

E-013-25

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

RECEIVED

AUG 01 2025

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**This Section must be completed for all projects.****HEALTH FACILITIES &
SERVICES REVIEW BOARD****Facility/Project Identification**

Facility Name: Aiden Center for Day Surgery, LLC		
Street Address: 1580 West Lake Street		
City and Zip Code: Addison 60101		
County: DuPage	Health Service Area: VII	Health Planning Area:

Legislators

State Senator Name: Seth Lewis
State Representative Name: Jennifer Sanalidro

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

Exact Legal Name: Aiden Center for Day Surgery, LLC
Street Address: 1580 West Lake Street
City and Zip Code: Addison 60101
Name of Registered Agent: Kianoosh Jafari, M.D.
Registered Agent Street Address: 2607 W. 22 nd Street, Suite 48
Registered Agent City and Zip Code: Oak Brook 60523
Name of Chief Executive Officer: Kianoosh Jafari, M.D.
CEO Street Address: 1580 West Lake Street
CEO City and Zip Code: Addison 60101
CEO Telephone Number: (630) 988-7698

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
<input type="checkbox"/> Other <ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois certificate of good standing. o Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner. 	
APPEND DOCUMENTATION AS ATTACHMENT 1, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Juan Morado, Jr. and Mark J. Silberman
Title: CON Counsel
Company Name: Benesch Friedlander Coplan & Aronoff LLP
Address: 71 S. Wacker Drive, 16th Floor, Chicago, IL 60606
Telephone Number: (312) 212-4952
E-mail Address: jmorado@beneschlaw.com and MSilberman@beneschlaw.com
Fax Number: N/A

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Legislators

State Senator Name: Seth Lewis
State Representative Name: Jennifer Sanalitro

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

Exact Legal Name: Addison Surgical Center Inc.
Street Address: 1580 West Lake Street
City and Zip Code: Addison 60101
Name of Registered Agent: John Boland
Registered Agent Street Address: 2824 McKenna Drive
Registered Agent City and Zip Code: New Lenox 60451
Name of Chief Executive Officer: Tian Xia, D.O.
CEO Street Address: 1580 West Lake Street
CEO City and Zip Code: Addison 60101
CEO Telephone Number: (630) 988-7698

Type of Ownership of Applicants

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Street Address: 1580 West Lake Street
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Legislators

State Senator Name: Seth Lewis
State Representative Name: Jennifer Sanalidro

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

Exact Legal Name: 1580 Addison Investors LLC
Street Address: 244 East Roosevelt Road
City and Zip Code: Lombard 60148
Name of Registered Agent: John Boland
Registered Agent Street Address: 2824 McKenna Drive
Registered Agent City and Zip Code: New Lenox 60451
Name of Chief Executive Officer: Tian Xia, D.O.
CEO Street Address: 1580 West Lake Street
CEO City and Zip Code: Addison 60101
CEO Telephone Number: (630) 988-7698

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State Senator Name: Seth Lewis
State Representative Name: Jennifer Sanalidro

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

Exact Legal Name: Jafari Investments, L.L.C.
Street Address: 2607 West 22nd Street, Suite 48
City and Zip Code: Oak Brook 60523
Name of Registered Agent: Kianoosh Jafari, M.D.
Registered Agent Street Address: 2607 W. 22nd Street, Suite 48
Registered Agent City and Zip Code: Oak Brook 60523
Name of Chief Executive Officer: Kianoosh Jafari, M.D.
CEO Street Address: 1580 West Lake Street
CEO City and Zip Code: Addison 60101
CEO Telephone Number: (630) 988-7698

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Telephone Number: (312) 212-4952
E-mail Address: jmorado@beneschlaw.com
Fax Number: N/A

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: Ali Nili
Title: Chief Operating Officer
Company Name: Oak Brook Medical Management
Address: 2425 22 nd Street, Oak Brook, IL 60523
Telephone Number: (630) 988-7698
E-mail Address: anili@oakbrooksurgical.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: 1580 West Lake Street, LLC
Address of Site Owner: 2607 W. 22 nd Street, Suite 48, Oak Brook, IL 60523
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: Aiden Center for Day Surgery, LLC	
Address: 1580 W. Lake Street, Addison, IL 60101	
<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: Aiden Center for Day Surgery, LLC

Address: 1580 W. Lake Street, Addison, IL 60601

- | | |
|---|--|
| <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 | |
- 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 ("COE") application is submitted in connection with a proposed change of ownership of Aiden Center for Day Surgery, LLC, an Illinois-licensed ambulatory surgical treatment center located at 1580 W. Lake Street in Addison, Illinois 60101 (the "Applicant").

The transaction involves the transfer of ownership interests in the Licensee and does not propose any changes to the physical location, scope of services, bed capacity, or service area of the facility. Addison Surgical Investments Inc. will continue to operate the facility as an ambulatory surgical treatment center with no change to the current licensee. The new ownership will maintain compliance with all applicable Illinois Department of Public Health (IDPH) regulations and will ensure continuity of patient care and operations.

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: \$ N/A

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 ☒. 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 of the Board

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:

- 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 Aiden Center for Day Surgery, 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.

Kim Shm
SIGNATURE

KIANOOSH JAFARI
PRINTED NAME

Manager
PRINTED TITLE

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 22 day of July 2015

Notarization:

Subscribed and sworn to before me
this ____ day of _____

Mary Meghan Fitzgerald
Signature of Notary

Seal
OFFICIAL SEAL
MARY MEGHAN FITZGERALD
Notary Public, State of Illinois
Commission No. 760026

Signature of Notary

Seal

*In the event of a conflict of interest, the applicant

CERTIFICATION

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- 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 Addison Surgical Center, Inc.

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.

Tian Xie
SIGNATURE

SIGNATURE

Tian Xie
PRINTED NAME

PRINTED NAME

CEO
PRINTED TITLE

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 9th day of July 2025

Notarization:

Subscribed and sworn to before me
this _____ day of _____

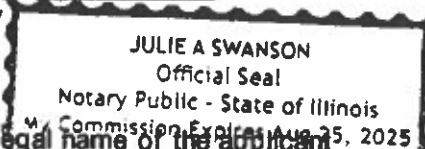
Julie A Swanson
Signature of Notary

Signature of Notary

Seal

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 **1580 West Lake Street, 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.

Kianush Jafari
SIGNATURE

KIANUSH JAFARI
PRINTED NAME

Manager
PRINTED TITLE

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me

this 22 day of July 2020

Notarization:

Subscribed and sworn to before me

this _____ day of _____

Mary Meghan Fitzgerald
Signature of Notary

Seal

OFFICIAL SEAL
MARY MEGHAN FITZGERALD
Notary Public, State of Illinois
Commission No. 760023

*Insert Notary Seal Here

Signature of Notary

Seal

CERTIFICATION

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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 1580 Addison Investors, 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.

Tim X
SIGNATURE

Tim X
PRINTED NAME

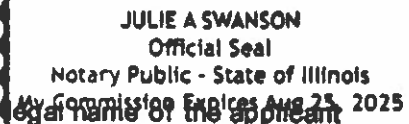
CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 9th day of July 2025

Julie A Swanson
Signature of Notary

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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- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Jafari Investments, L.L.C.

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

Glida Jafari Lambert
PRINTED NAME

Manager
PRINTED TITLE

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 23rd day of July, 2025

Notarization:

Subscribed and sworn to before me
this _____ day of _____


Signature of Notary

Seal



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
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	\$1,460,652	\$1,734,744	\$421,274
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	20-25
2	Site Ownership	26
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership	27-29
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	30-32
5	Background of the Applicant	33-37
6	Change of Ownership	38-55
7	Charity Care Information	56-57

ATTACHMENT 1

Type Of Ownership Applicants

Included with this Attachment are the Certificates of Good Standing for each Applicant:

- 1) Aiden Center for Day Surgery, LLC;
- 2) Addison Surgical Center Inc.;
- 3) 1580 West Lake Street, LLC;
- 4) 1580 Addison Investors LLC; and
- 5) Jafari Investments, L.L.C.

ATTACHMENT 1
Certificate of Good Standing
Aiden Center for Day Surgery, LLC

File Number

0246185-4



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

AIDEN CENTER FOR DAY SURGERY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 15, 2008, 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 #: 2519102110 verifiable until 07/10/2026
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 10TH day of JULY A.D. 2025 .


SECRETARY OF STATE

ATTACHMENT 1
Certificate of Good Standing
Addison Surgical Center Inc.

File Number 7516-869-1



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

ADDISON SURGICAL CENTER INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 14, 2025, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 2519103372 verifiable until 07/10/2026
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 10TH day of JULY A.D. 2025 .


SECRETARY OF STATE

ATTACHMENT 1
Certificate of Good Standing
1580 West Lake Street, LLC

File Number

0246181-1



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

1580 WEST LAKE STREET, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 15, 2008, 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 10TH day of JULY A.D. 2025 .

Authentication #: 2519103414 verifiable until 07/10/2026
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas
SECRETARY OF STATE

ATTACHMENT 1
Certificate of Good Standing
1580 Addison Investors LLC

File Number

1624267-5



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

1580 ADDISON INVESTORS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 15, 2025, 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 10TH day of JULY A.D. 2025 .

Authentication #: 2519103450 verifiable until 07/10/2026
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulis
SECRETARY OF STATE

ATTACHMENT 1
Certificate of Good Standing
Jafari Investments, L.L.C.

File Number 0317554-5



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

JAFARI INVESTMENTS, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 07, 2009, 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 #: 2519103528 verifiable until 07/10/2026
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 10TH day of JULY A.D. 2025 .


SECRETARY OF STATE

ATTACHMENT 2 Site Ownership

Attached as evidence of control over the site is a copy of the facility's property tax statement for 2024. The tax document demonstrates 1580 West Lake Street, LLC is the site owner.

MAKE CHECK PAYABLE TO: DU PAGE COLLECTOR - SEND THIS COUPON WITH YOUR 1ST INSTALLMENT PAYMENT OF 2024 Tax

MAIL PAYMENT TO: P.O. BOX 4203, CAROL STREAM, IL 60197-4203
PAY ON-LINE AT: www.dupagecounty.gov/treasurer
SEE REVERSE SIDE FOR ADDITIONAL INFORMATION



03-18-407-024
1580 WEST LAKE ST LLC
C/O K JAFARI
2425 W 22ND ST NO 101
OAK BROOK IL 60523

\$55,658.14 PAID May 27, 2025

ON OR BEFORE: JUN 02, 2025	PAY: 0.00
PAYING LATE?	PAY THIS AMOUNT:
JUN 3 THRU 30	0.00
JUL 1 THRU 31	
AUG 1 THRU 31	
SEP 1 THRU 30	
OCT 1 THRU 31	
NOV 1 THRU 19	

U.S. POSTMARK IS USED TO DETERMINE LATE PENALTY

PAYMENT OF THIS 2024 TAX BILL AFTER OCTOBER 31, 2025, REQUIRES A CASHIER'S CHECK, CASH OR MONEY ORDER.

☐ CHECK BOX AND COMPLETE CHANGE OF ADDRESS ON BACK

NO PAYMENT WILL BE ACCEPTED AFTER NOV 19, 2025

1031840702453033000556581401

MAKE CHECK PAYABLE TO: DU PAGE COLLECTOR - SEND THIS COUPON WITH YOUR 2ND INSTALLMENT PAYMENT OF 2024 Tax

MAIL PAYMENT TO: P.O. BOX 4203, CAROL STREAM, IL 60197-4203
PAY ON-LINE AT: www.dupagecounty.gov/treasurer
SEE REVERSE SIDE FOR ADDITIONAL INFORMATION



03-18-407-024
1580 WEST LAKE ST LLC
C/O K JAFARI
2425 W 22ND ST NO 101
OAK BROOK IL 60523

ON OR BEFORE: SEP 02, 2025	PAY: 66,658.14
PAYING LATE?	PAY THIS AMOUNT:
SEP 3 THRU 30	66,658.01
OCT 1 THRU 31	67,327.88
* NOV 1 THRU 19	68,172.76

U.S. POSTMARK IS USED TO DETERMINE LATE PENALTY

PAYMENT OF THIS 2024 TAX BILL AFTER OCTOBER 31, 2025, REQUIRES A CASHIER'S CHECK, CASH OR MONEY ORDER.

☐ CHECK BOX AND COMPLETE CHANGE OF ADDRESS ON BACK

NO PAYMENT WILL BE ACCEPTED AFTER NOV 19, 2025

2031840702453033000556581402

Rate 2023	Tax 2023	Taxing District	Rate 2024	Tax 2024
0.0699	1,335.54	COUNTY OF DU PAGE	0.0832	1,314.06
0.0180	267.40	PENSION FUND	0.0165	268.60
0.0291	432.30	HEALTH DEPARTMENT	0.0250	394.84
0.0103	153.00	PENSION FUND	0.0114	180.04
0.1001	1,487.08	FOREST PRESERVE DIST	0.1213	1,915.80
0.0075	111.42	PENSION FUND	0.0087	153.20
0.0132	198.10	DU PAGE AIRPORT AUTH	0.0122	192.68
		" LOCAL "		
NO LEVY	0.00	DU PAGE WATER COMM	NO LEVY	0.00
0.0574	852.74	ADDISON TOWNSHIP	0.0551	870.24
0.0032	47.54	PENSION FUND	0.0031	48.06
0.0436	847.72	MENTAL HLTH FACILITY	NO LEVY	0.00
NO LEVY	0.00	ADDISON TWP MNTL HLTH	0.0422	668.50
0.0866	1,286.54	ADDISON TWP ROAD	0.0830	1,310.88
0.0036	53.48	PENSION FUND	0.0036	56.88
0.4196	6,233.58	VLG OF ADDISON	0.3881	6,129.56
0.2868	4,260.70	PENSION FUND	0.2943	4,648.12
0.3523	5,233.78	VLG ADDISON LIBR	0.3241	5,118.78
0.0384	570.48	PENSION FUND	0.0362	571.74
0.3500	5,199.80	ADDISON PARK DIST	0.3342	5,278.28
0.0228	338.72	PENSION FUND	0.0218	344.30
0.6572	9,783.38	ADDISON FIRE DIST	0.6585	10,400.22
0.2597	3,858.10	PENSION FUND	0.2154	3,401.98
		" EDUCATION "		
2.1611	32,105.30	GRADE SCHOOL DIST 4	2.0607	32,548.28
0.0757	1,124.60	PENSION FUND	0.0714	1,127.68
2.0254	30,089.34	HIGH SCHOOL DIST 68	1.9432	30,860.50
0.0582	879.48	PENSION FUND	0.0545	860.78
0.1807	2,833.04	COLLEGE DU PAGE 502	0.1794	2,833.42
		" TIF "		

7.3614	109,380.94	TOTALS	7.0481	111,316.28
2023	1,485,600	Assessed Value	2024	1,579,380

Mailed to:
1580 WEST LAKE ST LLC
C/O K JAFARI
2425 W 22ND ST NO 101
OAK BROOK IL 60523

Property Location:
1580 W LAKE ST
ADDISON IL 60101

Township Assessor:
ADDISON
630-530-8161

Tax Code:
3033

Property Index Number:
03-18-407-024

CHANGE OF NAME/ADDRESS
CALL 630-467-6800
* 6 OF A FACTOR 1.6878
1st INST PAID: May 27, 2025
2nd INST DUE ON September 02, 2025

TIF Frozen Value	
Fair Cash Value	4,738,600
Land Value	801,622
* Building Value	777,758
* Assessed Value	1,579,380
x State Multiplier	1.0000
* Equalized Value	1,579,380
* Residential Exemption	
* Senior Exemption	
* Senior Freeze	
* Disabled Veteran	
* Disability Exemption	
* Returning Veteran Exemption	
* Home Improvement Exemption	
* House Abatement	
* Net Taxable Value	1,579,380
x Tax Rate	7.0481
* Total Tax Due	111,316.28
* Less Advance Payment	
* Commercial Abatement	
* PACE Reimbursement	
* Net Due as of 08/08/25	55,658.14



2024 DuPage County Real Estate Tax Bill
Gwen Henry, CPA, County Collector
421 N. County Farm Road
Wheaton, IL 60187

Office Hours - 8:00 am - 4:30 pm, Mon - Fri
Telephone - (630) 407-5900

ATTACHMENT 3

Operating Entity/Licensee

The licensee of the Applicant Facility will remain with the same corporate entity after the transaction, Aiden Center for Day Surgery, LLC ("Aiden Center"). However, following the approval of this application and change of ownership, Addison Surgical Center Inc. will acquire and control Aiden Center. 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

0246185-4



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

AIDEN CENTER FOR DAY SURGERY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 15, 2008, 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 #: 2519102110 verifiable until 07/10/2026
Authenticate at: <https://www.itsos.gov>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 10TH day of JULY A.D. 2025 .

Alexi Giannoulis
SECRETARY OF STATE

ATTACHMENT 3
Operating Entity/Licensee

ASC License for Aiden Center for Day Surgery, LLC

		HF133056
ILLINOIS DEPARTMENT OF PUBLIC HEALTH		
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>
2/28/2026		7003140
Ambulatory Surgery Treatment Center		
Effective: 03/01/2025		
Aiden Center for Day Surgery, LLC 1580 W Lake Street Addison, IL 60101		
<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 2/28/2026

Lic Number 7003140

Date Printed 2/26/2025

Aiden Center for Day Surgery, LLC

**1580 W Lake Street
Addison, IL 60101-1171**

FEE RECEIPT NO.

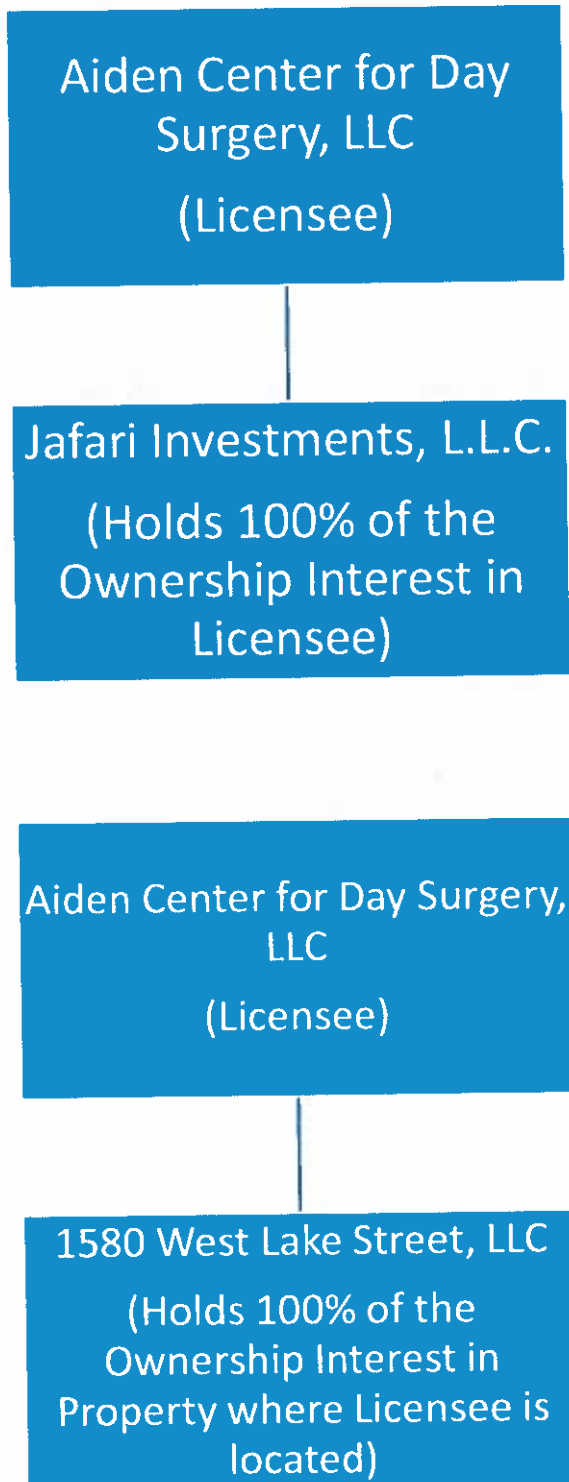
ATTACHMENT 4

Organizational Relationships

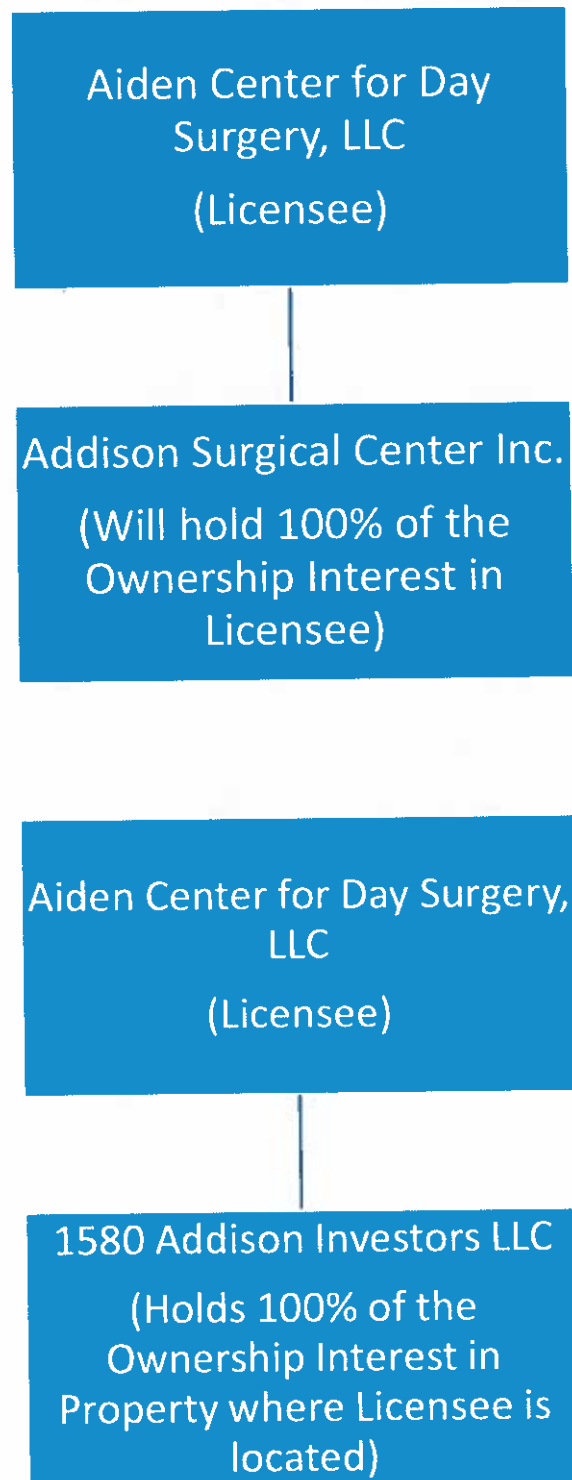
Jafari Investments, L.L.C. and 1580 West Lake Street, LLC currently own the majority of the units in Aiden Center for Say Surgery, LLC ("Facility").

Jafari Investments, L.L.C. and 1580 West Lake Street, LLC propose to sell the majority of their current ownership units in the Facility. Following the transaction, Addison Surgical Center Inc. will hold 100% of the facility and 1580 Addison Investors LLC will hold 100% in the physical plant where the facility is located.

ATTACHMENT 4
Pre-Transaction Organizational Chart



ATTACHMENT 4
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 Aiden Center for Day Surgery, LLC, Addison Surgical Center Inc., 1580 West Lake Street, LLC, 1580 Addison Investors LLC, and Jafari Investments, L.L.C. have no ownership interest in any other healthcare facilities in Illinois. The Manager of Addison Surgical Center Inc. and 1580 Addison Investors LLC also has non-controlling ownership interests in Fullerton Kimball Medical & Surgery Center, and Western Diversey Surgery Center. The Manager of Jafari Investments, L.L.C. also has non-controlling ownership interests in Ashton Center for Day Surgery and Oak Brook Surgical Centre.

- 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 response to #1, 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.

ATTACHMENT 5

Background of the Applicants

July 28, 2025

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

Re: Aiden Center for Day Surgery – Background of the Applicant Certification and Attestation

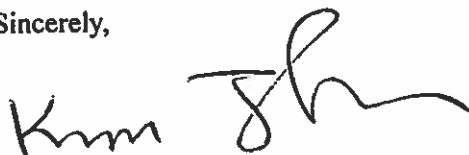
Dear Mr. Kniery:

As representative of Aiden Center for Day Surgery, LLC and 1580 West Lake Street, LLC, I, Kianoosh Jafari, 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 1580 West Lake Street, LLC and Jafari Investments, L.L.C., has no ownership in any other Illinois Healthcare facilities and as such there are no adverse actions to report for the past three years at these facilities.

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 'KJ' or 'Kianoosh Jafari', written in a cursive style.

Kianoosh Jafari, M.D.
Managing Member – Aiden Center for Day Surgery, LLC
Managing Member - 1580 West Lake Street, 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: Aiden Center for Day Surgery - Background of the Applicant Certification and Attestation

Dear Mr. Kniery:

As representative of Addison Surgical Center, Inc., and 1580 Addison Investors, LLC, I, Tian Xia, D.O., 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 Addison Surgical Center, Inc., and 1580 Addison Investors, LLC, have an ownership in any two other Illinois Healthcare facilities. Those facilities are the Fullerton Kimball Medical & Surgery Center and Western Diversey Surgery Center. There have been no adverse actions to report for the past three years at these facilities.

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,



Tian Xia, D.O.
Managing Member
Addison Surgical Center, Inc./1580 Addison Investors, LLC

ATTACHMENT 5

Background of the Applicants

July 28, 2025

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

Re: Aiden Center for Day Surgery – Background of the Applicant Certification and Attestation

Dear Mr. Kniery:

As representative of Jafari Investments, L.L.C., I, Gilda Jafari Lambert, 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 Jafari Investments, L.L.C., has ownership in two other Illinois Healthcare facilities. Those facilities are the Ashton Center for Day Surgery and Oak Brook Surgical Centre. There have been no adverse actions to report for the past three years at these facilities.

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,



Gilda Jafari Lambert
Managing Member - Jafari Investments, L.L.C.

ATTACHMENT 5
Background of the Applicants

Facility Name	IDPH Facility Number
Fullerton Kimball Medical & Surgery Center	7003181
Western Diversey Surgery Center	7003183
Ashton Center for Day Surgery	7003138
Oak Brook Surgical Centre	7001548

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) Aiden Center for Day Surgery, LLC;
- 2) Addison Surgical Center Inc.;
- 3) 1580 West Lake Street, LLC;
- 4) 1580 Addison Investors LLC; and
- 5) Jafari Investments, L.L.C.

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.

Aiden Center for Day Surgery, LLC

Aiden Center for Day Surgery, LLC is the licensed operator of the ambulatory surgical treatment center. It specializes in providing patients with premier same-day surgery in a relaxing environment. Its surgeons and physicians are respected in their expertise and loved by their patients. The Applicant provides some of the most innovative treatment options available in medicine today. It is currently authorized to provide outpatient surgical services in accordance with all Illinois Department of Public Health (IDPH) licensure requirements and will remain the operating entity post-transaction.

Addison Surgical Center Inc.

Addison Surgical Center Inc. is a current owner of membership interests in Aiden Center for Day Surgery, LLC. It is a management and holding entity affiliated with the surgical operations and will be involved in the transfer of ownership interests as part of the transaction.

1580 West Lake Street, LLC

1580 West Lake Street, LLC is the real estate holding company that owns the property at which the ambulatory surgical center operates. It is affiliated with the facility but will not be changing its role or operational function as part of the transaction.

1580 Addison Investors LLC

1580 Addison Investors LLC is the entity that will acquire ownership interests in Aiden Center for Day Surgery, LLC and/or related ownership entities as part of the transaction. It has been formed to facilitate the orderly transfer of ownership and ensure continued compliance with regulatory requirements.

Jafari Investments, L.L.C.

Jafari Investments, L.L.C. is an investment entity affiliated with the incoming ownership group. It is participating in the transaction through an equity investment in the acquiring entities and is aligned with the long-term operational and financial success of the facility.

This change of ownership will not result in any modification to the physical plant, licensed services, or the geographic service area of the facility. The purpose of the transaction is to transfer equity interests among the above parties. The facility will continue to operate without interruption, and there will be no adverse impact on patient access or continuity of care. The parties are committed to maintaining compliance with all applicable IDPH and Health Facilities and Services Review Board requirements.

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 are 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 the Aiden Center for Day Surgery, LLC ("Facility").

Ultimately, the transaction consists of Jafari Investments, L.L.C. and 1580 West Lake Street, LLC proposing to sell the majority of their current ownership units in the Facility. Following the transaction, Addison Surgical Center Inc. will hold 100% of the facility and 1580 Addison Investors LLC will hold 100% in the physical plant where the facility is located.

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 Aiden Center for Day Surgery, 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

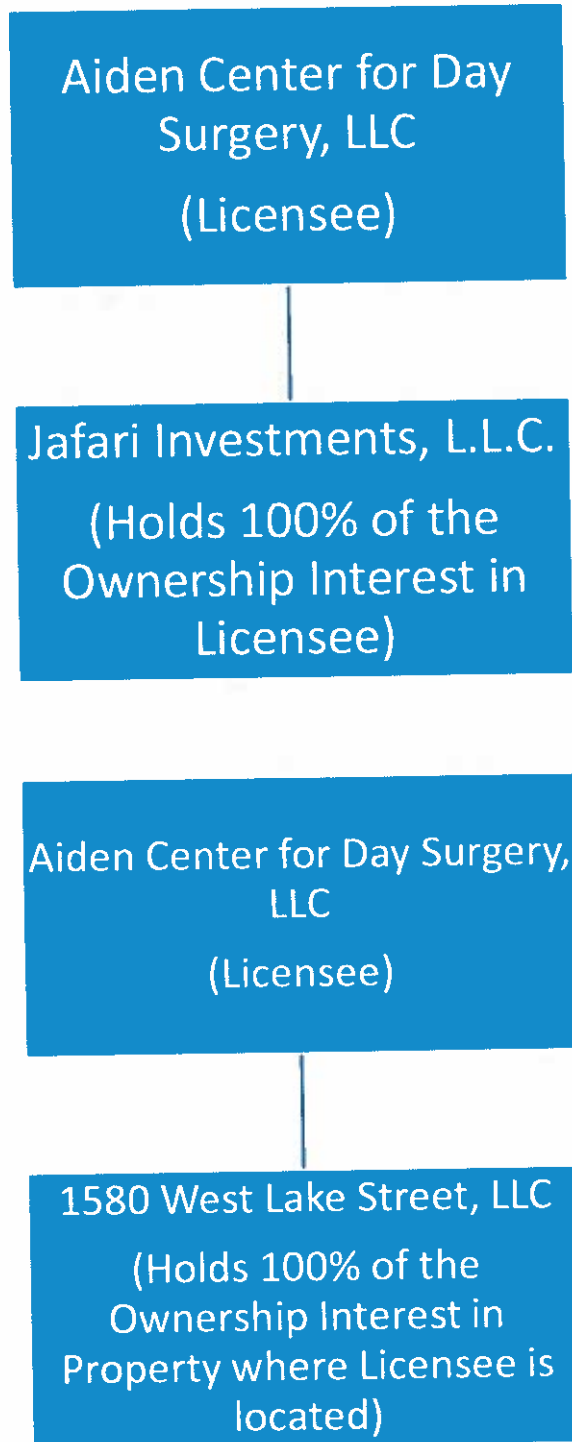
Section 1130.520(b) (1)(E)- List of Ownership

"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.

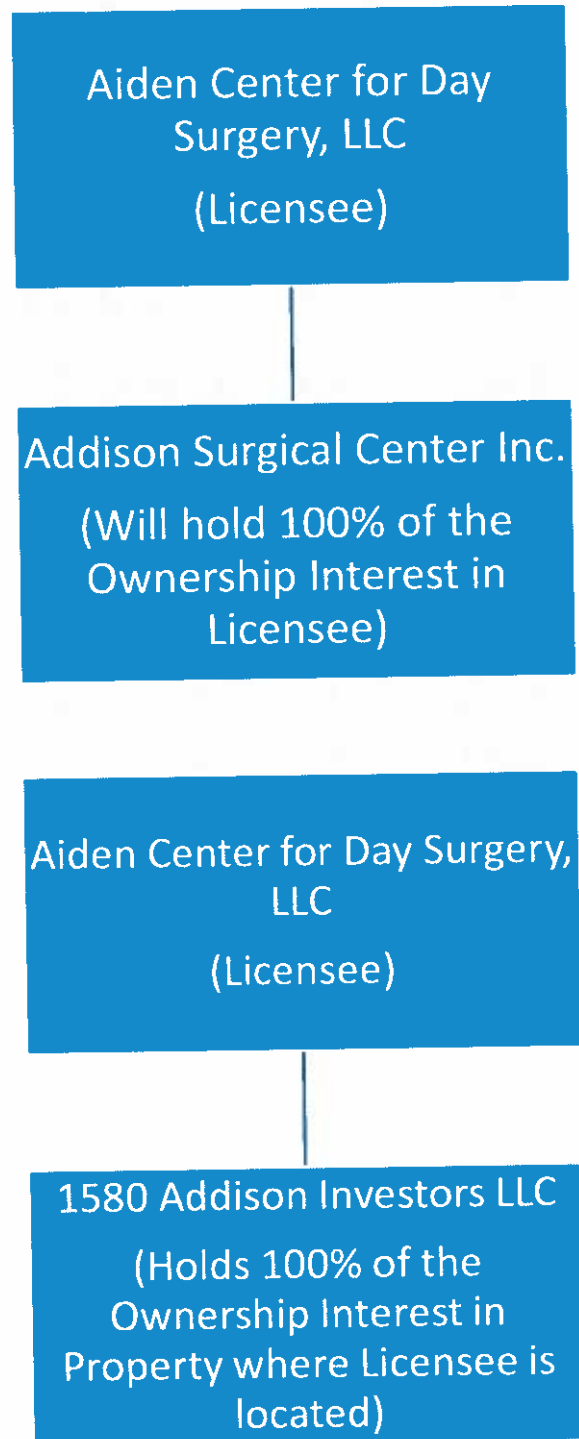
ATTACHMENT 6
Change of Ownership

Pre-Transaction Organizational Chart



ATTACHMENT 6
Change of Ownership

Post-Transaction Organizational Chart



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 Jafari Investments, L.L.C.'s interest in the facility is \$3,500,000. For ownership interests being sold by 1580 West Lake Street, LLC, the purchase price is \$2,500,000.

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 Jafari Investments, L.L.C.'s interest in the facility is \$3,500,000. For ownership interests being sold by 1580 West Lake Street, LLC, the purchase price is \$2,500,000.

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"

While this change of ownership does not involve a hospital, enclosed please find a letter regarding charity care.

ATTACHMENT 6
Change of Ownership
Charity Care

July 8, 2025

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

Re: Aiden Center for Day Surgery - Charity Care

Dear Mr. Kniery:

As representative of Addison Surgical Center, Inc., and 1580 Addison Investors, LLC, I, Tian Xia, D.O., 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,



Tian Xia, D.O.
Managing Member
Addison Surgical Center, Inc./1580 Addison Investors, LLC

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 of Aiden Center for Day Surgery, LLC is designed to preserve and enhance access to high-quality outpatient surgical care for residents of Addison and the surrounding communities. By increasing physician ownership and alignment, the transaction supports a clinical model where decision-making remains patient-centered and responsive to local healthcare needs. The continued operation of Aiden Center for Day Surgery as a licensed and established ambulatory surgical treatment center ensures there is no disruption in services and maintains continuity of care for patients who have historically relied on this facility.

The transaction also brings in physician owners with strong reputations and longstanding relationships within the local patient population, further strengthening clinical leadership, trust, and the patient experience. Greater physician engagement has been shown to support more efficient delivery of care, lower administrative overhead, and reduced costs for patients and payors. Overall, the proposed change in ownership advances the goals of improved access, quality, and value in outpatient surgical services for 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.

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"

Aiden Center for Day Surgery's existing 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.

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	\$1,460,652	\$1,734,744	\$421,274
Amount of Charity Care (charges)	\$0	\$0	\$0
Cost of Charity Care	\$0	\$0	\$0

ATTACHMENT 7
Charity Care Information

July 8, 2025

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

Re: Aiden Center for Day Surgery – Charity Care

Dear Mr. Kniery:

As representative of Addison Surgical Center, Inc., and 1580 Addison Investors, LLC, I, Tian Xia, 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,



Tian Xia, D.O.
Managing Member
Addison Surgical Center, Inc./1580 Addison Investors, LLC

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