

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED

JUL 23 2025

This Section must be completed for all projects.

HEALTH FACILITIES & SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: Kendall Pointe Surgery Center, LLC		
Street Address: 100 West Fifth Street		
City and Zip Code: Oswego 60543		
County: Kendall	Health Service Area: 009	Health Planning Area: 093

Legislators

State Senator Name: Linda Holmes
State Representative Name: Stephanie A. Kifowit

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

Exact Legal Name: Kendall Pointe Surgery Center, LLC
Street Address: 11250 Tomahawk Creek Parkway
City and Zip Code: Leawood 66211
Name of Registered Agent: CT Corporation System
Registered Agent Street Address: 208 South LaSalle Street, Suite 814
Registered Agent City and Zip Code: Chicago, IL 60604
Name of Manager: Matthew Obenhaus
Manager Street Address: 11221 Roe Avenue
Manager City and Zip Code: Leawood 66211
Manager Telephone Number: (913) 381-0515

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	

☐ 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: Juan Morado, Jr.
Title: Partner, CON Counsel
Company Name: Benesch Friedlander Coplan & Aronoff LLP
Address: 71 South Wacker Drive, Suite 1600, Chicago, Illinois 60606
Telephone Number: (312) 212-4967
E-mail Address: JMorado@Beneschlaw.com
Fax Number: (312) 767-9192

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County: Kendall	Health Service Area: 009	Health Planning Area: 093

Legislators

State Senator Name: Linda Holmes
State Representative Name: Stephanie A. Kifowit

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

Exact Legal Name: Kendall Pointe Holdings, LLC
Street Address: 11250 Tomahawk Creek Parkway
City and Zip Code: Leawood 66211
Name of Registered Agent: CT Corporation System
Registered Agent Street Address: 208 South LaSalle Street, Suite 814
Registered Agent City and Zip Code: Chicago 60604
Name of Manager: Matthew Obenhaus
Manager Street Address: 11221 Roe Avenue
Manager City and Zip Code: Leawood 66211
Manager Telephone Number: (913) 381-0515

Type of Ownership of Applicants

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

State Senator Name: Linda Holmes
State Representative Name: Stephanie A. Kifowit

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

Exact Legal Name: Sports Medicine Funds, LLC
Street Address: 717 S. Oak Street
City and Zip Code: Hinsdale 60521
Name of Registered Agent: Jorge Chahla
Registered Agent Street Address: 717 S. Oak Street
Registered Agent City and Zip Code: Hinsdale 60521
Name of Chief Executive Officer: Jorge Chahla
CEO Street Address: 717 S. Oak Street
CEO City and Zip Code: Hinsdale 60521
CEO Telephone Number: (312) 432-2531

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">○ 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.	
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Legislators

State Senator Name: Linda Holmes
State Representative Name: Stephanie A. Kifowit

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

Exact Legal Name: SMS Oswego ASC, LLC
Street Address: 1S785 Hawthorne Lane
City and Zip Code: Wheaton 60189
Name of Registered Agent: CT Corporation System
Registered Agent Street Address: 208 South LaSalle Street, Suite 814
Registered Agent City and Zip Code: Chicago 60604
Name of Chief Executive Officer: Scott Sporer, M.D.
CEO Street Address: 1S785 Hawthorne Lane
CEO City and Zip Code: Wheaton 60189
CEO Telephone Number: (312) 735-0988

Type of Ownership of Applicants

- ☐ Non-profit Corporation
☐ For-profit Corporation
☒ Limited Liability Company
Other

- ☐ Partnership
☐ Governmental
☐ Sole Proprietorship

☐

- 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.

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Legislators

State Senator Name: Linda Holmes
State Representative Name: Stephanie A. Kifowit

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

Exact Legal Name: Xavier Simcock, M.D.
Street Address: 909 Ashland Avenue
City and Zip Code: River Forest 60305
Name of Registered Agent: Xavier Simcock, M.D.
Registered Agent Street Address: 909 Ashland Avenue
Registered Agent City and Zip Code: River Forest 60305
Name of Manager: N/A
Manager Street Address: N/A
Manager City and Zip Code: N/A
Manager Telephone Number: N/A

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 type="checkbox"/> Limited Liability Company | <input checked="" type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> 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.

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Fax Number: (312) 767-9192

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

Name:
Title:
Company Name:
Address:
Telephone Number:
E-mail Address:
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: Vanessa Contreras
Title: Administrator
Company Name: Kendall Pointe Surgery Center, LLC
Street Address: 100 West Fifth Street
City and Zip Code: Oswego 60543
E-mail Address: vcontreras@kpsurgerycenter.com
Fax Number: N/A

Site Ownership after the Project is Complete [Provide this information for each applicable site]

Exact Legal Name of Site Owner: Kendall Pointe Surgery Center, LLC
Address of Site Owner: 11350 Tomahawk Creek Pkwy., Leawood, KS 66211
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: Kendall Pointe Surgery, LLC			
Address: 100 West Fifth Street, Oswego, IL 60543			
<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: Kendall Pointe Surgery, LLC

Address: 100 West 5th Street, Oswego, IL 60543

- ☐ Non-profit Corporation
☐ For-profit Corporation
☒ Limited Liability Company
Other

- ☐ Partnership
☐ Governmental
☐ Sole Proprietorship

☐

- 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.

Kendall Pointe Holdings, LLC and SMS Oswego ASC, LLC currently own the majority of the units in Kendall Pointe Surgery Center, LLC ("Facility") along with additional owners who maintain an ownership interest in the facility that is less than 5% of the total available units. This application involves a change in the controlling ownership interest in the Facility.

Kendall Pointe Holdings, LLC proposes to sell the majority of their current ownership units in the Facility. Following the transaction, Sports Medicine Funds, LLC will hold 31.67% ownership, SMS Oswego ASC, LLC will hold 31.67% of the facility (down from 39.41% ownership pre-closing), Xavier Simcock, M.D., will hold 31.67% ownership, and Kendall Pointe Holdings, LLC will hold the remaining 5% ownership (down from 50% ownership pre-closing). Health Care Development Co., Valley West Medical Center, SC, Michael Coulson, D.O., and Robert Foody, M.D. will no longer have ownership in the Facility post-closing.

The ownership of the physical plant where the facility is located will remain Kendall Pointe Surgery Center, LLC.

The facility will continue to operate following this transaction and will continue to serve its existing patient base. The facility will also continue to offer the same categories of service that it is already approved for including:

- General Surgery
- Gastroenterology
- Neurosurgery
- Obstetrics/ Gynecology
- Ophthalmology
- Orthopedics
- Pain Management
- Plastic Surgery
- Podiatry
- Urology

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: NOT APPLICABLE

Fair Market Value: \$N/A

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 ___ No X. 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.

Anticipated exemption completion date (refer to Part 1130.570): Upon approval by the Board or December 31, 2025

State Agency Submittals

Are the following submittals up to date as applicable:

☒ Cancer Registry

☐ APORS - NOT APPLICABLE

☒ 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 **Kendall Pointe 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

Scott Sporer

PRINTED NAME

Chairman

PRINTED TITLE

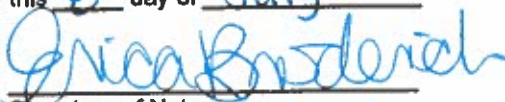
SIGNATURE

PRINTED NAME

PRINTED TITLE

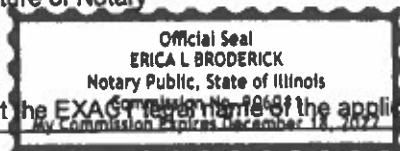
Notarization:

Subscribed and sworn to before me
this 22 day of July



Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

Notarization:

Subscribed and sworn to before me
this ____ day of _____

Signature of Notary

Seal

CERTIFICATION

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- 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);
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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 Kendall Pointe Holdings, 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.

Matthew Oberhaus

SIGNATURE

Matthew Oberhaus

PRINTED NAME

SVP, Managing Member, Secretary

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 8th day of July

Erica L Broderick

Signature of Notary

Official Seal

ERICA L BRODERICK

Notary Public, State of Illinois

Commission No. 906011

My Commission Expires December 18, 2027

Seal

*Insert the EXACT legal name of the applicant

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

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- 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 SMS Oswego 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

Scott Sporer

PRINTED NAME

Chairman

PRINTED TITLE

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 10 day of July



Notarization:

Subscribed and sworn to before me
this _____ day of _____

Signature of Notary Official Seal

ERICA L BRODERICK

Notary Public, State of Illinois

Commission No. 906011

My Commission Expires December 18, 2027

Seal

Signature of Notary

Seal

*Insert the correct legal name of the applicant

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 Sports Medicine Funds, 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

PRINTED NAME

JORGE CHAHLA

PRINTED TITLE

MD, PhD

SIGNATURE

PRINTED NAME

PRINTED TITLE

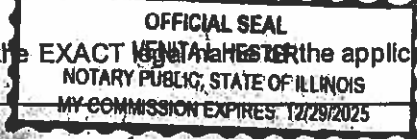
Notarization:

Subscribed and sworn to before me
this 14th day of July, 2025

Signature of Notary

Seal

*Insert the EXACT SIGNATURE of the applicant



Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

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 Xavier Simcock, M.D. 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

Xavier Cunningham Simcock

PRINTED NAME

Xavier Simcock
Physician

PRINTED TITLE

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 18th day of July 2025

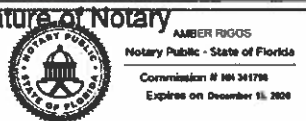
Notarization:

Subscribed and sworn to before me
this _____ day of _____



Signature of Notary

Seal



Signature of Notary

Seal

*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
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			
	2020	2021	2022
Net Patient Revenue	\$1,767,742	\$2,922,501	\$3,705,074
Amount of Charity Care (charges)	0	0	0
Cost of Charity Care	\$0	\$0	\$0

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	25-27
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	28-30
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	31-33
5	Background of the Applicant	34-39
6	Change of Ownership	40-55
7	Charity Care Information	56-57

ATTACHMENT 1

Type of Ownership of Applicants

Included with this attachment are the Certificates of Good Standing for:

1. The Applicant facility, Kendall Pointe Surgery Center, LLC;
2. Kendall Pointe Holdings, LLC;
3. SMS Oswego ASC, LLC; and
4. Sports Medicine Funds, LLC.

ATTACHMENT 1
Certificate of Good Standing – Kendall Pointe Surgery Center, LLC

File Number 0020626-1



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

KENDALL POINTE SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 13, 1998, 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 #: 2518302448 verifiable until 07/02/2026
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 2ND
day of JULY A.D. 2025 .***


SECRETARY OF STATE

ATTACHMENT 1
Certificate of Good Standing – Kendall Pointe Holdings, LLC

File Number

0904632-1



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

KENDALL POINTE HOLDINGS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 06, 2020, 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.



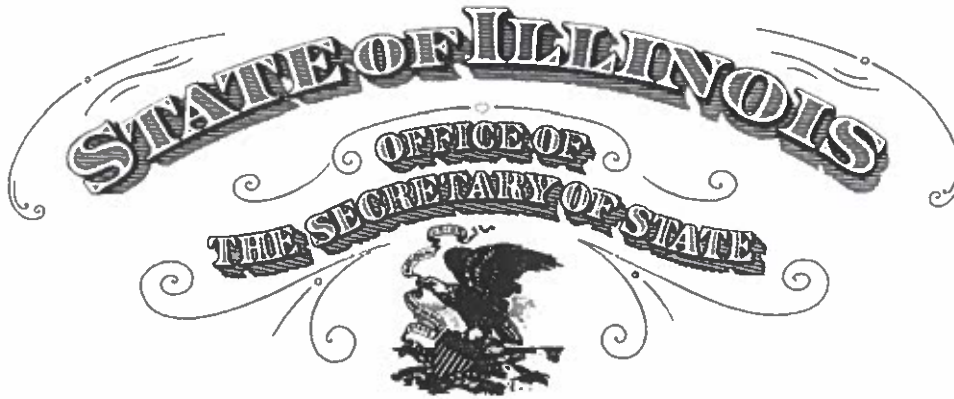
In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 2ND day of JULY A.D. 2025 .

Authentication #: 2518302470 verifiable until 07/02/2026
Authenticate at: <https://www.ilsos.gov>


SECRETARY OF STATE

ATTACHMENT 1
Certificate of Good Standing – SMS Oswego ASC, LLC

File Number 0941318-9



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

SMS OSWEGO ASC, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 27, 2020, 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 #: 2518302464 verifiable until 07/02/2026
Authenticate at: <https://www.isos.gov>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 2ND day of JULY A.D. 2025 .


SECRETARY OF STATE

ATTACHMENT 1
Certificate of Good Standing – Sports Medicine Funds, LLC

File Number 0981399-3



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

SPORTS MEDICINE FUNDS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 01, 2021, 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 2ND
day of JULY A.D. 2025 .***

Authentication #: 2518302420 verifiable until 07/02/2026
Authenticate at: <https://www.isos.gov>


SECRETARY OF STATE

ATTACHMENT 2

Site Ownership

The site where the Facility is located is currently held by Kendall Pointe Surgery Center, LLC. Following this transaction ownership of site where the Facility is located will transfer to Kendall Pointe Real Estate, LLC, which has the same ownership as the current owner. The Facility itself sits on two parcels whose parcel index numbers are 03-03-176-013 and 03-03-176-014. The address of the facility is 100 West Fifth Street, Oswego, Illinois, 60543. As evidence of control of the property included in this attachment are property tax bills for the site, which reflect the owner as Kendall Pointe Surgery Center, LLC.

ATTACHMENT 2 Site Ownership

Property Information		
Parcel Number 03-03-176-013	Site Address 100 FIFTH ST OSWEGO, IL 60543	Owner Name & Address KENDALL POINTE SURGERY CENTER LLC 100 W 5TH ST OSWEGO, IL, 60543
Tax Year 2024 (Payable 2025) ▼		
Sale Status None	Neighborhood Code Oswego TWP Nbhd	Land Use
Property Class 0060 - IMPROVED COMMERCIAL	Tax Code OS008 - OSWEGO, VILLAGE	Tax Status Taxable
Net Taxable Value 791,219	Tax Rate 8.047260	Total Tax \$63,671.46
Township Oswego Township	Acres 0.0000	Mailing Address KENDALL POINTE SURGERY CENTER LLC 100 W 5TH ST OSWEGO, IL, 60543
Tract Number	Lot Size	TIF Base Value 0
Legal Description W 328 S 178 13 LOT 5 KENDALL POINT BUSINESS CENTER UNIT 5 VILLAGE OF OSWEGO		

Assessments							
Level	Homesite	Dwelling	Farm Land	Farm Building	Mineral	Total	Partial Building
DOR Equalized	116,741	674,478	0	0	0	791,219	No
Department of Revenue	116,741	674,478	0	0	0	791,219	No
Board of Review Equalized	116,741	674,478	0	0	0	791,219	No
Board of Review	116,741	674,478	0	0	0	791,219	No
S of A Equalized	116,741	674,478	0	0	0	791,219	No
Supervisor of Assessments	116,741	674,478	0	0	0	791,219	No
Township Assessor	116,741	674,478	0	0	0	791,219	No
Prior Year Equalized	116,741	674,478	0	0	0	791,219	No

ATTACHMENT 2 Site Ownership

Property Information		
Parcel Number 03-03-176-014	Site Address 	Owner Name & Address KENDALL POINTE SURGERY CENTER, LLC 100 W 5TH ST OSWEGO, IL, 60543
Tax Year 2024 (Payable 2025) ▼		
Sale Status None	Neighborhood Code Oswego TWP Nbhd	Land Use
Property Class 0052 - 10-30 COMM. VACANT LAND	Tax Code OS008 - OSWEGO, VILLAGE	Tax Status Taxable
Net Taxable Value 24,829	Tax Rate 8.047260	Total Tax \$1,998.06
Township Oswego Township	Acres 0.0000	Mailing Address KENDALL POINTE SURGERY CENTER, LLC 100 W 5TH ST OSWEGO, IL, 60543
Tract Number 	Lot Size 	TIF Base Value 0
Legal Description E 138.17 S 178.15 LOT 5 KENDALL PONT BUSINESS CENTER UNIT 5 VILLAGE OF OSWEGO		

Assessments							
Level	Homesite	Dwelling	Farm Land	Farm Building	Mineral	Total	Partial Building
DOR Equalized	24,829	0	0	0	0	24,829	No
Department of Revenue	24,829	0	0	0	0	24,829	No
Board of Review Equalized	24,829	0	0	0	0	24,829	No
Board of Review	24,829	0	0	0	0	24,829	No
S of A Equalized	24,829	0	0	0	0	24,829	No
Supervisor of Assessments	24,829	0	0	0	0	24,829	No
Township Assessor	24,829	0	0	0	0	24,829	No
Prior Year Equalized	24,829	0	0	0	0	24,829	No

ATTACHMENT 3

Operating Entity/Licensee

The licensee of the Applicant Facility will remain the same after the transaction. Included with this Attachment is the licensee's Certificate of Good Standing and copy of the facility license. All direct owners of a 5% or more interest in the Applicant Facility are identified in the organizational chart included with Attachment 4.

ATTACHMENT 3
Operating Entity/Licensee

File Number 0020626-1



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

KENDALL POINTE SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 13, 1998, 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 #: 2518302448 verifiable until 07/02/2026
Authenticate at: <https://www.isos.gov>

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 2ND
day of JULY A.D. 2025 .***


SECRETARY OF STATE

ATTACHMENT 3

Operating Entity/Licensee

ASC License for Kendall Pointe Surgery Center, LLC

		
ILLINOIS DEPARTMENT OF PUBLIC HEALTH		
HF132703		
LICENSE, PERMIT, CERTIFICATION, REGISTRATION		
<small>The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.</small>		
Sameer Vohra, MD, JD, MA		
Director		
<small>Issued under the authority of the Illinois Department of Public Health</small>		
<small>EXPIRATION DATE</small>	<small>CATEGORY</small>	<small>ID NUMBER</small>
1/23/2026		7002538
Ambulatory Surgery Treatment Center		
Effective: 01/24/2025		
Kendall Pointe Surgery Center, LLC		
100 West 5th Street		
Oswego, IL 60543		
<small>The face of this license has a colored background • Printed by Authority of the State of Illinois • P.O. #4024001 2M 4/24</small>		

← **DISPLAY THIS PART IN A
CONSPICUOUS PLACE**

Exp Date 1/23/2026

Lic Number 7002538

Date Printed 1/17/2025

Kendall Pointe Surgery Center, LLC

100 West 5th Street
Oswego, IL 60543-8338

FEE RECEIPT NO.

ATTACHMENT 4

Organizational Relationships

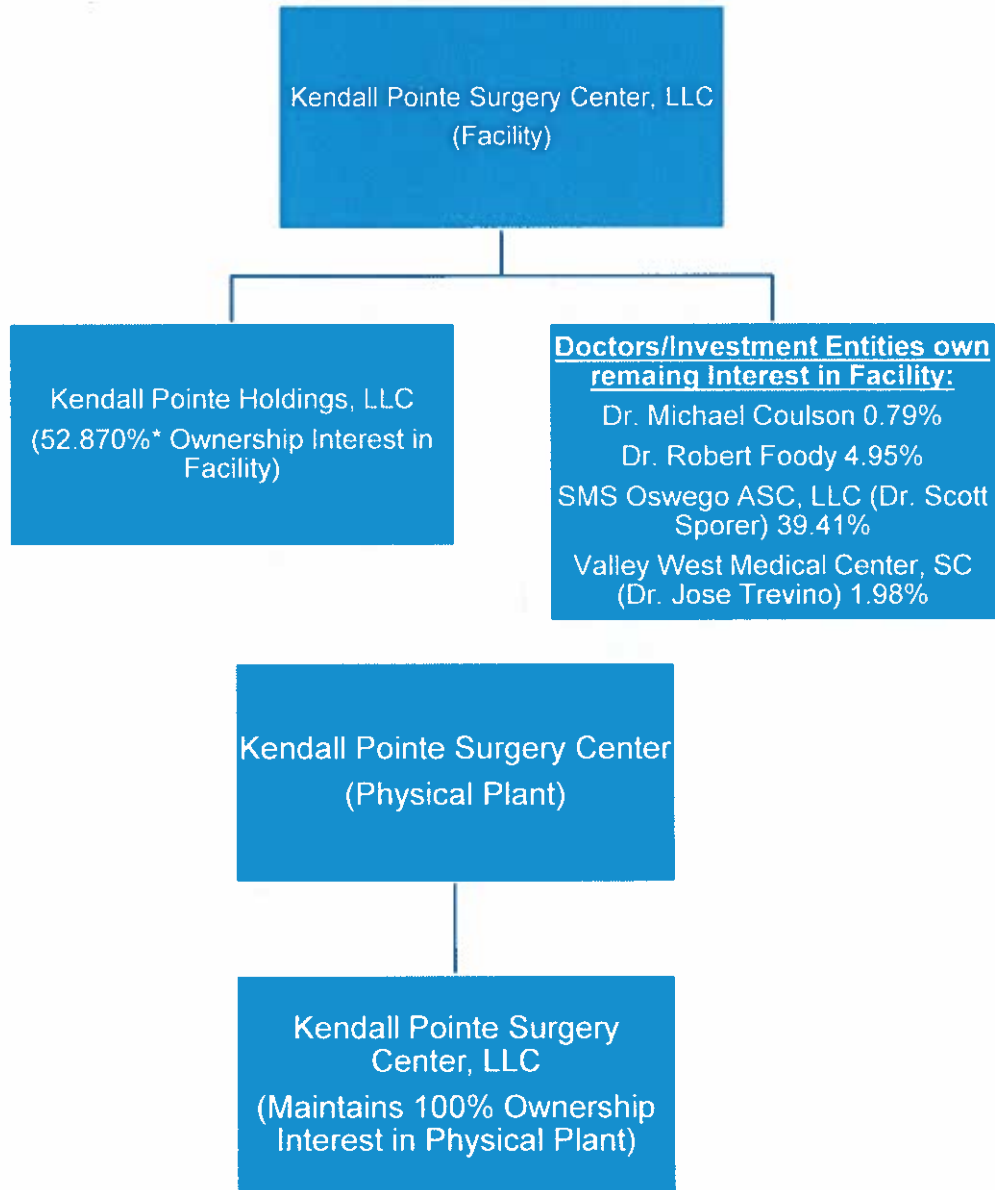
Kendall Pointe Holdings, LLC and SMS Oswego ASC, LLC currently own the majority of the units in Kendall Pointe Surgery Center, LLC ("Facility") along with additional owners who maintain an ownership interest in the facility that is less than 5% of the total available units.

Kendall Pointe Holdings, LLC proposes to sell the majority of their current ownership units in the Facility. Following the transaction, Sports Medicine Funds, LLC will hold 31.67% ownership, SMS Oswego ASC, LLC will hold 31.67% of the facility (down from 39.41% ownership pre-closing), Xavier Simcock, M.D., will hold 31.67% ownership, and Kendall Pointe Holdings, LLC will hold the remaining 5% ownership (down from 50% ownership pre-closing). Health Care Development Co., Valley West Medical Center, SC, Michael Coulson, D.O., and Robert Foody, M.D. will no longer have ownership in the Facility post-closing.

The ownership of the physical plant where the facility is located will remain unchanged.

ATTACHMENT 4 Organizational Relationships

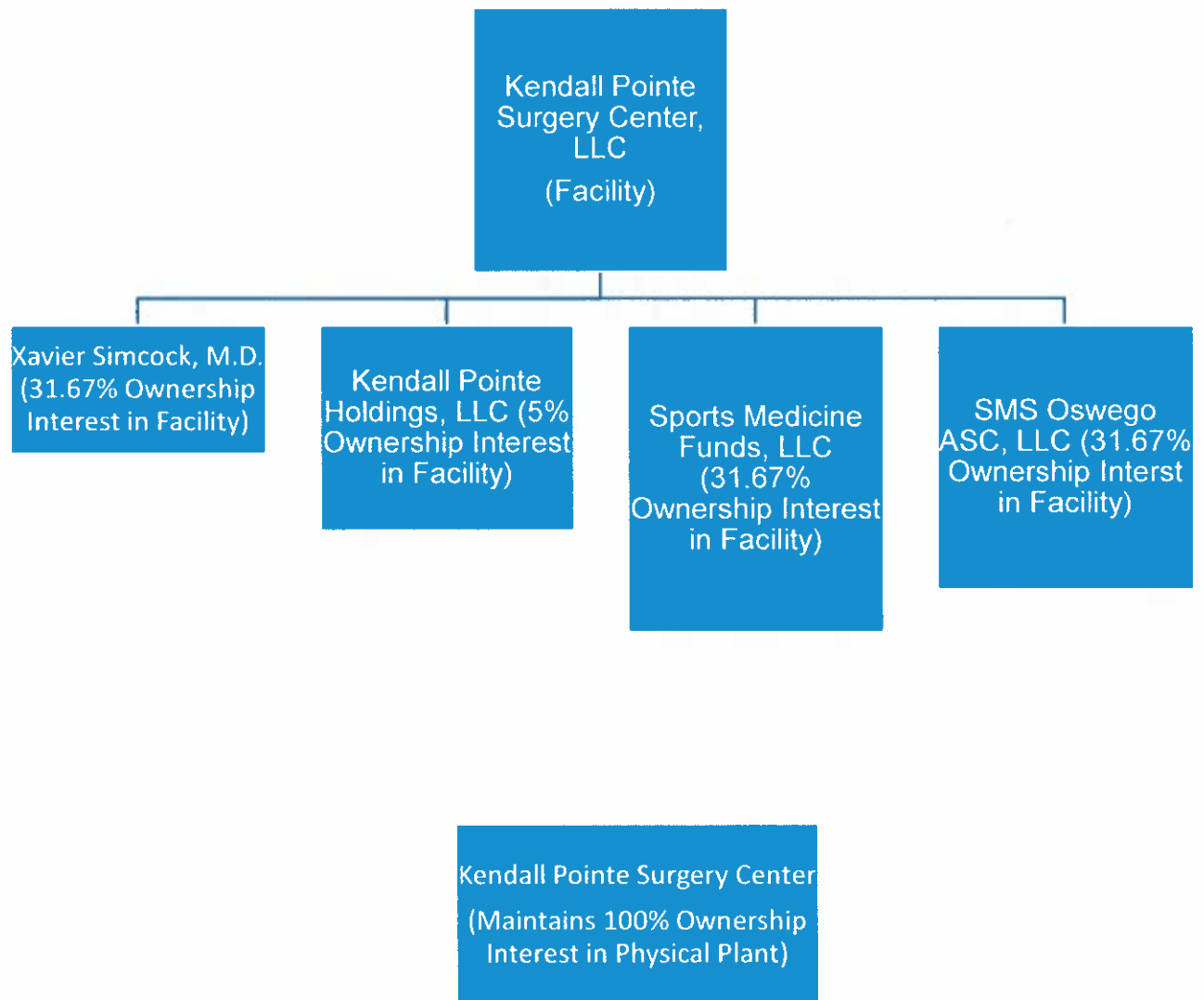
Pre-Transaction Organizational Chart



*Kendall Pointe Holdings LLC, as referred to throughout, is ultimately controlled by NueHealth Equity Co., LLC

ATTACHMENT 4 Organizational Relationships

Post-Transaction Organizational Chart



ATTACHMENT 5

Background of the Applicants

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

Included with this Attachment are the Applicants' verification that Sports Medicine Funds, LLC, SMS Oswego ASC, LLC, Kendall Pointe Holdings, LLC, and Xavier Simcock, M.D., have no ownership interest in any other healthcare facilities in Illinois.

- 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.**

See above.

- 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.**

Included with this Attachment are the Applicants' verification of no adverse action during the three years prior to the filing of the application.

- 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.**

Included with this Attachment are the Applicants' authorization permitting HFSRB and IDPH access to any documents necessary to verify the information submitted.

- 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.**

Not Applicable.

July 8, 2025

John P. Kniery
Board Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, Floor 2
Springfield, Illinois 62761

Re: Kendall Pointe Surgery Center – Background of the Applicant Certification and Attestation

Dear Mr. Kniery:

As representative of Kendall Pointe Surgery Center, LLC, I, Scott Sporer, M.D., give authorization to the Health Facilities and Services Review Board and Illinois Department of Public Health (IDPH) to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that Kendall Pointe Surgery Center, LLC has no ownership in any other Illinois Healthcare facilities. There have been no adverse actions to report for the past three years at the facility.

I hereby certify this is true and is based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,



Scott Sporer, M.D.
Board Chair
Kendall Pointe Surgery Center, LLC

July 8, 2025

John P. Kniery
Board Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, Floor 2
Springfield, Illinois 62761

Re: Kendall Pointe Surgery Center – Background of the Applicant Certification and Attestation

Dear Mr. Kniery:

As representative of Kendall Pointe Holdings, LLC, I, Matthew Obenhaus, give authorization to the Health Facilities and Services Review Board and Illinois Department of Public Health (IDPH) to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that Kendall Pointe Holdings, LLC has no ownership in any other Illinois Healthcare facilities. There have been no adverse actions to report for the past three years at the facility.

I hereby certify this is true and is based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,



Matthew Obenhaus
Manager

July 8, 2025

John P. Kniery
Board Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, Floor 2
Springfield, Illinois 62761

Re: Kendall Pointe Surgery Center – Background of the Applicant Certification and Attestation

Dear Mr. Kniery:

As representative of SMS Oswego ASC, LLC, I, Scott Sporer, M.D., give authorization to the Health Facilities and Services Review Board and Illinois Department of Public Health (IDPH) to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that SMS Oswego ASC, LLC has no ownership in any other Illinois Healthcare facilities. There have been no adverse actions to report for the past three years at the facility.

I hereby certify this is true and is based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,



Scott Sporer, M.D.
Managing Member
SMS Oswego ASC, LLC

ATTACHMENT 5

Background of the Applicants

July 8, 2025

John P. Kniery
Board Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, Floor 2
Springfield, Illinois 62761

Re: Kendall Pointe Surgery Center – Background of the Applicant Certification and Attestation

Dear Mr. Kniery:

As representative of Sports Medicine Funds, LLC, I, Jorge Chahla, give authorization to the Health Facilities and Services Review Board and Illinois Department of Public Health (IDPH) to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that Sports Medicine Funds, LLC, has no ownership in any other Illinois Healthcare facilities. There have been no adverse actions to report for the past three years at the facility.

I hereby certify this is true and is based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,



Jorge Chahla
Chief Executive Officer
Sports Medicine Funds, LLC

ATTACHMENT 5
Background of the Applicants

Xavier Simcock, M.D.

BOARD CERTIFIED ORTHOPEDIC SURGEON

Hand and Upper Extremity Surgery Specialist

July 8, 2025

John P. Kniery
Board Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, Floor 2
Springfield, Illinois 62761

Re: Kendall Pointe Surgery Center – Background of the Applicant Certification and Attestation

Dear Mr. Kniery:

I, Xavier Simcock, M.D., give authorization to the Health Facilities and Services Review Board and Illinois Department of Public Health (IDPH) to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that I have no ownership in any other Illinois Healthcare facilities. There have been no adverse actions to report for the past three years at the facility.

I hereby certify this is true and is based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,

A handwritten signature in black ink, appearing to read 'Xavier Simcock', with a stylized flourish at the end.

Xavier Simcock, M.D.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(1)(B)- Names of parties

The application for exemption is subject to approval under Section 1130.560 and shall include the information required by Section 1130.500

The parties involved in this project are:

1. Kendall Pointe Surgery Center, LLC
2. Kendall Pointe Holdings, LLC
3. SMS Oswego ASC, LLC
4. Sports Medicine Funds, LLC
5. Xavier Simcock, M.D.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(1)(B)- Background of the parties

"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."

The following information is provided to illustrate the qualifications, background and character of the Applicants, and to assure the Health Facilities and Services Review Board that the proposed owners will continue to provide a proper standard of health care services for the community.

Kendall Pointe Surgery Center, LLC is a limited liability company organized in the State of Illinois for the purpose of developing and operating an ambulatory surgical treatment center (ASTC) in Kendall County. The entity is formed to deliver high-quality, cost-effective outpatient surgical services, with a focus on increasing access to care in the community.

Sports Medicine Funds, LLC is a healthcare investment and management entity that provides capital, strategic oversight, and operational expertise to outpatient healthcare facilities, with an emphasis on musculoskeletal care and physician-led initiatives. Sports Medicine Funds, LLC brings deep experience in ambulatory surgery center development and clinical service alignment.

SMS Oswego ASC, LLC SMS Oswego ASC, LLC is managed by Dr. Scott Sporer and holds his ownership interest in Kendall Pointe Surgery Center, combining physician leadership with strategic healthcare partnerships to ensure clinical excellence, financial sustainability, and a strong community focus. Dr. Sporer is a board-certified orthopedic surgeon specializing in hip, knee, and joint replacement, with particular expertise in primary and revision arthroplasty using both anterior and posterior approaches. A graduate of the University of Iowa College of Medicine, Dr. Sporer completed residencies at Dartmouth Hitchcock Medical Center and Connecticut Children's Medical Center. He currently serves on the boards of the American Joint Replacement Registry and the American Association of Hip and Knee Surgeons, and is an active member of several national orthopedic societies.

Kendall Pointe Holdings, LLC is an existing owner of the facility and is committed to advancing healthcare delivery by partnering with entrepreneurial physicians. The entity provides innovative solutions, strategic resources, and operational support, positioning the facility to respond nimbly to a rapidly evolving healthcare landscape.

Xavier Simcock, M.D. is a board-certified orthopedic surgeon with subspecialty expertise in sports medicine and upper extremity surgery. Dr. Simcock has extensive experience in outpatient orthopedic surgical care and is actively involved in clinical practice and ASC development. He will serve in both a clinical and leadership role for the proposed ASTC, ensuring alignment between clinical excellence and operational performance.

Together, the Applicants combine physician leadership, outpatient surgical expertise, and healthcare investment experience to establish a high-quality ambulatory surgical treatment center that addresses local demand, enhances patient access, and supports the State's goals of healthcare cost containment and service efficiency.

Included is the Applicants' certification of no adverse action within three years preceding the filing of the application. In addition, each of the applicants, by their signatures to the Certification pages of this application, attest that they are fit, willing, able, and have the qualifications, background, and character to adequately provide a proper standard of health service for the community.

ATTACHMENT 6

Change of Ownership

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

The application for exemption is subject to approval under Section 1130.560 and shall include the information required by Section 1130.500.

This transaction at its core, results in a change of ownership sufficient to constitute a change in control, thus warranting HFSRB approval. This transaction involves the sale of ownership interest in Kendall Pointe Surgery Center, LLC ("Facility").

Ultimately, the transaction consists of:

- Kendall Pointe Holdings, LLC relinquishing its controlling interest in the Facility by selling most of their units to Sports Medicine Funds, LLC and Xavier Simcock, M.D. (Post Transaction, Kendall Pointe Holdings, LLC, will retain only 5% ownership);
- SMS Oswego ASC, LLC is decreasing its ownership interest in the Facility from 39.41% to 31.67%; and
- Minority Owners (with ownership interests of less than 5% in the facility) will be selling their interests in the Facility.

Following this transaction, the resulting ownership will consist of

- Sports Medicine Funds, LLC (31.67%),
- SMS Oswego ASC, LLC (31.67%),
- Xavier Simcock, M.D. (31.67%), and
- Kendall Pointe Holdings, LLC (5%).

ATTACHMENT 6

Change of Ownership

1130.520(b) (1)(D)- Entity to be Licensed after transaction

"Name of the person who will be the licensed or certified entity after the transaction"

The entity to be licensed after the change of ownership will remain Kendall Pointe Surgery Center, LLC. There will be no change in the entity currently licensed by the Illinois Department of Public Health to operate the ambulatory surgical treatment center. Additionally, there are no contemplated changes at this time to the categories of services offered at the facility following the transaction.

ATTACHMENT 6

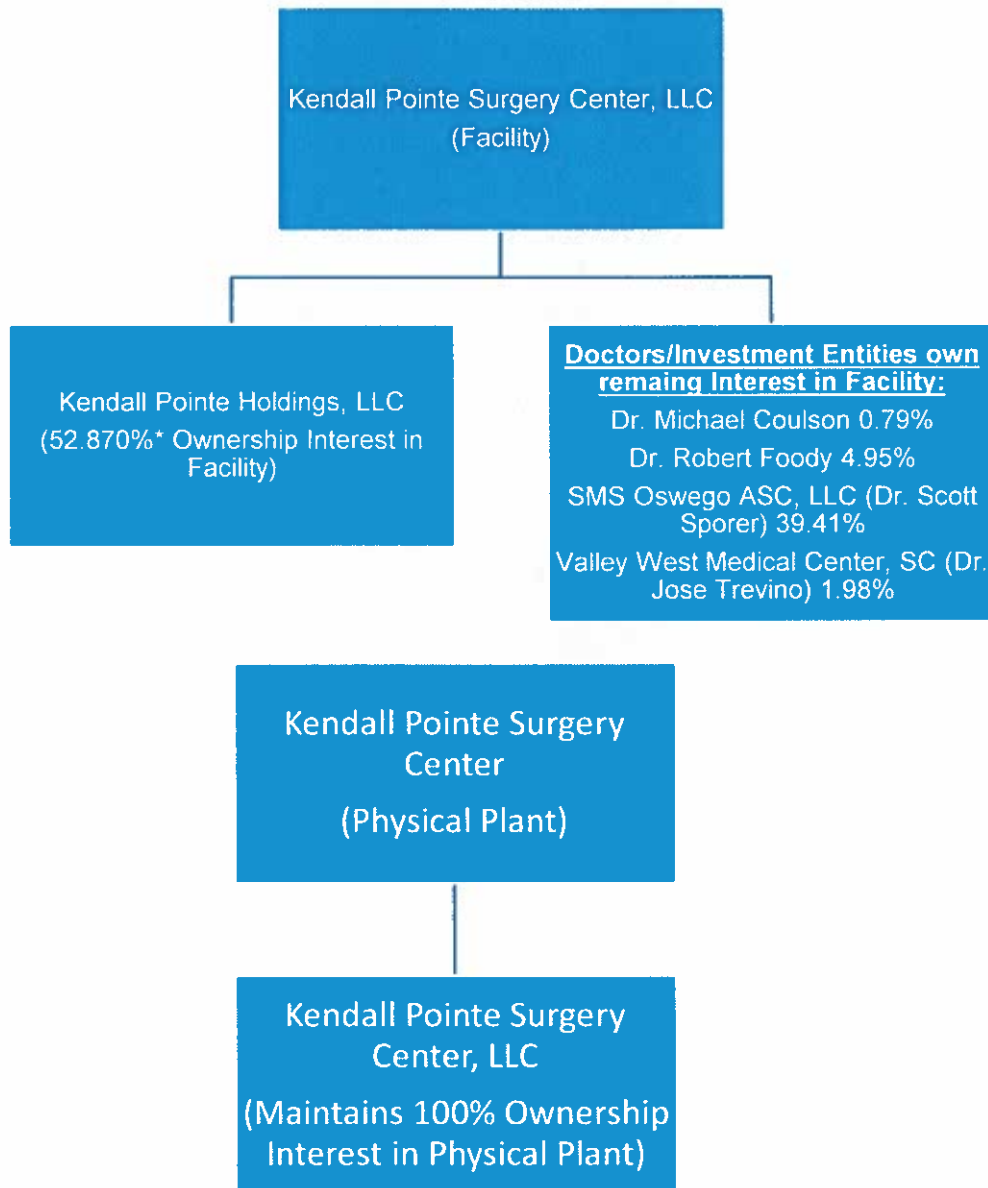
Change of Ownership

Section 1130.520(b) (1)(E)- List of Ownership

"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."

Organizational charts showing the current interest structure of the applicant facility and the post-change ownership interest are shown below.

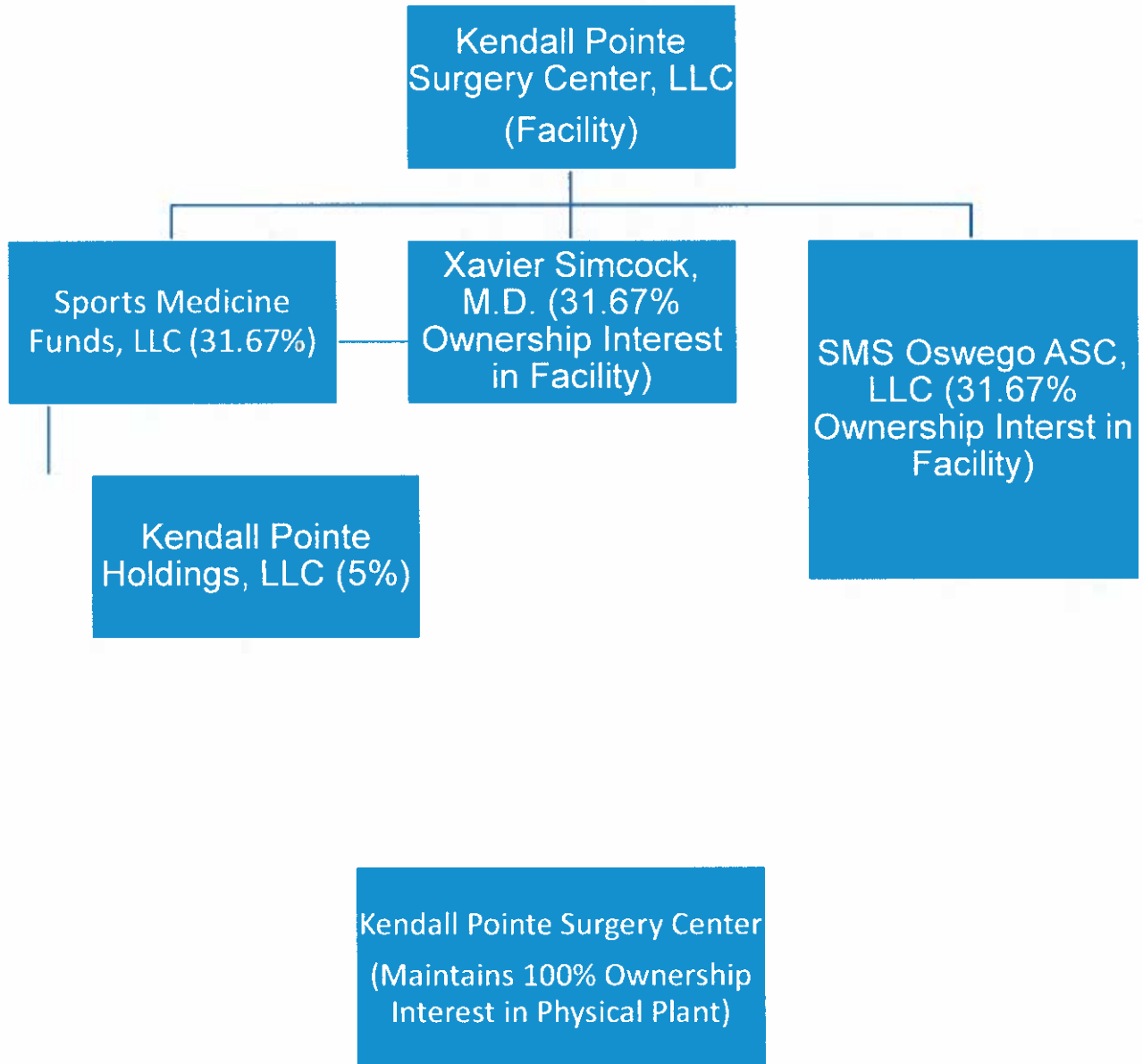
Pre-Transaction Organizational Chart



*Kendall Pointe Holdings LLC, as referred to throughout, is ultimately controlled by NueHealth Equity Co., LLC

ATTACHMENT 6 Change of Ownership

Post-Transaction Organizational Chart



*Kendall Pointe Holdings LLC, as referred to throughout, is ultimately controlled by NueHealth Equity Co., LLC

ATTACHMENT 6

Change of Ownership

Section 1130.520(b) (1)(F)- Fair Market Value of the transaction

"Fair market value of assets to be transferred."

The total purchase price for Kendall Pointe Holdings, LLC's interest in the facility is \$2,393,500 (such amount to be reduced by the amount of outstanding obligations). For ownership interests being sold by SMS Oswego ASC, LLC the purchase price is \$387,000 (also minus a percentage of the outstanding obligations).

This amount is based on an arm's length transaction and represents the fair market value of the interest being transferred.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b) (1)(G)- Purchase price

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

The total purchase price for Kendall Pointe Holdings, LLC's interest in the facility is \$2,393,500 (such amount to be reduced by the amount of outstanding obligations). For ownership interests being sold by SMS Oswego ASC, LLC the purchase price is \$387,000 (also minus a percentage of the outstanding obligations).

This amount is based on an arm's length transaction and represents the fair market value of the interest being transferred.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(2)- Outstanding Permits

"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"

In accordance with 77 Ill. Admin. Code 1130.520, all existing projects for which permits have been issued have been completed.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(2)- Hospital Charity Care

"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 does not involve a hospital; thus, this provision is NOT APPLICABLE.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(2)- Anticipated Benefits to the Community

"A statement as to the anticipated benefits of the proposed change in ownership to the community."

The proposed change in ownership is intended to preserve and strengthen access to high-quality outpatient surgical care for residents of the surrounding community. By increasing physician ownership and engagement, the project ensures that clinical decision-making remains closely aligned with patient needs and community priorities. The continued utilization of Kendall Pointe Surgery Center as an established and operational ambulatory surgical treatment center avoids disruption in care and supports continuity for patients who have historically relied on this facility.

The inclusion of two new highly regarded orthopedic surgeons with deep ties to the local patient population will further enhance clinical leadership, promote trust, and improve the overall patient experience. Additionally, greater physician involvement typically results in more efficient care delivery, reduced overhead, and long-term cost savings for patients and payors. The project ultimately aims to sustain and improve access, quality, and affordability of care in a manner that directly benefits the community.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(2)- Anticipated Cost Savings for the Community and Facility

"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 ensure the continued operation of an established ambulatory surgical treatment center, preserving access to high-quality outpatient care for a broad geographic population. Ambulatory surgical centers like this one are widely recognized for delivering cost-effective care by offering procedures at significantly lower costs than hospital-based settings. This results in direct savings for patients, insurers, and the broader healthcare system.

With the shift toward physician-led ownership, the facility is expected to operate with greater efficiency and flexibility, enabling quicker decision-making, streamlined operations, and better alignment between clinical care and resource utilization. These efficiencies support cost containment at the facility level and help avoid unnecessary duplication of services in the community.

Additionally, outpatient surgical care offers well-documented benefits including lower infection rates, shorter recovery times, and faster patient discharges—which reduce both direct and indirect healthcare costs. In this case, the transaction supports not only financial sustainability of the facility, but also promotes long-term savings and improved health outcomes for the community it serves.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(2)- Quality Improvement Program

"A description of the facility's quality improvement program mechanism that will be utilized to assure quality control"

Kendall Pointe Surgery Center's quality improvement program mechanism will remain in place and in the unlikely event that the outcomes being experienced do not meet or exceed those standards, an appropriate quality improvement plan will be initiated.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(2)- Facility's Governing Body

"A description of the selection process that the acquiring entity will use to select the facility's governing body"

It is not anticipated that the bylaws of the organization will be substantially changed, and the existing structure of the governing body will remain in place, with appropriate membership changes to be made after the completion of the transaction, consistent with the new ownership interests, including the additions of Drs. Jorge Chahla and Xavier Simcock to the board.

From a patient, provider, and communal basis the operation of the facility will remain unchanged.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(2)- Review Criteria in 77 Ill. Admin. Code 1110.240

"A statement that the applicant has prepared a written response addressing the review criteria contained in 77 Ill. Adm. Code 1110.240 and that the response is available for public review on the premises of the health care facility"

A response has been prepared addressing the review criteria in 77 Ill. Admin. Code 1110.240 and is available for public review on the premises of the facility.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(2)- Summary of Proposed Changes Within 24 Months

"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."

This transaction does not envision any proposed changes to the scope of services or level of care currently provided in the facility. This is a designed part of this undertaking and reflects an effort to ensure minimal disruption to the patients in the facility's area. There is no expectation, as a result of this transaction, of any disruptions with the physicians who currently perform surgeries at the facility nor is it anticipated that there will any reductions to the categories of services that are already approved within 24 months of the acquisition.

In the event that there are necessary or recommended changes to the services to be provided, the applicants will adhere to the requisite CON requirements and will submit the necessary applications for any modification of services to be considered.

ATTACHMENT 7

Charity Care Information

The amount of charity care listed between 2020 and 2022 provided by the Applicant Facility are included in the table below.

CHARITY CARE			
	2020	2021	2022
Net Patient Revenue	\$1,767,742	\$2,922,501	\$3,705,074
Amount of Charity Care (charges)	0	0	0
Cost of Charity Care	0	0	0

July 8, 2025

John P. Kniery
Board Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, Floor 2
Springfield, Illinois 62761

Re: Kendall Pointe Surgery Center – Charity Care

Dear Mr. Kniery:

As representative of Kendall Pointe Surgery Center, LLC, I, Scott Sporer, M.D., affirm 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 for a two-year period following the change of ownership transaction.

I hereby certify this is true and is based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,

A handwritten signature in black ink, appearing to read 'Scott Sporer', followed by a long horizontal flourish.

Scott Sporer, M.D.
Board Chair
Kendall Pointe Surgery Center, LLC

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