

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Peoria Ambulatory Surgery Center (a division of Soderstrom Dermatology Center, S.C.)		
Street Address: 4909 Glen Park Place		
City and Zip Code: Peoria, IL 61614-4676		
County: Peoria	Health Service Area: 002	Health Planning Area: C01

Legislators

State Senator Name: David Koehler
State Representative Name: Jehan A. Gordon

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

Exact Legal Name: Soderstrom Dermatology Center, S.C., d/b/a Peoria Ambulatory Surgery Center
Street Address: 4909 N. Glen Park Place
City and Zip Code: Peoria, IL 61614-4676
Name of Registered Agent: Not Applicable
Registered Agent Street Address: 4909 N. Glen Park Place
Registered Agent City and Zip Code: Peoria, IL 61614-4676
Name of Chief Executive Officer: David Campbell
CEO Street Address: 150 S. Wacker Dr.
CEO City and Zip Code: Chicago, IL 60606
CEO Telephone Number: 312-283-8070

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: Jennifer Friedman / Dannielle Garner
Title: Director of Surgical Services / Provider Services & Risk Manager
Company Name: Core Dermatology
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