

E-003-26

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

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

MAR 5 2026

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name:	Lakeshore Surgery Center		
Street Address:	7200 N. Western Avenue		
City and Zip Code:	Chicago, Illinois 60645		
County:	Cook	Health Service Area:	006 Health Planning Area: 030

Legislators

State Senator Name:	Laura Fine
State Representative Name:	Robyn Gabel

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

Exact Legal Name:	Lakeshore Surgery Center, LLC
Street Address:	124 Covington Ct.
City and Zip Code:	Oak Brook, Illinois 60523
Name of Registered Agent:	Thomas P. Conley
Registered Agent Street Address:	161 N. Clark Street, Suite 4200
Registered Agent City and Zip Code:	Chicago, Illinois 60601
Name of Chief Executive Officer:	Raghuveer Nayak
CEO Street Address:	124 Covington Ct.
CEO City and Zip Code:	Oak Brook, Illinois 60523
CEO Telephone Number:	(773) 761-6900

Type of Ownership of Applicants

- ☐ 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 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:	Joe Ourth
Title:	Partner
Company Name:	Saul Ewing LLP
Address:	161 N. Clark Street, Suite 4200, Chicago, Illinois 60601
Telephone Number:	(312) 876-5216
E-mail Address:	joe.ourth@saul.com
Fax Number:	

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

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Legislators

State Senator Name:	Laura Fine
State Representative Name:	Robyn Gabel

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

Exact Legal Name:	Stellar Surgical Center, LLC
Street Address:	830 N. Ashland Avenue, Unit 1N
City and Zip Code:	Chicago, Illinois 60622
Name of Registered Agent:	Samip Morker
Registered Agent Street Address:	830 N. Ashland Avenue, Unit 1N
Registered Agent City and Zip Code:	Chicago, Illinois 60622
Name of Chief Executive Officer:	Samip Morker, President
CEO Street Address:	830 N. Ashland Avenue, Unit 1N
CEO City and Zip Code:	Chicago, Illinois 60622
CEO Telephone Number:	(773) 280-7001

Type of Ownership of Applicants

- ☐ Non-profit Corporation
☐ For-profit Corporation
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☐ Other

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Legislators

State Senator Name:	Laura Fine
State Representative Name:	Robyn Gabel

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

Exact Legal Name:	Raghuveer P. and Anita R. Nayak, LLC
Street Address:	124 Covington Ct.
City and Zip Code:	Oak Brook, Illinois 60523
Name of Registered Agent:	Thomas P. Conley
Registered Agent Street Address:	161 N. Clark Street, Suite 4200
Registered Agent City and Zip Code:	Chicago, Illinois 60601
Name of Chief Executive Officer:	Raghuveer Nayak
CEO Street Address:	124 Covington Ct.
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Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name:	Stellar Pain and Spine Real Estate LLC
Street Address:	830 N. Ashland Avenue, Unit 1N
City and Zip Code:	Chicago, Illinois 60622
Name of Registered Agent:	Samip Morker
Registered Agent Street Address:	830 N. Ashland Avenue, Unit 1N
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Name of Chief Executive Officer:	Samip Morker
CEO Street Address:	830 N. Ashland Avenue, Unit 1N
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Telephone Number:	(312) 876-5216
E-mail Address:	joe.ourth@saul.com
Fax Number:	

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:	Sameer Shah, M.D
Title:	
Company Name:	Stellar Surgical Center, LLC
Address:	830 N. Ashland Avenue, Unit 1N
Telephone Number:	(773) 280-7001
E-mail Address:	sshah7783@gmail.com
Fax Number:	

Site Ownership after the Project is Complete

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Stellar Pain and Spine Real Estate LLC
Address of Site Owner:	7200 N. Western Avenue, Chicago, IL 60645
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:	Lakeshore Surgery Center, LLC								
Address:	124 Covington Ct., Oak Brook, Illinois 60523								
<table border="0"> <tr> <td>☐ Non-profit Corporation</td> <td>☐ Partnership</td> </tr> <tr> <td>☐ For-profit Corporation</td> <td>☐ Governmental</td> </tr> <tr> <td>☒ Limited Liability Company</td> <td>☐ Sole Proprietorship</td> </tr> <tr> <td>☐ Other</td> <td></td> </tr> </table>		☐ Non-profit Corporation	☐ Partnership	☐ For-profit Corporation	☐ Governmental	☒ Limited Liability Company	☐ Sole Proprietorship	☐ Other	
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☐ For-profit Corporation	☐ Governmental								
☒ Limited Liability Company	☐ Sole Proprietorship								
☐ Other									

Operating Identity/Licensee after the Project is Complete

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

Exact Legal Name: Stellar Surgical Center LLC	
Address: 830 N. Ashland Avenue, Unit 1N, Chicago, IL 60622	
☐ 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.

This transaction involves the sale of the assets of Lakeshore Surgery Center. The transaction also includes the medical office building in which the surgery center is located and other related operations (as further described below, the “**Transaction**”).

Asghar Rizvi, M.D.; Samip Morker, D.O.. and Sameer Shah, M.D. (collectively, the “**Physicians**”) presently operate an active physician-based pain management center in Chicago. They entered into an Asset Purchase Agreement dated November 21, 2025 (“**Asset Purchase Agreement**”), to have their entity, Stellar Surgical Center, LLC, purchase the assets of Lakeshore Surgery Center, LLC. The physicians will relocate their pain procedures services to Lakeshore location and rename the facility Stellar Surgical Center.

Their related entity, Stellar Pain and Spine Real Estate, LLC (“**Stellar Real Estate**”), also entered into an agreement to purchase the medical office building housing the surgery center. Mr. Raghuveer Nayak is the sole owner of Lakeshore Surgery Center, LLC, the operator of the surgery center and began operations of the surgery center in 2005. He and his wife are equal co-owners of Raghuveer P. and Anita R. Nayak, LLC, Series 5, the owner of the real estate at 7200 N. Western Avenue in Chicago. The Nayak are selling the surgery center and property as part of their retirement.

As more fully described in Attachment 6, the Transaction also involves other operations such as imaging services. The Asset Purchase Agreement and the Real Estate Purchase Agreement are contingent upon Review Board approvals and other contingencies. This COE application relates only to the ASTC and real property as the other components of the transaction do not require COE approval.

The Applicants seek authority from the Illinois Health Facilities and Services Review Board for the change of ownership of both Lakeshore’s assets and the related medical office building. The Transaction is anticipated to close as early as March 31, 2026, but the Transaction closing date may be extended depending on receipt of all required regulatory approvals (which is largely outside of the Parties' control). The direct ownership and federal tax ID number of the ASTC will change. Stellar Center intends to apply for an ASTC license in its own name upon approval of the Certificate of Exemption application. Once it is properly licensed, Stellar Center will continue to provide the same ASTC categories of service as Lakeshore utilizing Lakeshore’s medical staff, which is expected to grow due to the addition of Physicians and others new surgeons.

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: \$1,750,000 real estate (allocated)
Fair Market Value: \$1,750,000 real estate (allocated)

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): March 31, 2026 or soon after COE approval.

State Agency Submittals

Are the following submittals up to date as applicable:

- ☒ Cancer Registry
- ☐ APORS (NA)
- ☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
- ☒ All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the Application being deemed incomplete.

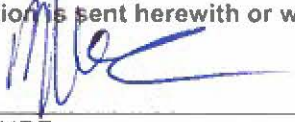
CERTIFICATION

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

- 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 Lakeshore 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

Raghuveer Nayak

PRINTED NAME

Sole Manager and Member

PRINTED TITLE

SIGNATURE

PRINTED NAME

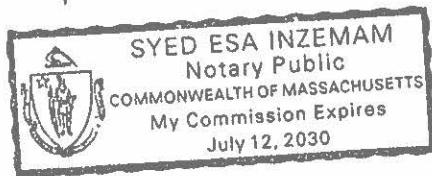
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 12 day of February, 2026.

Signature of Notary

Seal



Notarization:

Subscribed and sworn to before me
this ____ day of _____, 2026.

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 Stellar Surgical 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

Sameer Shah

PRINTED NAME

member

PRINTED TITLE

SIGNATURE

Sanip Marker

PRINTED NAME

Member

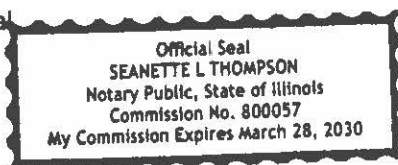
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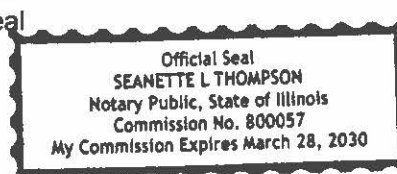


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This Application is filed on the behalf of Raghuveer P. and Anita R. Nayak, LLC

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

Raghuveer P. Nayak

PRINTED NAME

Member

PRINTED TITLE



SIGNATURE

Anita R. Nayak

PRINTED NAME

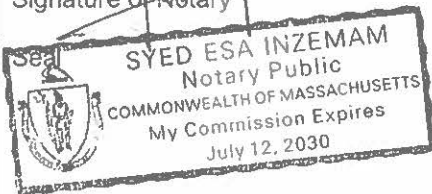
Member

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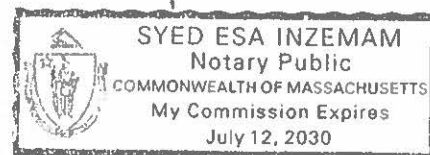


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- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Stellar Pain and Spine Real Estate, 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.


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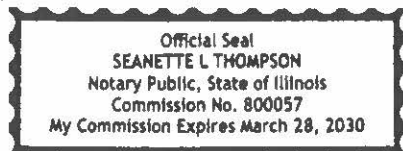
Sameer Shah
PRINTED NAME

member
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 16 day of February, 2026.


Signature of Notary

Seal




SIGNATURE

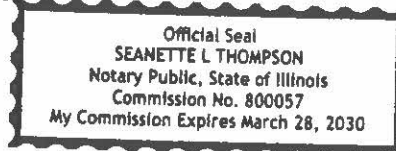
Sameer Shah
PRINTED NAME

Member
PRINTED TITLE

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Signature of Notary

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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

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 2024 Edition**

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

APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV.CHARITY CARE INFORMATION

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 7.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue	2023	2024	2025
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

INDEX OF ATTACHMENTS			
ATTACHMENT NO.			PAGES
1	Applicant Identification including Certificate of Good Standing		19-23
2	Site Ownership		24-30
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		31
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		32-36
5	Background of the Applicant		37-40
6	Change of Ownership		41-45
7	Charity Care Information		46

Section I, Identification, General Information and Certification

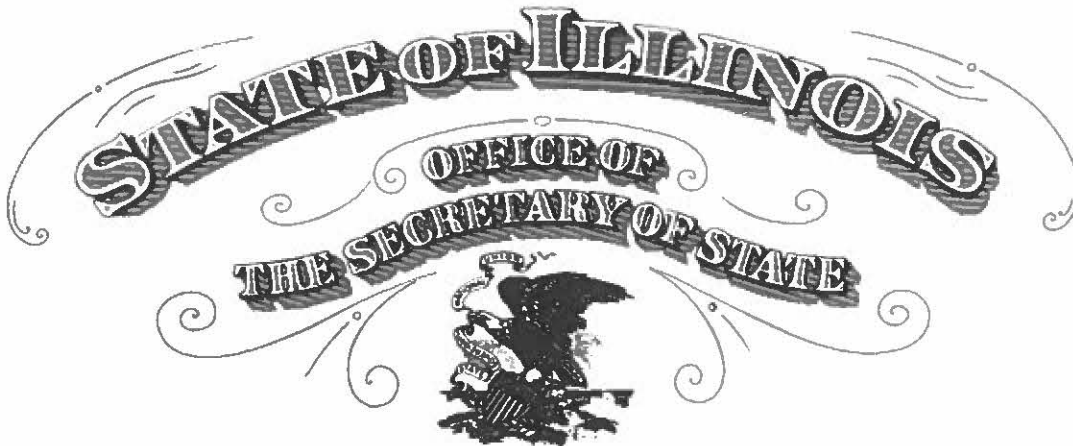
Attachment 1, Type of Ownership of Applicants

An organizational chart showing the current ownership structure of Lakeshore Surgery Center, LLC, along with the post-closing ownership structure of Lakeshore Surgery Center, LLC, is included in Attachment 4. Good standing certificates for the following entities are also attached:

1. Lakeshore Surgery Center, LLC: Lakeshore Surgery Center, LLC is an Illinois limited liability company. A copy of its Illinois Good Standing Certificate is attached.
2. Stellar Surgical Center, LLC: Stellar Surgical Center, LLC is an Illinois limited liability company. A copy of its Illinois Certificate of Good Standing is attached.
3. Raghuveer P. and Anita R. Nayak, LLC, Series 5: Raghuveer P. and Anita R. Nayak, LLC, Series 5, is a series of a Delaware limited liability company and the Seller of the real property in which the Surgery Center is located. A copy of its admission to transact business in Illinois Certificate of Good Standing is attached.
4. Stellar Pain and Spine Real Estate LLC: Stellar Pain and Spine Real Estate LLC is an Illinois limited liability company, Buyers. A copy of its Illinois Certificate of Good Standing is attached.

File Number

0136994-6



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

LAKESHORE SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 15, 2004, 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 #: 2604204026 verifiable until 02/11/2027
Authenticate at: <https://www.ilsos.gov>

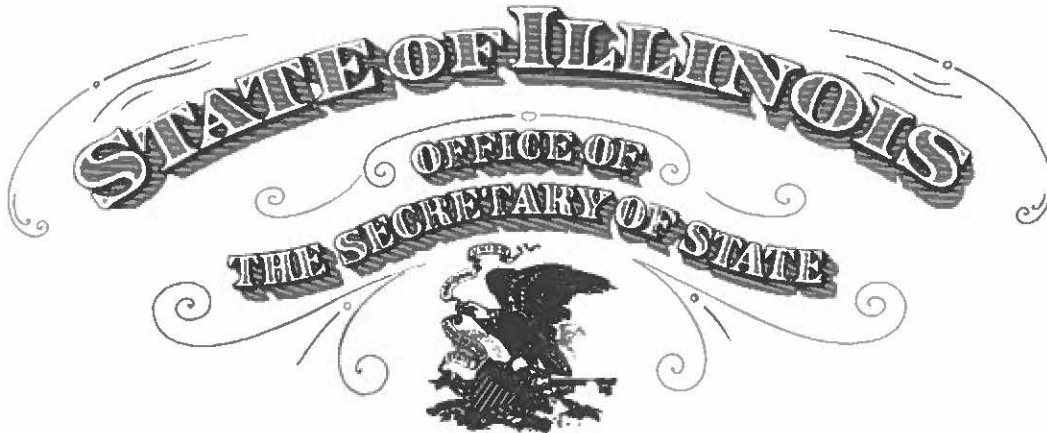
In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH day of FEBRUARY A.D. 2026 .

Alexi Giannoulis
SECRETARY OF STATE

ATTACHMENT 1

File Number

1709077-1



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

STELLAR SURGICAL CENTER LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 21, 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.



Authentication #: 2004204932 verifiable until 02/11/2027
Authenticate at: <https://www.ilsos.gov>

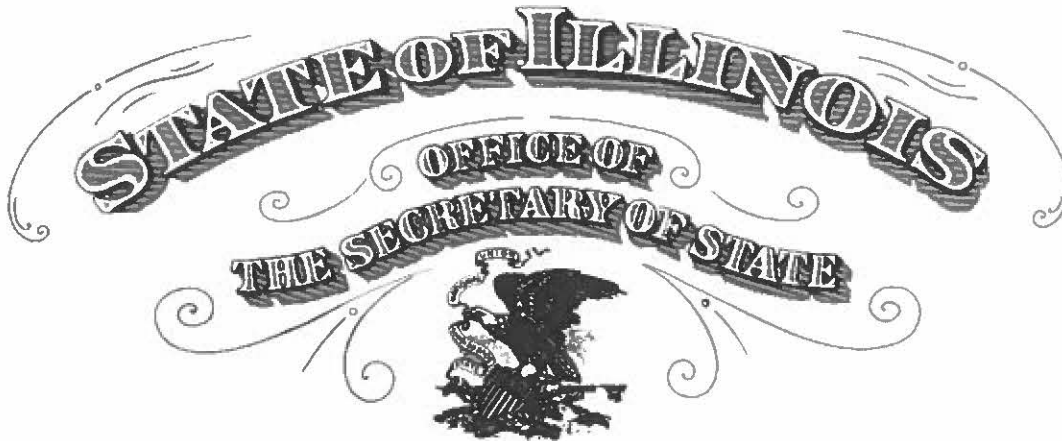
In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH day of FEBRUARY A.D. 2026 .

Alexi Giannoulis
SECRETARY OF STATE

ATTACHMENT 1

File Number

0051064-5



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

RAGHUVeer P AND ANITA R. NAYAK, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON JANUARY 26, 2001, 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 FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 2604204956 verifiable until 02/11/2027
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 11TH day of FEBRUARY A.D. 2026 .

Alexi Giannoulis
SECRETARY OF STATE

ATTACHMENT 1

File Number

1709085-2



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

STELLAR PAIN AND SPINE REAL ESTATE LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 21, 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.



Authentication #: 2804205000 verifiable until 02/11/2027
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 11TH day of FEBRUARY A.D. 2026 .

Alexi Giannoulis
SECRETARY OF STATE

ATTACHMENT 1

Section I, Identification, General Information and Certification

Attachment 2, Site Ownership

The real property is owned by Raghuveer P. and Anita R. Nayak, LLC, Series 5, a series of a Delaware limited liability company . Stellar Pain and Spine Real Estate LLC will acquire the real property as part of the transaction the proposed change in ownership. A copy of a property tax bill and last deed of record is attached.

TOTAL PAYMENT DUE		2024 Second Installment Property Tax Bill - Cook County Electronic Bill						
\$0.00		Property Index Number (PIN)	Volume	Code	Tax Year	(Payable In)	Township	Classification
By 02/15/2026		10-25-428-110-0000	502	75015	2024	(2025)	Rogers Park	5-92
IF PAYING LATE, PLEASE PAY	02/16/2026 - 03/15/2026 \$0.00	03/16/2026 - 04/15/2026 \$0.00	04/16/2026 - 05/15/2026 \$0.00	LATE INTEREST IS 0.75% PER MONTH, BY STATE LAW				

YOUR TAXING DISTRICTS

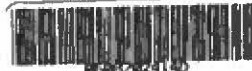
WHERE YOUR MONEY GOES				
Total 2024 Tax Bill \$91,262.36		-\$1,181.95 LESS than 2023		
Taxing District	2024 Tax	2023 Tax	Difference	
BOARD OF EDUCATION	\$34,636.40	\$33,661.24	\$975.22	More
TIF CITY OF CHICAGO-TOUHY/WESTERN	\$28,126.23	\$30,950.35	-\$2,824.12	Less
CITY OF CHICAGO	\$14,268.53	\$14,171.30	\$97.23	More
METRO WATER RECLAMATION DIST OF GR CHGO	\$3,247.58	\$3,032.94	\$214.64	More
CHICAGO PARK DISTRICT	\$2,808.51	\$2,795.58	\$10.93	More
COUNTY OF COOK	\$2,242.88	\$1,404.51	\$748.37	More
CHICAGO COMMUNITY COLLEGE DISTRICT 508	\$1,425.91	\$1,389.00	\$36.91	More
CITY OF CHICAGO SCHOOL BLDG & IMP FUND	\$1,235.98	\$1,257.13	-\$21.15	Less
CITY OF CHICAGO LIBRARY FUND	\$1,136.14	\$1,134.05	\$2.09	More
COUNTY OF COOK HEALTH & HOSPITAL COMM.	\$742.54	\$676.01	\$66.53	More
PUBLIC SAFETY PUBLIC SAFETY	\$730.33	\$676.01	\$62.42	More
FOREST PRESERVE DISTRICT OF COOK COUNTY	\$654.27	\$659.33	-\$5.06	Less
DO NOT PAY THESE TOTALS	\$91,262.36	\$92,444.31	-\$1,181.95	Less
The above breakdown displays how much you pay in property taxes to each taxing district and the change from last year. Please see reverse side for a detailed breakdown by Taxing District.				

TAX CALCULATOR		IMPORTANT MESSAGES	
2023 Assessed Value	438,146	2024 Total Tax Before Exemptions	91,262.36
2024 Property Value	1,817,009	Homeowner's Exemption	.00
2024 Assessment Level	X 25%	Senior Citizen Exemption	.00
2024 Assessed Value	454,250	Senior Freeze Exemption	.00
2024 State Equalizer	X 3.0355		
2024 Equalized Assessed Value (EAV)	1,378,876	2024 Total Tax After Exemptions	91,262.36
2024 Local Tax Rate	X 6.618606%	First Installment	50,844.37
2024 Total Tax Before Exemptions	91,262.36	Second Installment +	40,417.99
		Total 2024 Tax (Payable in 2025)	91,262.36
		PROPERTY LOCATION	MAILING ADDRESS
		7200 N WESTERN AVE CHICAGO IL 60645	TAXPAYER OF 7200 N WESTERN CHICAGO IL 60645-1812

185

After Recording Return to:

Patrick E. Brady
McGuireWoods LLP
77 West Wacker Drive
Suite 4100
Chicago, IL 60601-1815



Doc#: 0506702414
Eugene "Gene" Moore Fee: \$32.00
Cook County Recorder of Deeds
Date: 03/08/2005 02:00 PM Pg: 1 of 5

QUITCLAIM DEED

(Space Above This Line for Recording Data)

THIS AGREEMENT, made as of this 11 day of February, 2005, between Howard J. Reinglass, Grantor, and Raghuveer P. and Anita R. Nayak, LLC Series 5 (7200 N. Western, Chicago, IL), a Delaware limited liability company, Grantee.

WITNESSETH, that the Grantor, in consideration of the sum of Ten and no/100 (\$10.00) Dollars, and other good and valuable consideration, receipt whereof is hereby acknowledged, and in pursuance of the power and authority vested in the Grantor as said Trustee, does hereby convey and quitclaim unto the Grantee, all interest in the following described real estate, situated in the County of Cook, State of Illinois, to wit:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

Permanent Real Estate Index No.: 10-25-428-110-0000
Address of Property: 7200 North Western Avenue, Chicago, Illinois

together with the tenements, hereditaments and appurtenances thereunto belonging or in any wise appertaining, hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois.

This deed is executed pursuant to and in the exercise of the power and authority granted to and vested in said trustee by the terms of said trust agreement above mentioned. This deed is made SUBJECT to: general real estate taxes not due and payable at the time of closing and restrictions of record so long as they do not interfere with Purchaser's use and enjoyment of the property.

Box 400-CTCC

166
4
8

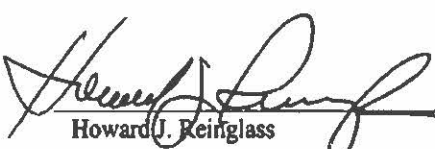
both
G=8264136 D1

IN WITNESS WHEREOF, the Grantor, as Trustee as aforesaid, hereunto set his hand and seal the day and year first above written.

By 
Howard J. Reinglass

This Deed is exempt under the provisions of Paragraph 4(e), 35 ILCS 200/31-45 Real Estate Transfer Tax Law

Date: February 11, 2005


Howard J. Reinglass

Prepared By:
Jacob A. Warden
McGuireWoods LLP
77 West Wacker Drive
Suite 4400
Chicago, Illinois 60601

Send Subsequent Tax Bills To:
Raghuveer P. and Anita R. Nayak
7200 North Western Avenue
Chicago, Illinois 60645-1812

MAIL TO:
ARNSTEIN & LINE LLP
ATTN: ROBERT TAYLOR
120 S. RIVERSIDE #1200
CHICAGO IL 60606

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

I, a notary public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that Howard J. Reinglass is personally known to me to be the same person whose name is subscribed to the foregoing instrument, and who appeared before me this day in person and acknowledged that he signed and delivered the said instrument as his own free and voluntary act, for the uses and purposes therein set forth.

GIVEN under my hand and official seal, this 27th day of February, 2005.

Patrick E. Brady
NOTARY PUBLIC

My commission expires

May 8, 2006



Legal Description

Lot 1 (except the North 92 Feet thereof and except that part lying East of a line 50 feet West of and parallel with the East line of Section 25) and the East 80 feet of the South 175 feet of Lot 2 in Muno's Subdivision of the East 1/3 (except the West 200 feet of the South 435.6 feet thereof) of the South East 1/4 of the South East 1/4 of Section 25, Township 41 North, Range 13 East of the Third Principal Meridian, in Cook County, Illinois

Property of Cook County Clerk's Office

UNOFFICIAL COPY
STATEMENT BY GRANTOR AND GRANTEE

The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated 25 FEBRUARY, 2005 Signature: Donna Adzmann
Grantor or Agent

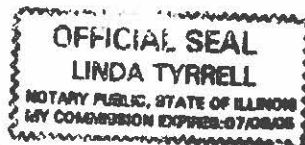
Subscribed and sworn to before me by the

said Donna Adzmann

this 25 day of FEBRUARY

2005

Linda Tyrrell
Notary Public



The grantee or his agent affirms and verifies that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated 25 FEBRUARY, 2005 Signature: Donna Adzmann
Grantee or Agent

Subscribed and sworn to before me by the

said Donna Adzmann

this 25 day of FEBRUARY

2005

Linda Tyrrell
Notary Public



NOTE: Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

[Attach to deed or ABI to be recorded in Cook County, Illinois, if exempt under provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.]

SORTORER

ATTACHMENT 2

Section I, Identification, General Information and Certification

Attachment 3, Operating Identity/Licensee

Stellar Surgical Center, LLC will acquire the assets of Lakeshore Surgery Center, LLC. Stellar Surgical Center, LLC will become the licensed entity operating the center.

A copy of Stellar Surgical Center, LLC's Illinois Good Standing Certificate is included in Attachment 1.

Organizational charts showing the current ownership structure, along with the post-closing ownership structure of the surgery center are included in Attachment 4.

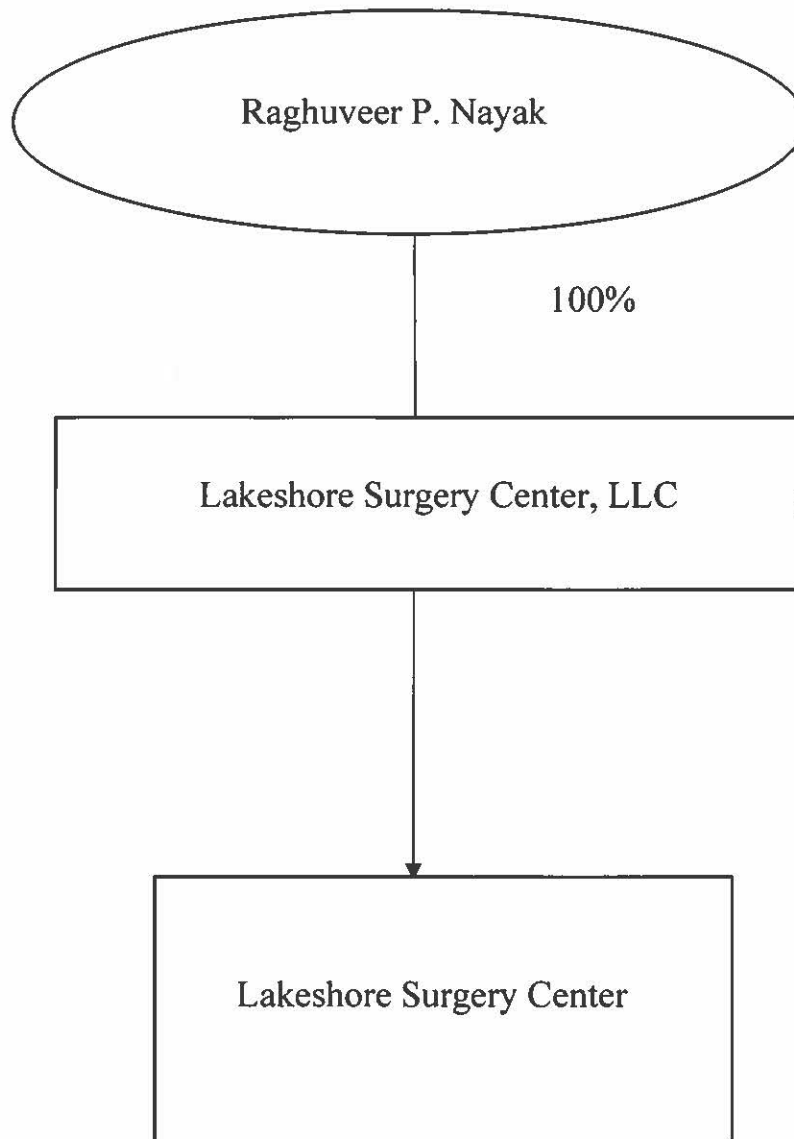
Section I, Identification, General Information and Certification

Attachment 4, Organizational Relationships

Organizational charts showing the current ownership structure of Lakeshore Surgery Center, LLC, Stellar Surgical Center, LLC, Raghuveer P. and Anita R. Nayak, LLC, Series 5 and Stellar Pain and Spine Real Estate LLC, along with the post-closing ownership structure, are attached.

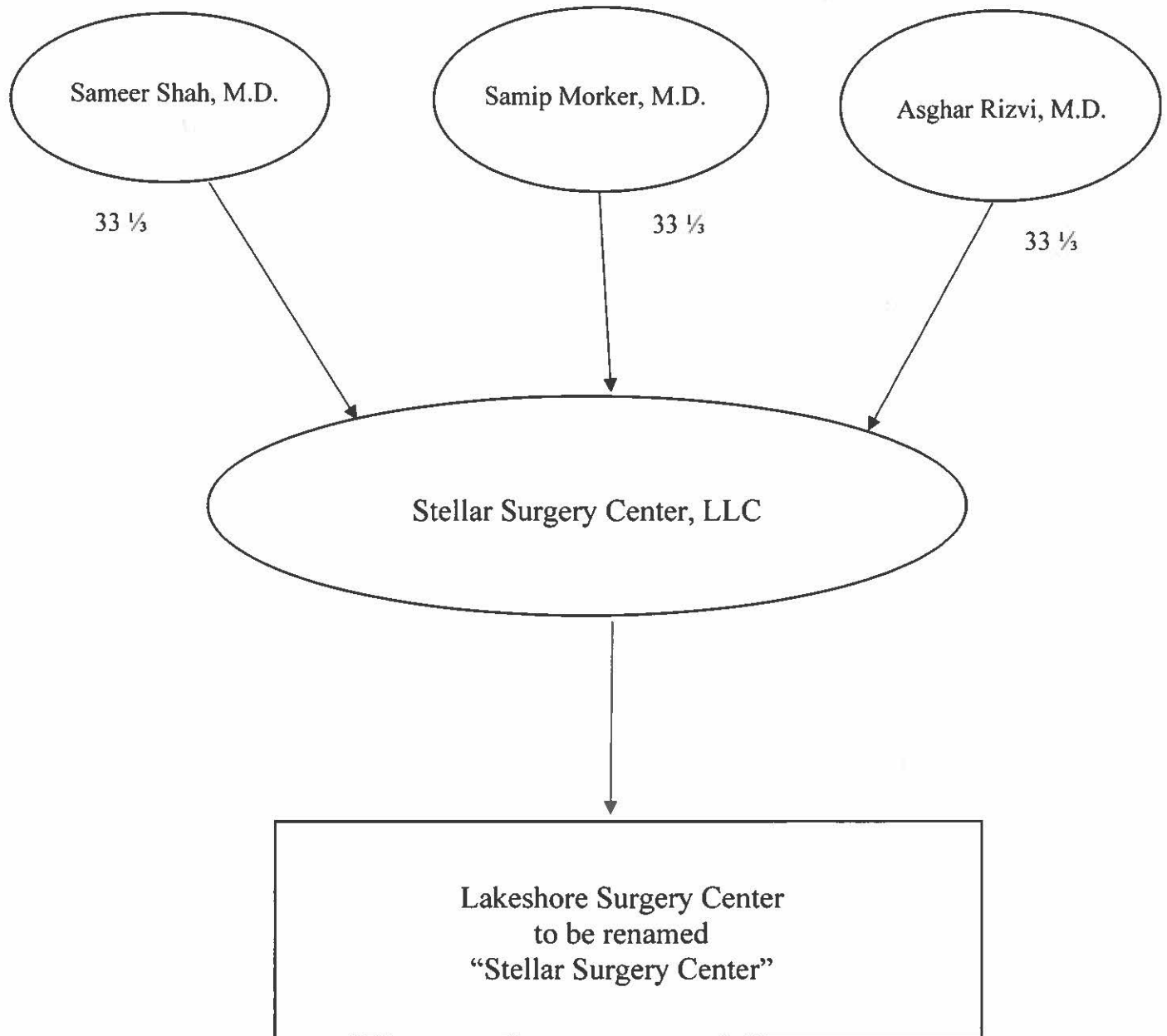
**Lakeshore Surgery Center, LLC
Ownership Chart**

Current Structure

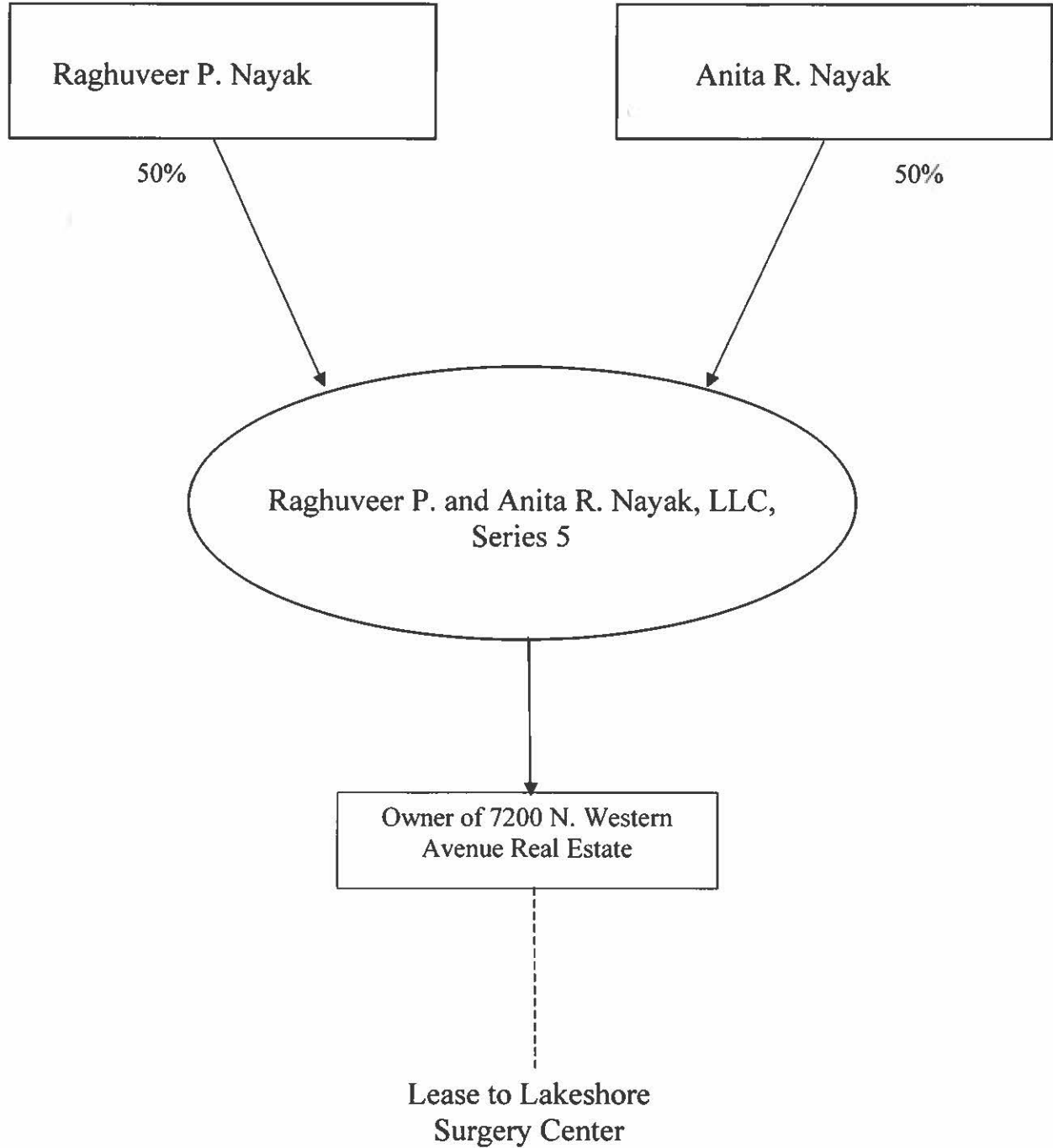


**Lakeshore Surgery Center
Ownership Chart**

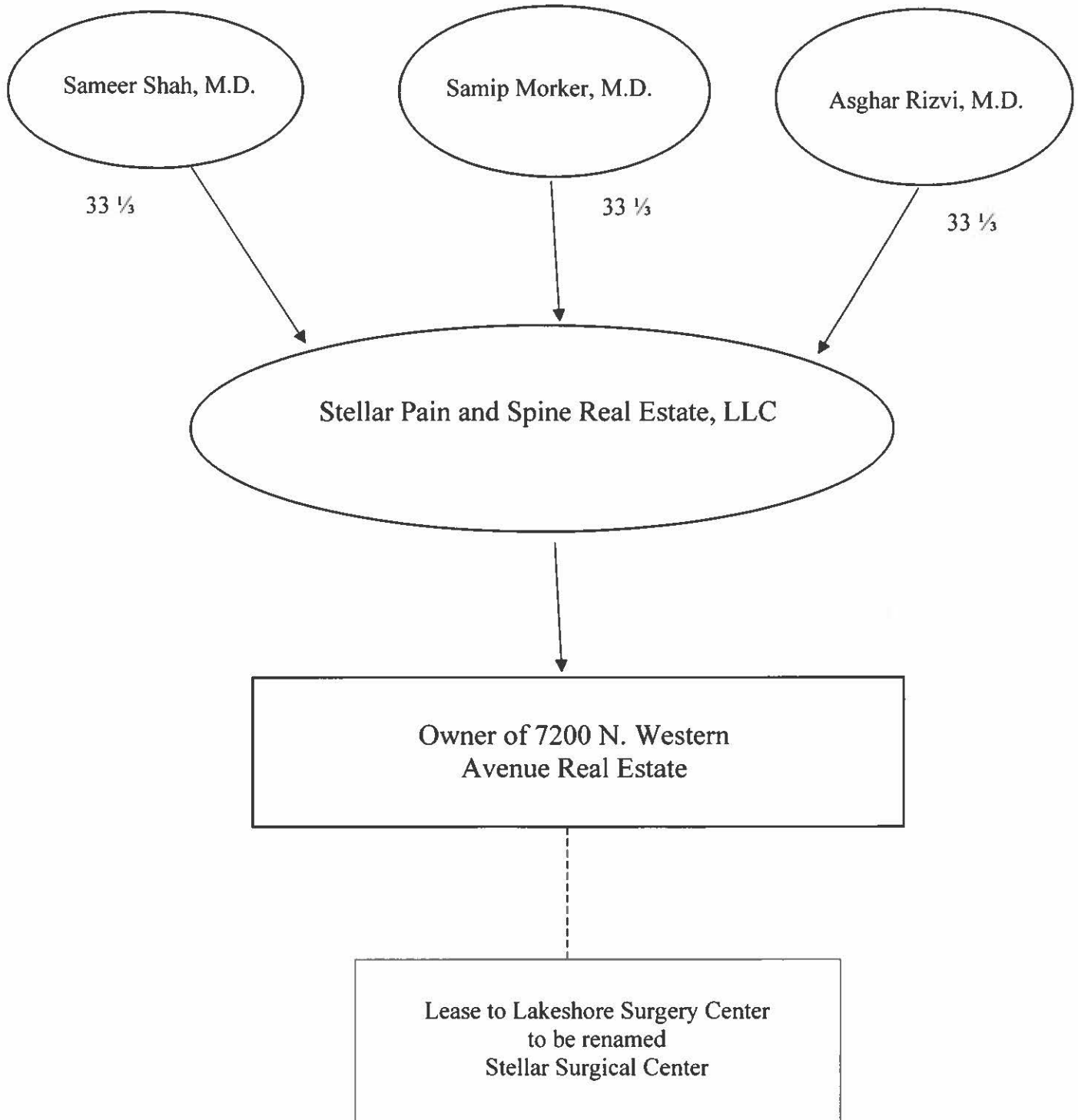
Post-Transaction Ownership



Raghuveer P. and Anita R. Nayak, LLC, Series 5
Current Ownership Chart
7200 N. Western Avenue
(Real Estate)



**7200 N. Western Avenue
(Real Estate)
Post-Transaction Ownership**



Section 1110.230 Background of Applicant Attachment 5

1. **A listing of all Illinois health care facilities owned or operated by the Applicants and/or Applicant affiliates, including licensing and certificates if applicable.**

None of the Co-Applicants own or operate any other Health Care Facility as defined by the Planning Act.

2. **A certified listing of any adverse action taken against any facility owned and/or operated by the Applicant during the three years prior to the filing of the application.**

By their signatures on the Certification pages to this application, each of the Applicants attest that no adverse action has been taken against any facility listed above during the three (3) years prior to the filing of this application.

3. **Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.**

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



grants this

CERTIFICATE OF ACCREDITATION

TO

LAKESHORE SURGERY CENTER, LLC

7200 N. WESTERN AVE
CHICAGO, ILLINOIS 60645

*In recognition of satisfying accreditation requirements and demonstrating its commitment to high quality care and patient safety
for Ambulatory Accreditation.*

0000891420
Organization Identification Number

Gary Hammett, PsyD, LCP®, MCC
Board Chair



05/13/2028
The Award of Certification expires on the above date

Nael M. Adachi
President & CEO

AAAHC • 1 PARKWAY NORTH, SUITE 201 • EL PASO, TEXAS 75041
847.533.6000 • AAAHC.ORG



**ILLINOIS DEPARTMENT OF
PUBLIC HEALTH** **HF135588**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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.

Issued under the authority of
the Illinois Department of
Public Health

Sameer Vohra, MD,JD,MA

EXPIRATION	CATEGORY	ID NUMBER
3/20/2027		7002975
Ambulatory Surgery Treatment Center		
Effective: 03/21/2026		

Lakeshore Surgery Center, LLC
7200 N Western Ave
Chicago, IL 60645

The face of this license has a colored background • Printed by Authority of the State of Illinois • P.O. #4025001 2M 4/25

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

Exp. Date 3/20/2027
Lic Number 7002975
Date Printed 1/23/2026
Validation Num 16652
Lakeshore Surgery Center, LLC
7200 N Western Ave
Chicago, IL 60645-1812

FEE RECEIPT NO.



Cut on Dotted Line ✂

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4126694

Section IV, Change of Ownership

Attachment 6, Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility

Section 1130.520, Information Requirements for Change of Ownership of a Health Care Facility

1. **1130.520(b)(1)(A), Names of Parties.**

The Applicants are: (i) Lakeshore Surgery Center, LLC, (ii) Stellar Surgical Center, LLC, (iii) Raghuveer P. and Anita R. Nayak, LLC, Series 5, and (iv) Stellar Pain and Spine Real Estate LLC.

An organizational chart showing the current ownership structure of Lakeshore Surgery Center, LLC along with the post-closing ownership structure is included in Attachment 4. Good standing certificates for each of the Applicants are included in Attachment 1.

2. **1130.520(b)(1)(B), Background of Parties.**

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.

By their signatures on the Certification pages to this application, each of the Applicants attest that no adverse action has been taken against any Illinois facility owned and/or operated by each of them during the three (3) years prior to the filing of this application.

3. **1130.520(b)(1)(C), Structure of the Transaction.**

The transactions submitted for approval in this Application are two parts of a larger transaction involving the sale of the assets of Lakeshore Surgery Center, the real estate and office building in which Lakeshore Surgery Center is located and the sale of other health care businesses that are also operated out of the office building (as further described below, the “**Larger Transaction**”). While there are a number of legal entities involved in the larger Transaction, as described below, only Stellar Surgical Center, LLC will own the assets of the surgery center and only Stellar Pain and Spine Real Estate, LLC will own the real estate (the “**Application Transaction**”).

Asghar Rizvi, M.D.; Samip Morker, M.D. and Sameer Shah, M.D. (collectively, the “**Physicians**”) entered into an Asset Purchase Agreement dated November 21, 2025 (“**Asset Purchase Agreement**”), to have (a) Stellar Anesthesia Specialist PLLC, an Illinois professional limited liability company (“**Stellar Anesthesia**”) (b) Stellar Surgical Center, LLC, an Illinois limited liability company (“**Stellar Center**”); and (c) Stellar MRI and Imaging, LLC, an Illinois limited liability company (“**Stellar MRI**” and with Physicians,

Stellar Anesthesia and Stellar Center, collectively “**Buyers**”), all wholly owned by Physicians, purchase the assets of Lakeshore Surgery Center, LLC (“**Lakeshore**”); Lincoln Park Open MRI, LLC (“**LP MRI**”); Delaware Physicians, LLC (“**Delaware**”); and Western Touhy Anesthesia, LLC (“**WT**”). As Lakeshore is an Illinois licensed ambulatory surgical treatment center (“**ASTC**”), the Asset Purchase Agreement is contingent upon Review Board approvals as well as various due diligence and financing contingencies.

Stellar Pain and Spine Real Estate, LLC (“**Stellar Real Estate**”), another Illinois limited liability company wholly owned by Physicians, entered into a Purchase and Sale Agreement dated November 21, 2025 (“**Real Estate Purchase Agreement**”) with by Raghuvver P. and Anita R. Nayak, LLC, Series 5, a series of a Delaware limited liability company (“**Series 5**”) for Stellar Real Estate to purchase the real estate commonly known as 7200 N. Western Avenue, Chicago, IL 60645 (the “**Office Building**”). Lakeshore is a tenant in the Office Building and occupies approximately half (50%) of the Office Building. The Real Estate Purchase Agreement is contingent upon Review Board approvals as well as various due diligence and financing contingencies, including the closing of the sale contemplated in the Asset Purchase Agreement.

Stellar Center, Lakeshore, Stellar Real Estate and Series 5 (“**Applicants**”) seek authority from the Illinois Health Facilities and Services Review Board for the change of ownership of both Lakeshore’s assets and the Office Building. The Larger Transaction is anticipated to close as early as March 31, 2026, but the Larger Transaction closing date may be extended depending on receipt of all required regulatory approvals (which is largely outside of the Parties’ control). The direct ownership and federal tax ID number of the ASTC will change. Stellar Center intends to apply for an ASTC license in its own name if and when this Certificate of Exemption Application is approved. Once it is properly licensed, Stellar Center will continue to provide the same ASTC categories of service as Lakeshore utilizing Lakeshore’s medical staff, which is expected to grow due to the addition of Physicians and others new surgeons.

The total purchase price for the Larger Transaction is \$7,500,000. The purchase price is allocated in the two agreements as follows: \$4,000,000 for the assets being sold in the Asset Purchase Agreement and \$3,500,000 for the Office Building being sold in the Real Estate Purchase Agreement. The FMV allocation for surgery center relates aspects are detailed in item 6 below.

4. **1130.520(b)(1)(D), Name of Licensed Entity after Transaction.**

Stellar Surgical Center, LLC will be the licensed entity after the Proposed Transaction.

5. **1130.520(b)(1)(E), List of Ownership/Membership Interests in Licensed Entity Prior to and After Transaction.**

An organizational chart showing the current ownership structure of Lakeshore Surgery Center, LLC along with the post-closing ownership structure of is included in Attachment 4. Good standing certificates for each of the Applicants are included in Attachment 1.

6. **1130.520(b)(1)(F), Fair Market Value of Assets to be Transferred.**

The total purchase price for the Larger Transaction is \$7,500,000. The purchase price is allocated in the two agreements as follows: \$4,000,000 for the assets being sold in the Asset Purchase Agreement and \$3,500,000 for the Office Building being sold in the Real Estate Purchase Agreement. The Asset Purchase Agreement did not assign specific values to the ASTC or the other operations. As typical in larger transactions, for COE purposes the FMV has been allocated according the methodology described as follows.

The Real Estate. Lakeshore Surgery Center occupies 47.0% of the Office Building. We rounded that occupancy up and allocated half of the \$3,500,000 of the purchase price for the Office Building to the real estate portion of the Application Transaction, for a total of \$1,750,000.

The Surgery Center Assets. The asset portion of the Larger Transaction involves four businesses, including the Surgery Center. For COE purposes, the FMV was allocated using Net Income among those business. Based upon Net Income, the Surgery Center constitutes 18.81% , or \$752,392 of the assets other than real estate.

To avoid questions on the valuation for calculation of COE filing fees, we rounded the purchase price for the Surgery Center Assets to \$1,000,000.

Application Purchase Prices. The purchase prices for the Application Transaction are, therefore, \$2,750,000.

7. **1130.520(b)(1)(G), Purchase Price or Other Forms of Consideration to be Provided.**

This transaction is an “arm’s length” transaction among unrelated parties and the FMV and the price are the same.

8. **1130.520(b)(2), Affirmations.**

In accordance with 77 Ill. Admin. Code §1130.520, each of the Applicants affirm that any projects for which permits have been issued by the Review Board have been completed or will be completed or altered in accordance with the provisions of 77 Ill. Admin. Code §1130.520. There are no open permits for Lakeshore Surgery Center, LLC.

9. **1130.520(b)(4), Statement as to the Anticipated Benefits of the Proposed Changes in Ownership to the Community.**

There are several benefits to the transaction. The Stellar Physicians presently have an active physician-based pain management facility at 830 N. Ashland in Chicago. Most of those pain management services will be relocated to the Surgery Center. The Surgery Center offers a much larger location and ancillary space. More importantly, as compared to the present facility on Ashland Avenue, the procedures will be performed in larger operating/procedure rooms that are IDPH licensed and AAAHC accredited, which should lead to better sterile practice and less incidence of infection.

The Surgery Center location also offers other benefits such as on-site parking for patients. Many patients live closer to the Surgery Center on 7200 N. Western Avenue than to the 830 Ashland location and would have better access with a shorter commute.

Currently, Lakeshore focuses exclusively on patients with Workers Compensation or personal injury cases. A significant change will be that as part of this transaction the Surgery Center will expand to include a more typical payor mix, including Medicare and private health insurers. The Physicians presently see some Medicaid patients as part of the practice and intend to pursue Medicaid enrollment at the Surgery Center after the transaction. Buyer otherwise anticipates continuing current Surgery Center operations following the transaction.

10. **1130.520(b)(5), Statement as to the Anticipated or Potential Cost Savings, if any, That Will Result for the Community and the Facility as a Result of the Change in Ownership.**

No significant changes in operationally as a result of this transaction. Buyer anticipates continuity of Surgery Center staff following the transaction.

11. **1130.520(b)(6), Description of the Facility's Quality Improvement Program Mechanism that will be Utilized to Assure Quality Control.**

Buyer will continue to utilize the Surgery Center's existing Quality Improvement Program.

12. **1130.520(b)(7), Description of the selection process that the acquiring entity will use to select the facility's governing body.**

Upon sale and acquisition the Surgery Center will be owned and operated by Stellar Surgery Center, LLC which is owned equally by the three physicians listed in this application and will be governed by these three physicians.

13. **1130.520(b)(9), 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 twenty-four (24) months after acquisition.**

There are no significant long term proposed changes to the scope of services currently provided at the Facility that are anticipated to occur within twenty-four (24) months as a result of the transaction. Stellar Center will continue to provide the same ASTC categories of service as Lakeshore utilizing Lakeshore's medical staff. The volume of surgeries are, expected to grow due to the addition of Physicians and others new surgeons.

Section X, Charity Care Information

Attachment 7, Charity Care Information

Shown below is the amount of charity care provided by Lakeshore Surgery Center, LLC.

LAKESHORE SURGERY CENTER, LLC CHARITY CARE			
	2023	2024	2025
Net Patient Revenue	\$4,795,273	\$5,136,197	\$4,432,998
Amount of Charity Care (charges)	\$0	\$0	\$0
Cost of Charity Care	\$0	\$0	\$0

ATTACHMENT 7