

E-005-25  
**RECEIVED**

MAY 16 2025

ILLINOIS  
HEALTH FACILITIES &  
SERVICES REVIEW BOARD

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: Cardiovascular Institute Ambulatory Surgery Center Change of Ownership		
Street Address: 10 Martin Avenue		
City and Zip Code: Naperville 60540		
County: DuPage	Health Service Area: VII	Health Planning Area: A-05

**Legislators**

State Senator Name: Laura Ellman
State Representative Name: Janet Yang Rohr

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

Exact Legal Name: Cardiovascular Institute Ambulatory Surgery Center, LLC
Street Address: 10 Martin Avenue
City and Zip Code: Naperville IL 60540
Name of Registered Agent: Shivani Bautista
Registered Agent Street Address: 1301 Central Street
Registered Agent City and Zip Code: Evanston 60201
Name of Chief Executive Officer: Yvette Saba
CEO Street Address: 801 S. Washington
CEO City and Zip Code: Naperville 60540
CEO Telephone Number: 630-527-3587

**Type of Ownership of Applicants**

<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
Other	<input type="checkbox"/>

- 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: Polsinelli PC
Address: 150 N. Riverside Plaza, Ste. 3000, Chicago, IL 60606
Telephone Number: 312-873-3639
E-mail Address: <a href="mailto:kfriedman@polsinelli.com">kfriedman@polsinelli.com</a>
Fax Number:

**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: <a href="mailto:sbautista@northshore.org">sbautista@northshore.org</a>
Fax Number:

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

Exact Legal Name: Endeavor Health
Street Address: 1301 Central Street
City and Zip Code: Evanston 60201
Name of Registered Agent: Shivani Bautista
Registered Agent Street Address: 1301 Central Street
Registered Agent City and Zip Code: Evanston 60201
Name of Chief Executive Officer: Gerald P. Gallagher
CEO Street Address: 1301 Central Street
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
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<ul style="list-style-type: none"><li>○ Corporations and limited liability companies must provide an <b>Illinois certificate of good standing</b>.</li><li>○ 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.</li></ul>	

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Name: Shivani Bautista
Title: Chief Legal Officer
Company Name: Endeavor Health
Address: 1301 Central Street
Telephone Number: 847-570-5230
E-mail Address: <a href="mailto:sbautista@northshore.org">sbautista@northshore.org</a>
Fax Number:

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

Exact Legal Name: Edward Hospital
Street Address: 801 S. Washington Street
City and Zip Code: Naperville IL 60540
Name of Registered Agent: Shivani Bautista
Registered Agent Street Address: 1301 Central Street
Registered Agent City and Zip Code: Evanston 60201
Name of Chief Executive Officer: Yvette Saba
CEO Street Address: 801 S. Washington
CEO City and Zip Code: Naperville 60540
CEO Telephone Number: 630-527-3587

**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
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<ul style="list-style-type: none"><li>○ Corporations and limited liability companies must provide an <b>Illinois certificate of good standing</b>.</li><li>○ 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.</li></ul>	

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**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: <a href="mailto:kfriedman@polsinelli.com">kfriedman@polsinelli.com</a>
Fax Number:

**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: <a href="mailto:sbautista@northshore.org">sbautista@northshore.org</a>
Fax Number:

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

Exact Legal Name: MCI ASC LLC
Street Address: 10 Martin Avenue, Suite 301
City and Zip Code: Naperville IL 60540
Name of Registered Agent: Jacob Corbell
Registered Agent Street Address: 10 Martin Avenue, Suite 301
Registered Agent City and Zip Code: Naperville IL 60540
Name of Chief Executive Officer: Mark Goodwin, MD
CEO Street Address: 10 Martin Avenue, Suite 301
CEO City and Zip Code: Naperville 60540
CEO Telephone Number: 630-600-7000

**Type of Ownership of Applicants**

<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
Other	<input type="checkbox"/>
<ul style="list-style-type: none"><li>○ Corporations and limited liability companies must provide an <b>Illinois certificate of good standing</b>.</li><li>○ 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.</li></ul>	

**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: Mark Goodwin, MD
Title: President
Company Name: MCI ASC LLC
Address: 10 Martin Avenue, Suite 301; Naperville 60540
Telephone Number: 630-600-7000
E-mail Address: Mark.Goodwin@cardio.com
Fax Number:

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

Name: Moeen Saleem, MD
Title: Vice-President
Company Name: MCI ASC LLC
Address: 10 Martin Avenue, Suite 301; Naperville 60540
Telephone Number: 630-600-7000
E-mail Address: Moeen.Saleem@cardio.com
Fax Number:

**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: Chery.Eck@eehealth.org
Fax Number:

**Site Ownership after the Project is Complete**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Ryan Companies US, Inc
Address of Site Owner: 533 South 3 <sup>rd</sup> Street Suite 100; Minneapolis, MN 55415
Street Address or Legal Description of the Site: 10 Martin Avenue Suite 301, Naperville, IL 60540
<b>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.</b>
<b>APPEND DOCUMENTATION AS <u>ATTACHMENT 2</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**Current Operating Identity/Licensee**

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

Exact Legal Name: Cardiovascular Institute Ambulatory Surgery Center, LLC	
Address: 10 Martin Avenue, Naperville IL 60540	
<input type="checkbox"/> Non-profit Corporation	
<input type="checkbox"/> For-profit Corporation	
<input checked="" type="checkbox"/> Limited Liability Company	
<input type="checkbox"/> Other	
<input type="checkbox"/> Partnership	
<input type="checkbox"/> Governmental	
<input type="checkbox"/> Sole Proprietorship	
<input type="checkbox"/>	

### Operating Identity/Licensee after the Project is Complete

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

Exact Legal Name: Cardiovascular Institute Ambulatory Surgery Center, LLC

Address: 10 Martin Avenue, Naperville IL 60540

<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
Other	<input type="checkbox"/>

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.**

### **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.

This Certificate of Exemption application pertains to the planned change of ownership of the Cardiovascular Institute Ambulatory Surgery Center, LLC ("ASTC") located at 10 Martin Avenue, Naperville, IL 60540. Currently, the ASTC is owned 100% by Edward Hospital. Under the proposed change, MCI ASC LLC will acquire 60% ownership interest in the ASTC and Edward Hospital will retain 40% ownership interest.

The ASTC will operate at the same location and under its existing name. There will be no changes to the categories of services currently approved for the facility.

### 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: \$ \_\_\_\_\_

### 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.

- Project #22-010: Northwest Community Hospital Outpatient Care Center, expected completion date March 31, 2025 (project complete; permit holders will submit required project close out documentation within 90 days of completion date)
- Project #23-029: Cardiovascular Institute Outpatient Center, expected completion date March 31, 2025 (project complete; permit holders will submit required project close out documentation within 90 days of completion date)
- Project #23-040: Cardiovascular Institute Ambulatory Surgery Center, expected completion date September 30, 2025

Anticipated exemption completion date (refer to Part 1130.570): 10/1/2025

### State Agency Submittals

Are the following submittals up to date as applicable:

- Cancer Registry
- APORS
- 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

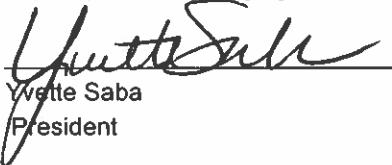
The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- 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 Cardiovascular Institute Ambulatory 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.

By: Edward Hospital, its Managing Member



By: Yvette Saba  
President

Signature

Shivani Bautista

PRINTED NAME

Chief Legal Officer and Corporate Secretary

PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 5<sup>th</sup> day of May, 2025



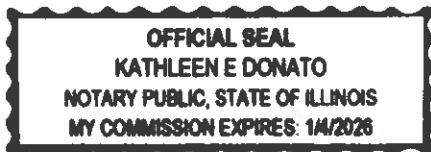
Signature of Notary

Notarization:

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_

Signature of Notary

Seal



Seal

\*Insert the EXACT legal name of the applicant

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By: Edward Hospital, its Managing Member

  
Signature  
Shivani Bautista

PRINTED NAME

By: Yvette Saba  
President

Chief Legal Officer and Corporate Secretary  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_

Signature of Notary

Seal

Notarization:  
Subscribed and sworn to before me  
this 5 day of May

Signature of Notary

Seal



\*Insert the EXACT legal name of the applicant

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- 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 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.

  
\_\_\_\_\_  
SIGNATURE

Doug Welday  
PRINTED NAME

Chief Financial Officer  
PRINTED TITLE

  
\_\_\_\_\_  
SIGNATURE

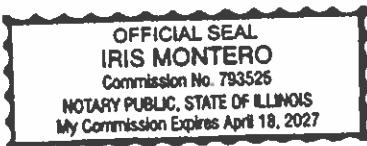
Shivani Bautista  
PRINTED NAME

Chief Legal Officer  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 6 day of May

  
\_\_\_\_\_  
Signature of Notary

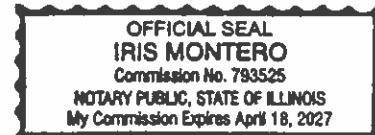
Seal



Notarization:  
Subscribed and sworn to before me  
this 5<sup>th</sup> day of May

  
\_\_\_\_\_  
Signature of Notary

Seal



\*Insert the EXACT legal name of the applicant

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- 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 Edward Hospital \*

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

Yvette Saba  
PRINTED NAME

President  
PRINTED TITLE

\_\_\_\_\_  
SIGNATURE

Shivani Bautista  
PRINTED NAME

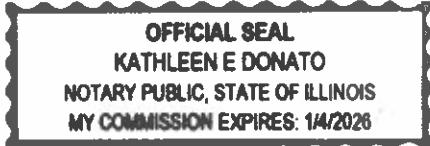
Chief Legal Officer  
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 5<sup>th</sup> day of May, 2025

  
\_\_\_\_\_  
Signature of Notary

Seal



Notarization:

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

Seal

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This Application is filed on the behalf of Edward Hospital \*

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

Yvette Saba  
PRINTED NAME

President  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this        day of       

Signature of Notary

Seal

SIGNATURE

Shivani Bautista  
PRINTED NAME

Chief Legal Officer  
PRINTED TITLE

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

Signature of Notary

Seal



\*Insert the EXACT legal name of the applicant

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- 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 MCI ASC 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**

Mark Goodwin, MD  
PRINTED NAME

President  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 13 day of May 2025

Laure A  
Signature of Notary

---

**SIGNATURE**

Moeen Saleem, MD  
PRINTED NAME

**VICE-PRESIDENT  
PRINTED TITLE**

Notarization:  
Subscribed and sworn to before me  
this 5 day of May 2005

Laurel S.  
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	
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
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
<b>APPEND DOCUMENTATION AS <u>ATTACHMENT 6.</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

## 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
<b>Net Patient Revenue</b>			
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:

<b>INDEX OF ATTACHMENTS</b>		
<b>ATTACHMENT NO.</b>		<b>PAGES</b>
1	Applicant Identification including Certificate of Good Standing	22-26
2	Site Ownership	27-28
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	29
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	30
5	Background of the Applicant	31-32
6	Change of Ownership	33-35
7	Charity Care Information	36

**Attachment #1**  
**Certificate of Good Standing**

Included with this attachment are the following:

1. Certificate of Good Standing: Cardiovascular Institute Ambulatory Surgery Center, LLC
2. Certificate of Good Standing: Endeavor Health
3. Certificate of Good Standing: Edward Hospital
4. Certificate of Good Standing: MCI ASC LLC



***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***

**CARDIOVASCULAR INSTITUTE AMBULATORY SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 17, 2023, 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.**



***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 13TH day of JANUARY A.D. 2025.***

Authentication #: 2501303586 verifiable until 01/13/2026  
Authenticate at: <https://www.sos.state.il.us>

  
SECRETARY OF STATE

File Number

7305-903-8



***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*

*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.sos.il.gov>

  
Alexi Giannoulias  
SECRETARY OF STATE

File Number 5341-344-7



***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***

**EDWARD HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 30, 1984, 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.**

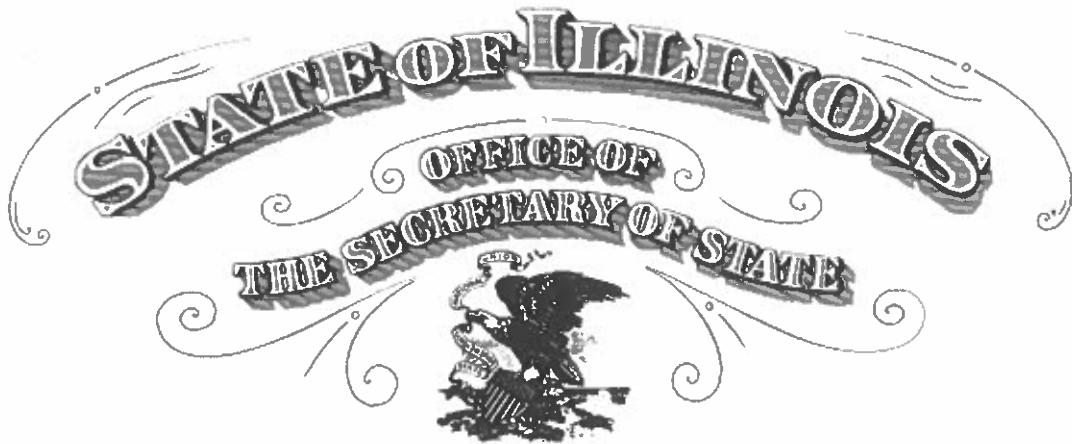


***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 13TH day of JANUARY A.D. 2025.***

Authentication #: 2501303524 verifiable until 01/13/2026  
Authenticate at: <https://www.sos.gov>

  
Alexi Giannoulias  
SECRETARY OF STATE

File Number 1552623-8



***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*

*MCI ASC LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 05, 2024, 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.*



***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 13TH  
day of JANUARY A.D. 2025 .***

Authentication #: 2501303434 verifiable until 01/13/2026  
Authenticate at: <https://www.sos.gov>

  
Alexi Giannoulias  
SECRETARY OF STATE

**Attachment #2  
Site Ownership**

The site located at 10 Martin Avenue, Naperville is owned by Ryan Companies US, Inc. A notarized statement attesting to ownership is on the following page.

January 30, 2025

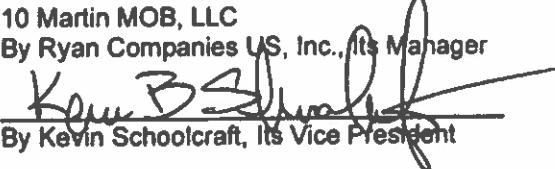
Debra Savage, Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Re: 10 Martin Avenue, Naperville Site Ownership

Dear Chair Savage,

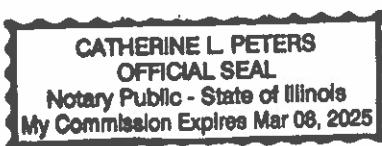
I am writing to attest that 10 Martin MOB, LLC, an affiliate of Ryan Investment Company, LLC, owns the medical office building located at 10 Martin Avenue in Naperville, Illinois. A lease has been duly executed and is in effect between 10 Martin MOB, LLC, and Edward Health Ventures for the aforementioned medical office building, with all terms binding and enforceable.

10 Martin MOB, LLC  
By Ryan Companies US, Inc., its Manager

  
By Kevin Schoolcraft, its Vice President

Subscribed and sworn to me  
This 6th day of February 2025

Catherine L Peters



Attachment #3  
Operating Identity after Project Complete

File Number 1342977-4



***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***

**CARDIOVASCULAR INSTITUTE AMBULATORY SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 17, 2023, 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.**



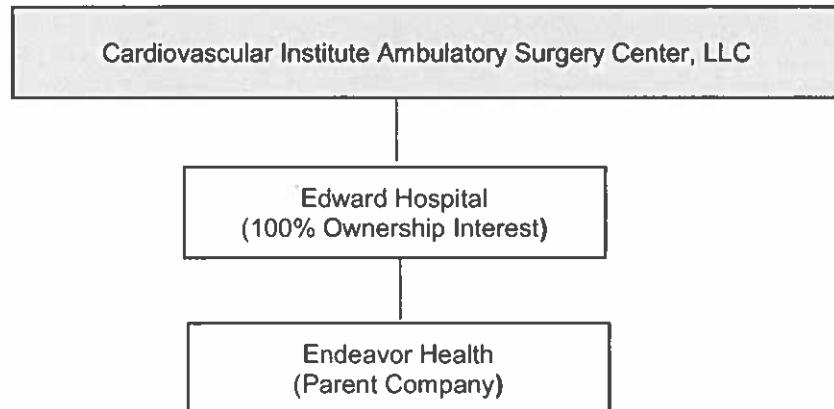
***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 13TH day of JANUARY A.D. 2025.***

Authentication #: 2501303568 verifiable until 01/13/2026  
Authenticate at: <https://www.sos.gov>

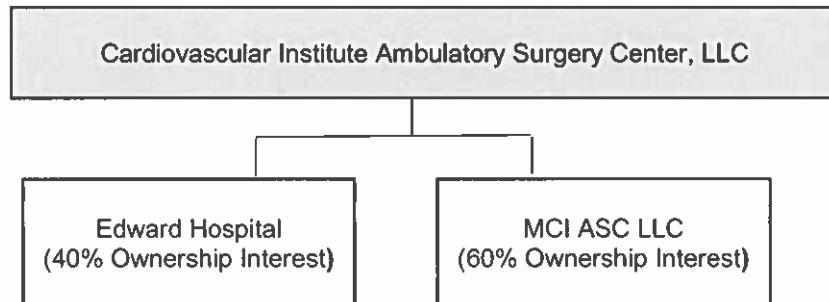
  
Alexi Giannoulias  
SECRETARY OF STATE

**Attachment #4**  
**Organizational Relationships**

**Pre-Transaction Organizational Chart**



**Post-Transaction Organizational Chart**



**Attachment #5**  
**Background of the 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 Pfingsten 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 <sup>th</sup> 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 <sup>th</sup> Street, Building C Plainfield, Illinois 60585	7003135

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.

**Attachment 5**

By signature on the Certification page of 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 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. Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.

By signature on the Certificate page of this application, the applicants grant the IHFSRB and IDPH access to information to verify information in this application.

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.

**Attachment #6  
Change of Ownership**

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

The entity selling a 60% ownership interest in Cardiovascular Institute Ambulatory Surgery Center, LLC is Edward Hospital and MCI ASC LLC is acquiring that interest.

**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 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, Edward Hospital will sell 60% ownership interest to MCI ASC LLC and Edward Hospital will retain 40% ownership in Cardiovascular Institute Ambulatory Surgery Center, LLC. The intended operating entity will not change in connection with the planned transaction.

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

The entity to be licensed after the change of ownership will remain Cardiovascular Institute Ambulatory Surgery Center, LLC. There will be no change in the entity licensed by the Illinois Department of Public Health to operate the ambulatory surgical treatment center.

**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.**

Cardiovascular Institute Ambulatory Surgery Center, LLC is currently owned by Edward Hospital.

MCI ASC LLC will be acquiring 60% ownership interest and Edward Hospital will retain 40% ownership interest.

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 operating entity is \$670,000.

**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 identified purchase price for a 60% ownership interest in Cardiovascular Institute Ambulatory Surgery Center, LLC is \$402,000 and represents the fair market value of that ownership interest.

The purchase price figure noted above is a good faith estimate of 60% of the cash requirements for the opening of the ASTC, namely capital expenditures funded by cash and start up costs (operating expenses). The actual cash requirements will be finalized at the time of the closing date and may be somewhat different than what is currently estimated.

**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 #22-010: Northwest Community Hospital Outpatient Care Center, expected completion date March 31, 2025 (project complete; permit holders will submit required project close out documentation within 90 days of completion date)
- Project #23-029: Cardiovascular Institute Outpatient Center, expected completion date March 31, 2025 (project complete; permit holders will submit required project close out documentation within 90 days of completion date)
- Project #23-040: Cardiovascular Institute Ambulatory Surgery Center, expected completion date September 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 change of ownership is membership interest in 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 changes in ownership to the ambulatory surgery center are anticipated to enhance community access to cost-effective care and foster collaborative partnerships 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. Ambulatory surgery centers enhance healthcare accessibility by offering patients procedures at lower costs compared to hospitals. These savings benefit both the healthcare system and patients by reducing overall expenses.

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

Cardiovascular Institute Ambulatory 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**

Cardiovascular Institute Ambulatory Surgery Center, LLC's business will be managed by a Board of Managers, which will oversee and control the operations of the ASTC. The Board will consist of 5 members: 3 representatives from MCI ASC LLC and 2 representatives from Edward Hospital.

**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. No surgical specialty will be added unless the ASTC seeks and obtains a CON permit as required by the Illinois Health Facilities Planning Act and associated rules.

**Attachment #7**  
**Charity Care Information**

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 and Edward Hospital.

<b>Endeavor Health</b>	<b>CY 2021*</b>	<b>CY 2022</b>	<b>CY 2023</b>
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

<b>Edward Hospital</b>	<b>CY 2021</b>	<b>CY 2022</b>	<b>CY 2023</b>
Net Patient Revenue	\$737,362,163	\$760,341,855	\$820,154,450
Amount of Charity Care (charges)	\$25,026,110	\$26,435,806	\$25,034,734
Cost of Charity Care	\$4,032,757	\$4,176,540	\$4,209,315
Ratio of Charity Care at Cost to NPR	0.55%	0.55%	0.51%

Cardiovascular Institute Ambulatory Surgery Center, LLC, is a new entity and has no applicable historical charity care data. The projected patient mix is included below.

<b>Payor Type</b>	<b>Estimated Mix of Patients by Payor Source</b>	<b>Expected Revenue % by Payor Source</b>
Medicare	68%	58%
Medicaid	5%	3.5%
Managed Care	27%	38.5%