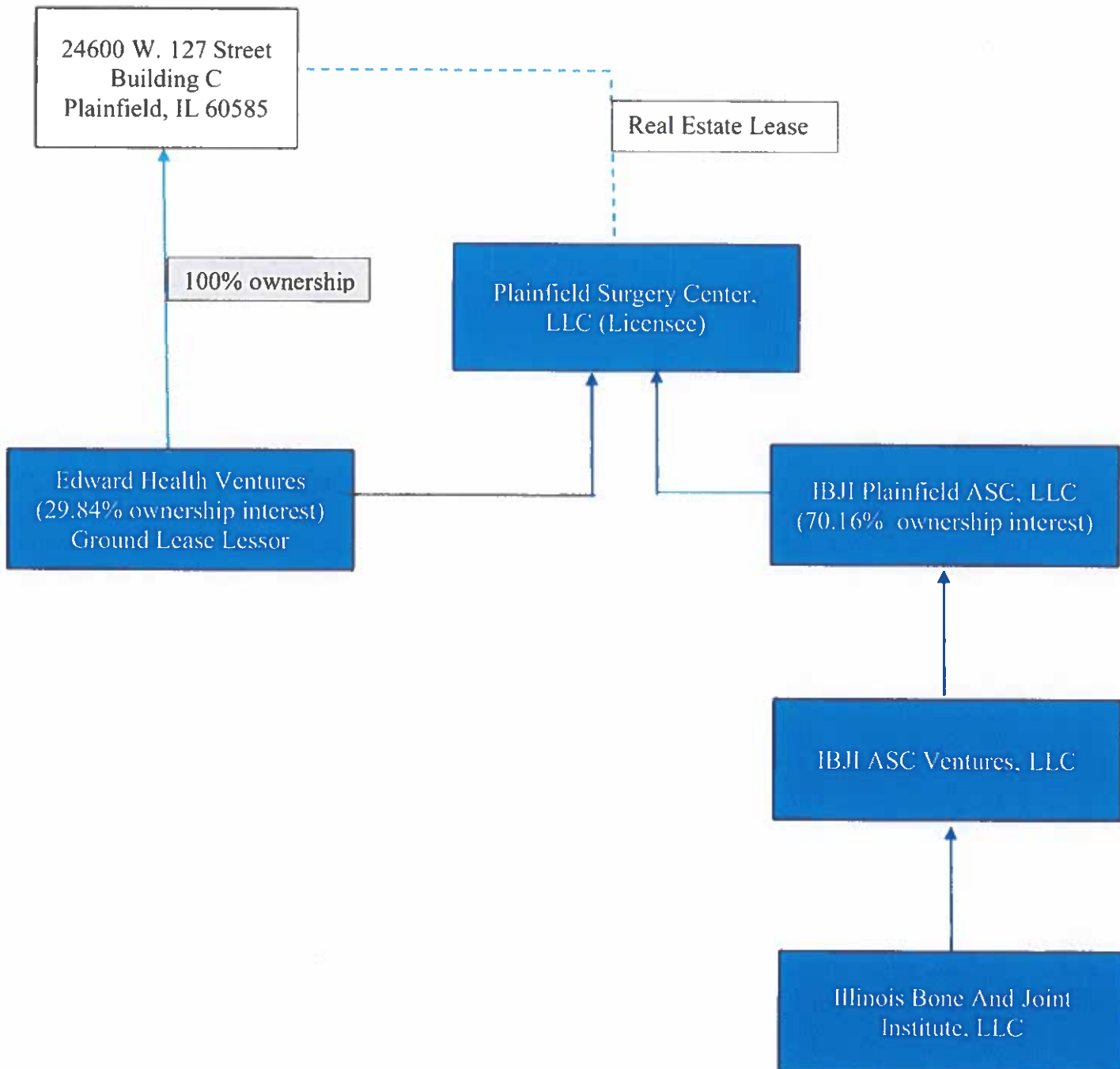
Organizational charts showing the current owners and ownership structure of surgery center are included in Attachment 4. There will be no change in the licensee's ownership as a result of the real estate transaction.

Attachment 4
Organizational Relationships

Pre-Transactional Organizational Chart



Attachment 4
Post-Transactional Organizational Chart



**Attachment 5
Background of Applicant**

1. **A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.**

Name	Address	License No.	Accreditation Identification No
NorthShore Evanston Hospital	2650 Ridge Avenue Evanston, Illinois 60201	0000646	7343
NorthShore Glenbrook Hospital	2100 Pflingsten Road Glenview, Illinois 60225	0003483	7343
NorthShore Highland Park Hospital	777 Park Avenue West Highland Park, Illinois 60035	0005066	7343
NorthShore Skokie Hospital	9600 Gross Point Road Skokie, Illinois 60076	0005587	7343
Swedish Covenant Health d/b/a Swedish Hospital	5145 North California Avenue Chicago, Illinois	0002717	7343
Northwest Community Hospital	800 West Central Road Arlington Heights, Illinois 60005	0001701	4656
Edward Hospital	801 South Washington Street Naperville, Illinois 60540	0003905	7394
Elmhurst Memorial Hospital	155 East Brush Hill Road Elmhurst, Illinois 60126	000575(1)	7341
Naperville Psychiatric Ventures d/b/a Linden Oaks Hospital	852 South West Street Naperville, Illinois 60540	0005058	4973
Edward Plainfield Emergency Center	24600 West 127 th Street Plainfield, Illinois 60585	22003	257710
Northwest Community Day Surgery Center II	675 West Kirchoff Road Arlington Heights, Illinois 60005	7001209	558537
Northwest Endo Center	1415 South Arlington Heights Road Arlington Heights, Illinois 60005	7003210	117454

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.**

Name	Address	License No.
Ravine Way Surgery Center	2350 Ravine Way #500 Glenview, Illinois 60025	7003080
North Shore Same Day Surgery, LLC	3725 W. Touhy Avenue Lincolnwood, Illinois 60712	7003130
Elmhurst Outpatient Surgery Center	1200 South York Road, Suite 1400 Elmhurst, Illinois 60126	7002330
Midwest Endoscopy	3811 Highland Avenue Downers Grove, Illinois 60515	7001076
Plainfield Surgery Center	24600 West 127 th Street, Building C Plainfield, Illinois 60585	7003135
Westmont Surgery Center, LLC dba Salt Creek Surgery Center	530 Cass Ave, Westmont, IL 60559	7003189

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 04/2021 Edition**

Illinois Sports Medicine and Orthopedic Surgery Center, LLC	9000 Waukegan Rd., Suite 120, Morton Grove, IL 60053	7003118
Oak Surgery Center	6712 North Convent Street, Bourbonnais, IL 60914	7003244
Ascension St. Joseph MSK JV, LLC dba Lincoln Park Center for Advanced Orthopedic Surgery	331 W. Surf Street, Suite 5800 Chicago, IL 60657	7003254

- 3. 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.**

By their signatures on the Certification pages to this application, each of the Applicants attest that to the best of their knowledge no adverse action has been taken against any health care facility owned and/or operated by them during the three (3) years prior to the filing of this application. For the purpose of this certification, the term “adverse action” is defined in the Illinois Administrative Code, Title 77, Section 1130.140.

- 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.**

By their signatures on the Certification pages to this application, each of the Applicants authorize HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: (i) official records of DPH or other State agencies; (ii) the licensing or certification records of other states, when applicable, and (iii) the records of nationally recognized accreditation organization.

**Attachment 6
Change of Ownership**

1130.520(b)(1)(A) - Names of the parties

The entity selling the building at 24600 West 127th Street, Building C, Plainfield is the Plainfield Surgery Center, LLC. Edward Health Ventures is purchasing the building and is part of Endeavor Health. Plainfield Surgery Center, LLC is jointly owned between IBJI Plainfield ASC, LLC (a subsidiary of Illinois Bone and Joint, LLC) and Edward Health Ventures.

1130.520(b)(1)(B) - Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.

Certificates of Good Standing for each of the entities listed above are included in Attachment #1 of this application. A listing of facilities owned and operated, along with the license numbers are included in Attachment #5 of this application. Also included in Attachment #5-3 is a statement that there have been no adverse actions.

1130.520(b)(1)(C) - Structure of the transaction

As a result of the proposed change of ownership of the building, Edward Health Ventures will own 100% of the building at 24600 West 127th Street, Building C, Plainfield and will lease the facility space to Plainfield Surgery Center, LLC. The operating entity for the ASTC and surgery center operations will not change in connection with the planned real estate transaction.

1130.520(b)(1)(D) - Name of the person who will be licensed or certified entity after the transaction

Plainfield Surgery Center, LLC is the operating entity of the ASTC and it will continue to be licensed entity licensed by the Illinois Department of Public Health after the closing of the real estate transaction.

1130.520(b)(1)(E) - List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons.

Plainfield Surgery Center, LLC is jointly owned by:

1. IBJI Plainfield ASC, LLC – 70.16% ownership interest
2. Edward Health Ventures – 28.84% ownership interest

The ownership of these two members will remain unchanged with this real estate transaction.

Pre and post organizational structures are included in Attachment #4 of this application.

1130.520(b)(1)(F) - Fair market value of assets to be transferred.

The Fair Market Value of the building is \$5,500,000.

1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]

The purchase price for the building is \$5,500,000.

1130.520(b)(2) - Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section

Endeavor Health holds the following Certificate of Need permits:

- Project #21-016: NorthShore University HealthSystem, Glenbrook Hospital, completion date December 31, 2024
- Project #22-010: Northwest Community Hospital Outpatient Care Center, expected completion date March 31, 2025
- Project #23-029: Cardiovascular Institute Outpatient Center, expected completion date March 31, 2025
- Project #23-040: Cardiovascular Institute Ambulatory Surgery Center, expected completion date June 30, 2025

These CON permits will be completed (or altered, if applicable) in accordance with the provisions of Section 1130.520(b)(2) of the HFSRB rules and are expected to be completed on time.

1130.520(b)(3) - If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction

This real estate change of ownership relates to an ambulatory surgery center. As such, this provision is not applicable.

1130.520(b)(4) - A statement as to the anticipated benefits of the proposed changes in ownership to the community

The proposed real estate change of ownership will not affect the services provided by the ambulatory surgical treatment center in any way. The ASTC will continue to provide enhanced community access to cost-effective care and to be a collaborative partnership benefiting patient outcomes and satisfaction.

1130.520(b)(5) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership

This transaction will not negatively impact the service to the community. This ASTC enhances healthcare accessibility by offering cost effective care to patients and the real estate transaction will not alter the role of the ASTC is providing this care.

1130.520(b)(6) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control

In connection with the planned real estate transaction, the Plainfield Surgery Center, LLC's quality improvement program will be unchanged.

1130.520(b)(7) - A description of the selection process that the acquiring entity will use to select the facility's governing body

The Plainfield Surgery Center, LLC's governance will not change with this planned real estate transaction. The governing body and selection processes will remain unchanged.

1130.520(b)(9)- A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.

At this time, there are no proposed changes to the scope of services or levels of care currently licensed and provided at Plainfield Surgery Center.

**Attachment 7
 Charity Care Information**

Endeavor Health and Plainfield Surgery Center charity care is provided below. However, note that this transaction is for realty only and there will be no change to surgery center operations.

The table below provides for the last three audited fiscal years, the amount and cost of charity care and ratio of charity care to net patient revenue for Endeavor Health.

Endeavor Health	CY 2021*	CY 2022	CY 2023
Net Patient Revenue	N/A	\$4,603,026,000	\$4,969,586,000
Amount of Charity Care (charges)	N/A	\$206,661,000	\$220,170,000
Cost of Charity Care	N/A	\$44,708,000	\$46,170,000
Ratio of Charity Care at Cost to NPR	N/A	1.0%	0.9%

*Endeavor Health did not exist prior to 1/1/2022

Plainfield Surgery Center	CY 2022	CY 2023	CY 2024
Net Patient Revenue	0	0	0
Amount of Charity Care (charges)	0	0	0
Cost of Charity Care	0	0	0