

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Marion Healthcare Surgery Center		
Street Address: 3003 Civic Circle Blvd.		
City and Zip Code: Marion, IL 62959		
County: Williamson	Health Service Area: 5	Health Planning Area: N/A

Legislators

State Senator Name: Dale Fowler, 59 th District
State Representative Name: Paul Jacobs, 118 th District

Applicant(s): Marion HealthCare L.L.C.

Exact Legal Name: Marion HealthCare L.L.C.
Street Address: 3003 Civic Circle Blvd.
City and Zip Code: Marion, IL 62959
Name of Registered Agent: Thomas J. Pliura
Registered Agent Street Address: 210 E. Center St.
Registered Agent City and Zip Code: LeRoy, IL 61752
Name of Chief Executive Officer: Thomas J. Pliura, Manager
CEO Street Address: 3003 Civic Circle Blvd.
CEO City and Zip Code: Marion, IL 62959
CEO Telephone Number: (309) 962-2299

Type of Ownership of Applicants

☐ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
☒ Limited Liability Company	☐ Sole Proprietorship
Other	☐

- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Thomas J. Pliura
Title: Manager
Company Name: Marion HealthCare L.L.C.
Address: 210 E. Center St., LeRoy IL 61752
Telephone Number: (309) 962-2299
E-mail Address: Tom.Pliura@illinoisastc.com
Fax Number: (309) 962-4646

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Marion Healthcare Surgery Center		
Street Address: 3003 Civic Circle Blvd.		
City and Zip Code: Marion 62959		
County: Williamson	Health Service Area: 5	Health Planning Area: N/A

Legislators

State Senator Name: Dale Fowler, 59 th District
State Representative Name: Paul Jacobs, 118 th District

Applicant(s): Deaconess Regional Healthcare Services Illinois, Inc.

Exact Legal Name: Deaconess Regional Healthcare Services Illinois, Inc., dba Deaconess Illinois Surgery Center
Street Address: 3333 West DeYoung St.
City and Zip Code: Marion, Illinois 62959
Name of Registered Agent: CT Corporation System
Registered Agent Street Address: 208 S. LaSalle St., Suite 814
Registered Agent City and Zip Code: Chicago, IL 60604-1101
Name of Chief Executive Officer: Will Davis, Region President, Deaconess Regional Healthcare Services Illinois, Inc.
CEO Street Address: 3333 West DeYoung St.
CEO City and Zip Code: Marion ,IL 62959
CEO Telephone Number: (618) 998-7021

Type of Ownership of Applicants

☒ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
☐ Limited Liability Company	☐ Sole Proprietorship
☐ Other	☐

- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Amanda Throgmorton
Title: Regional Chief Operating Officer
Company Name: Deaconess Regional Healthcare Services Illinois, Inc
Address: 3333 West DeYoung St., Marion, IL 62959
Telephone Number: 618-889-3300
E-mail Address: Amanda.Throgmorton@deaconess.com
Fax Number: N/A

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

Name: Daniel J. Lawler
Title: Attorney
Company Name: Lawler Law Office
Address: 1251 N. Eddy St., Suite 200, South Bend, IN 46617
Telephone Number: (708) 668-3832
E-mail Address: dan@lawler.law
Fax Number: N/A

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: Amanda Throgmorton
Title: Regional Chief Operating Officer:
Company Name: Deaconess Regional Healthcare Services Illinois, Inc.
Address: 3333 West DeYoung St., Marion, Illinois 62959
T Telephone Number: 618-889-3300
E-mail Address: Amanda.Throgmorton@deaconess.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: Deaconess Regional Healthcare Services Illinois, Inc.,
Address of Site Owner: 3333 West DeYoung St., Marion, Illinois 62959
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: Marion HealthCare L.L.C.			
Address: 3003 Civic Circle Blvd., Marion IL 62959			
☐	Non-profit Corporation	☐	Partnership
☐	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: Marion HealthCare L.L.C.	
Address: 3003 Civic Circle Blvd., Marion IL 62959	
☐ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
☒ Limited Liability Company	☐ Sole Proprietorship ☐
Other	
- 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 organized and the name and address of each partner specifying whether each is a general or limited partner. - o 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.

Deaconess Regional Healthcare Services Illinois, Inc., proposes to acquire Marion HealthCare Surgery Center located at 3003 Civic Circle Blvd., Marion, IL 62959. The surgery center is currently wholly-owned by Marion HealthCare L.L.C. Deaconess Regional Healthcare Services Illinois, Inc. will acquire 100% of the interest in Marion HealthCare L.L.C. The purchase price for the surgery center is \$8,817,000. Deaconess Regional Healthcare Services Illinois, Inc. will also acquire the real estate on which the surgery center is located.

The transaction will not result in a change in the licensee. The surgery center will continue to be licensed by Marion HealthCare L.L.C. After the transaction, the surgery center will be named Deaconess Illinois Surgery Center Marion.

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: \$1,383,000

Fair Market Value: \$1,383,000

Project Status and Completion Schedules

Outstanding Permits: Does the facility have any projects for which the State Board issued a permit that is not complete? Yes ___ No **X**. If yes, indicate the projects by project number and whether the project will be complete when the exemption that is the subject of this application is complete.

Anticipated exemption completion date (refer to Part 1130.570): July 22, 2026

State Agency Submittals

Are the following submittals up to date as applicable:

- ☒ Cancer Registry
- ☐ APORS: **NOT APPLICABLE**
- ☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
- ☐ All reports regarding outstanding permits: **NOT APPLICABLE**

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

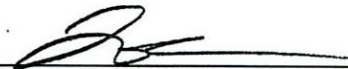
CERTIFICATION: Marion HealthCare L.L.C.

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: Marion HealthCare 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

SIGNATURE

Dr. Thomas J. Pliura

PRINTED NAME

PRINTED NAME

Managing Member

PRINTED TITLE

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 8th day of May 2026

Notarization:

Subscribed and sworn to before me
this ____ day of _____



Signature of Notary

Signature of Notary

Seal



Seal

*Insert the EXACT legal name of the applicant

CERTIFICATION: Deaconess Regional Healthcare Services Illinois, Inc

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: Deaconess Regional Healthcare Services Illinois, 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.


SIGNATURE


PRINTED NAME


PRINTED TITLE


SIGNATURE


PRINTED NAME


PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 7th day of May, 2026


Signature of Notary

Seal
OFFICIAL SEAL
REBECCA J. ARNOLD
NOTARY PUBLIC STATE OF ILLINOIS
My Commission Expires 08-14-2026
ID # 563335

*Insert the EXACT legal name of the applicant

Notarization:

Subscribed and sworn to before me
this 7th day of May, 2026


Signature of Notary

Seal
OFFICIAL SEAL
REBECCA J. ARNOLD
NOTARY PUBLIC STATE OF ILLINOIS
My Commission Expires 08-14-2026
ID # 563335

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- 04/2021 Edition

APPLICABLE REVIEW CRITERIA	CHOW
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			
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		15-17
2	Site Ownership		18-19
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		20-21
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		22-23
5	Background of the Applicant		24-28
6	Change of Ownership		29-31
7	Charity Care Information		32-33

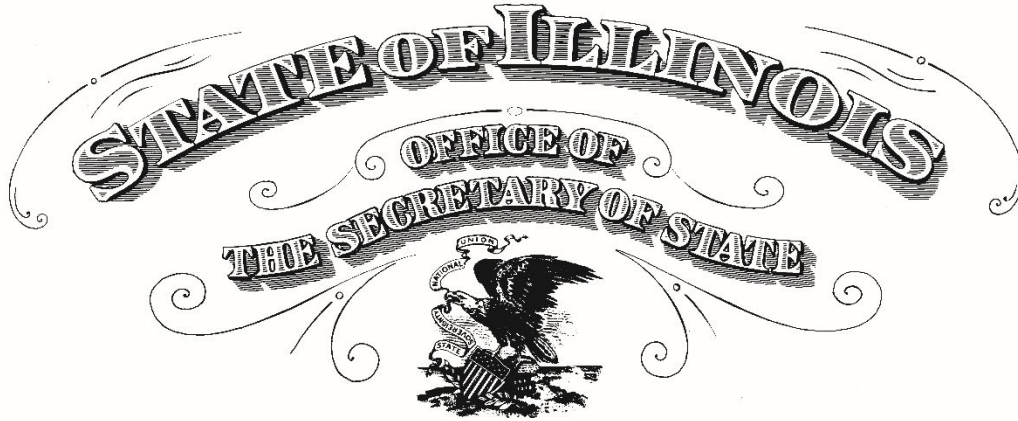
ATTACHMENT 1

Applicant Identification and Certificates of Good Standing

Included with this attachment are the Certificates of Good Standing for the applicants Marion HealthCare L.L.C. and Deaconess Regional Healthcare Services Illinois, Inc.

File Number

0061297-9



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

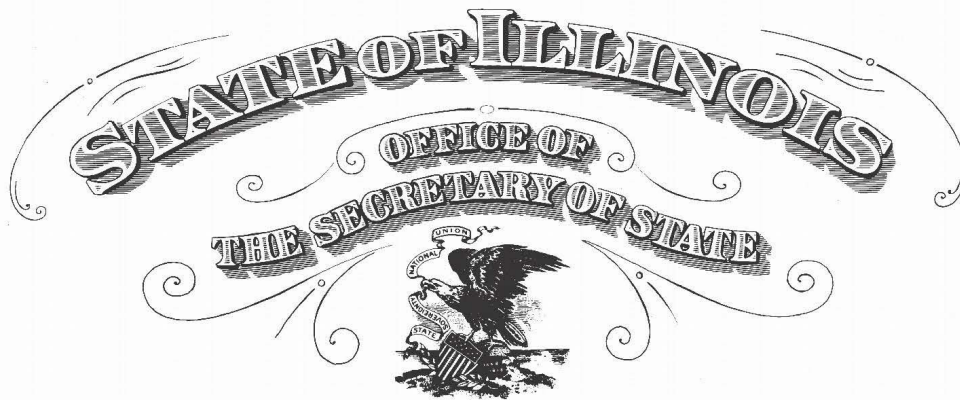
MARION HEALTHCARE L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 11, 2001, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 7TH day of MAY A.D. 2026 .

Authentication #: 2612705024 verifiable until 05/07/2027
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas
SECRETARY OF STATE



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

DEACONESS REGIONAL HEALTHCARE SERVICES ILLINOIS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 16, 2015, ADOPTED THE ASSUMED NAME DEACONESS ILLINOIS MEDICAL CENTER ON JULY 10, 2024, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH day of MARCH A.D. 2026 .

Authentication #: 2607104276 verifiable until 03/12/2027
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulis
SECRETARY OF STATE

ATTACHMENT 2

Site Control

The applicant Marion HealthCare L.L.C. leases the site from its owner Marion HealthCare Real Estate L.L.C. A statement of the applicant attesting to control of the site is included on the following page.

ATTACHMENT 2

Attestation of Site Control

The undersigned is an authorized representative of the applicant Marion HealthCare L.L.C. and hereby attests that the applicant controls the site of Marion Healthcare Surgery Center located at 3003 Civic Circle Blvd., Marion Illinois 625959 as tenant of the premises under a lease agreement effective July 31, 2008 with the owner, Marion HealthCare Real Estate Company L.L.C.



Thomas J. Pliura, M.D.
Managing Member
Marion HealthCare L.L.C.
aka, Marion HealthCare Surgery Center, L.L.C.

ATTACHMENT 3

Operating Entity/Licensee

Following the transaction, the licensee of the applicant facility will remain Marion HealthCare L.L.C., which will be wholly owned by Deaconess Regional Healthcare Services Illinois, Inc.



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

DEACONESS REGIONAL HEALTHCARE SERVICES ILLINOIS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 16, 2015, ADOPTED THE ASSUMED NAME DEACONESS ILLINOIS MEDICAL CENTER ON JULY 10, 2024, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



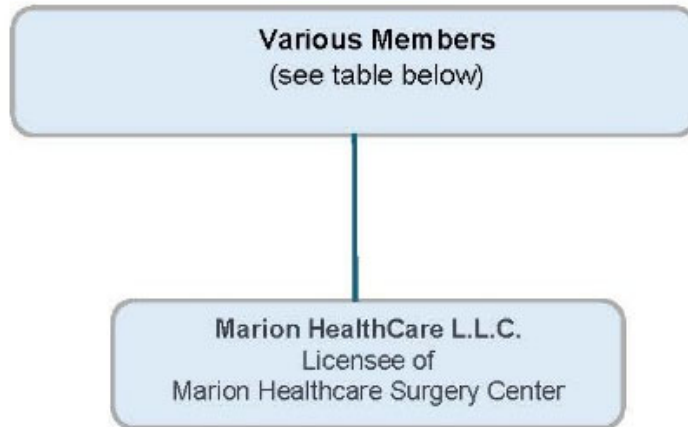
In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH day of MARCH A.D. 2026 .

Authentication #: 2607104276 verifiable until 03/12/2027
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas
SECRETARY OF STATE

ATTACHMENT 4

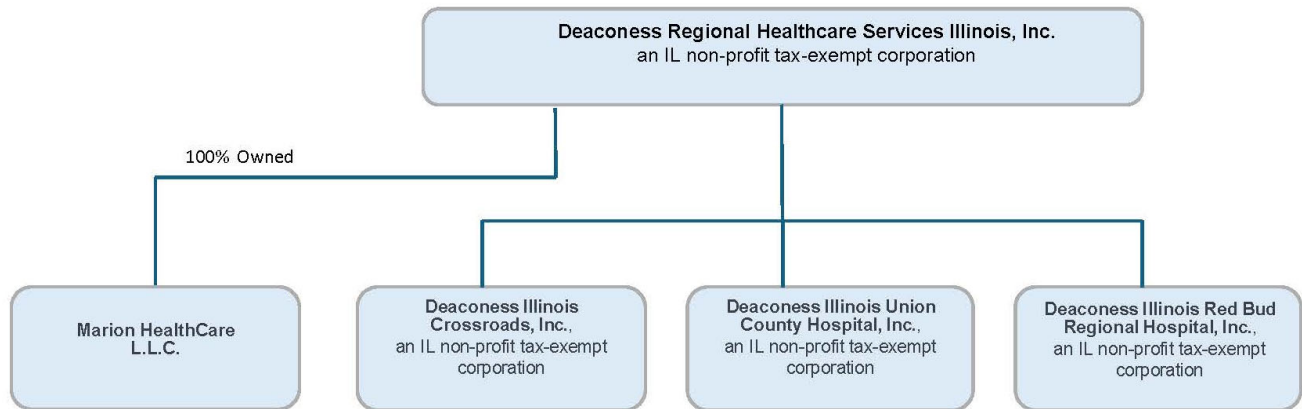
Pre-Transaction Organizational Chart



OWNERSHIP INTERESTS IN MARION HEALTHCARE L.L.C.			
Entity or First Name	Last Name	Suffix	Ownership Percentage
Neelam Tibrewala Revocable Trust			13.73
Clay	DeMattei	MD	13.73
Mike	Schifano	DO	13.73
Thomas	Pliura	MD,	13.62
R. Lawrence	Hatchett	MD	9.92
David	Mann	MD	9.61
Alberto	Cuartas	MD	6.86
Jeffery	Deacon	DPM	6.86
Michael	Morris	MD	5.04
Five other owners, each <5%			6.88
TOTAL			100

ATTACHMENT 4

Post-Transaction Organizational Chart



Note: Deaconess Regional Healthcare Services Illinois, Inc. Is the licensee of Deaconess Illinois Medical Center in Marion, and is the sole corporate member of the three subsidiaries identified above which are all separately licensed.

ATTACHMENT 5

Background of the Applicants Marion HealthCare L.L.C.

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

Other than Marion Healthcare Surgery Center, the applicant Marion HealthCare L.L.C. does not own or operation any other licensed health care facilities. A copy of the facility's operating license is included with this attachment.

- 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.**

A listing of the owners of at least 5% of Marion Healthcare Surgery Center is included on the following page. The listed owners do not have a controlling interest in any other 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.**

By its representative's signature on the Certification page of this application, the applicant Marion HealthCare L.L.C. attests that no adverse action has been taken against any facility owned or operated by the Marion HealthCare L.L.C. during the three years prior to the filing of this application. For purposes of this certification, the term "adverse action" has the meaning given to in 77 Illinois Administrative Code 1130.140.

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

By their respective signatures on the Certification pages of this application, the applicants authorize HFSRB and IDPH to access to any 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, when applicable; and the records of nationally recognized accreditation organizations.

ATTACHMENT 5
Background of the Applicants
Marion HealthCare L.L.C. (cont'd)

OWNERSHIP INTERESTS IN MARION HEALTHCARE L.L.C.			
Entity or First Name	Last Name	Suffix	Ownership Percentage
Neelam Tibrewala Revocable Trust			13.73
Clay	DeMattei	MD	13.73
Mike	Schifano	DO	13.73
Thomas	Pliura	MD,	13.62
R. Lawrence	Hatchett	MD	9.92
David	Mann	MD	9.61
Alberto	Cuartas	MD	6.86
Jeffery	Deacon	DPM	6.86
Michael	Morris	MD	5.04
Five other owners, each <5%			6.88
TOTAL			100

ATTACHMENT 5
Background of the Applicants
Marion HealthCare L.L.C. (cont'd)

Facility Operating License

		ILLINOIS DEPARTMENT OF PUBLIC HEALTH		HF135849
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.				
Sameer Vohra, MD,JD,MA			Issued under the authority of the Illinois Department of Public Health	
EXPIRATION DATE	DIRECTOR	CATEGORY	L.D. NUMBER	
3/15/2027	Director		7002801	
Ambulatory Surgery Treatment Center				
Effective: 03/16/2026				
Marion Healthcare, LLC dba Marion Healthcare Surgery Center 3003 Civic Circle Blvd, Ste 100 Marion, IL 62959				
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 3/15/2027
Lic Number 7002801
Date Printed 2/27/2026
Validation Num 19941

Marion Healthcare, LLC
dba Marion Healthcare Surgery Center
3003 Civic Circle Blvd, Ste 100
Marion, IL 62959-5259

FEE RECEIPT NO.

ATTACHMENT 5

Background of the Applicants Deaconess Regional Healthcare Services Illinois, Inc.

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

Deaconess Regional Healthcare Services Illinois, Inc. owns and operates the following hospitals:

Facility	Location	Illinois License Number	Expiration Date	Joint Commission Accreditation Number
Deaconess Illinois Medical Center	Marion	0006361	1/13/2027	ID #7378
Deaconess Illinois Crossroads	Mt. Vernon	0006353	1/13/2027	ID #309785
Red Bud Regional Hospital (Critical Access Hospital)	Red Bud	0006387	1/13/2027	ID #4752
Deaconess Illinois Union County Hospital (Critical Access Hospital)	Anna	0006379	1/13/2027	ID #4287

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.**

Other than the facilities listed above in paragraph 1, the applicant does not own or operate, directly or indirectly, any other health care facilities.

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.**

By the signatures on the Certification page of this application, the applicant attests that no adverse action has been taken against the applicant facility during the three years prior to the filing of this application. For purposes of this certification, the term “adverse action” has the meaning given to in 77 Illinois Administrative Code 1130.140.

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

By the signatures on the Certification page of this application, the applicant authorizes HFSRB and IDPH to access to any documents necessary to verify the information submitted, including, but not limited to, official records of IDPH or other State agencies; the licensing or

ATTACHMENT 5

Background of the Applicants

Deaconess Regional Healthcare Services Illinois, Inc. (cont'd)

certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.

ATTACHMENT 6
Change of Ownership

1. Section 1130.520(b)(1)(A) - Names of the parties

The applicants are:

- a. Marion HealthCare L.L.C (seller/current licensee)
- b. Deaconess Regional Healthcare Services Illinois, Inc. (buyer)

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

The applicants have certified no adverse action against their respective facilities within three years preceding the filing of the application by their signatures on the Certifications pages of this application. In addition, the applicant, Deaconess Regional Healthcare Services Illinois, Inc., by the signatures on its Certification page of this application, attests that it is fit, willing, able, and has the qualifications, background, and character to adequately provide a proper standard of health service for the community.

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

Marion Healthcare Surgery Center is currently owned by Marion HealthCare L.L.C. Deaconess Regional Healthcare Services Illinois, Inc., will purchase 100% of the interest in Marion HealthCare L.L.C., which will remain the licensee of the surgery center. Deaconess Regional Healthcare Services Illinois, Inc., will also acquire the real estate on which the surgery center is located through a separate real estate agreement with the current owner, Marion HealthCare Real Estate Company L.L.C.

The purchase price attributed to the purchase of the surgery center is \$8,817,000, which includes the building. The purchase price attributed to the real estate (land only) is \$1,383,000.

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

Following the transaction, the licensee will remain Marion HealthCare L.L.C.

5. Section 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.

Organizational charts showing the current interest structure of the applicant facility and the post-change of ownership interest are included with Attachment 4. The surgery center is currently wholly-owned by Marion HealthCare L.L.C., whose owners are listed in Attachments 4 and 5. After the transaction, Marion HealthCare L.L.C. will be wholly-owned by Deaconess Regional Healthcare Services Illinois, Inc.

6. Section 1130.520(b)(1)(F) - Fair market value of assets to be transferred.

The fair market value of the surgery center's assets is \$8,817,000.

7. Section 1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets.

The purchase price of the surgery center is \$8,817,000.

8. Section 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

This criterion is not applicable as Marion HealthCare Surgery Center has no permits which have not completed.

9. Section 1130.520(b)(3) - If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two year period following the change of ownership transaction

This criterion is not applicable as the ownership change is not for a hospital.

10. Section 1130.520(b)(4) - A statement as to the anticipated benefits of the proposed changes in ownership to the community

The proposed acquisition of Marion Healthcare Surgery Center by Deaconess Regional Healthcare Services Illinois, Inc., will enhance access to high-quality, cost-effective surgical care for residents of Marion and surrounding Southern Illinois communities. Integration into the Deaconess Illinois system will improve coordination between outpatient and inpatient services, strengthen continuity of care, and expand availability of specialty surgical procedures.

Deaconess Regional Healthcare Services Illinois, Inc., also owns and operates Deaconess Illinois Medical Center, which is less than two miles from the surgery center. The hospital's established quality, safety, and infection control programs will be applied to the surgery center, ensuring consistent adherence to clinical standards.

Operational efficiencies gained through shared resources and management will reduce redundancy and allow reinvestment in community health priorities such as preventive care, chronic disease management, and workforce development. This change will strengthen the region's healthcare infrastructure and advance Deaconess Regional Healthcare Services Illinois, Inc.'s mission to deliver equitable, high-quality care to all residents.

11. Section 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

The transaction is expected to result in cost savings for both the facility and the community. Through integration into the Deaconess Illinois hospital system, the surgery center will benefit from economies of scale in purchasing, supply chain management, and administrative operations. Consolidated contracting for medical supplies, pharmaceuticals, and equipment procurement will reduce unit costs and overall operating expenses.

Shared staffing resources, centralized scheduling, and electronic medical record integration will improve operational efficiency and reduce duplication of services. These efficiencies will allow more effective use of surgical suites and support staff, thereby lowering per-case costs and maintaining affordable pricing for patients and payers.

Community cost savings will also result from improved access to local surgical care, reducing the need for patients to travel outside the region for procedures. In addition, the new nonprofit structure of the surgery center will ensure that any financial efficiencies achieved through the acquisition will be reinvested into patient care, community health programs, and facility improvements.

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

As noted above, the established quality, safety, and infection control programs at Deaconess Illinois Medical Center will be applied to the surgery center, ensuring consistent adherence to clinical standards.

13. Section 1130.520(b)(7) - A description of the selection process that the acquiring entity will use to select the facility's governing body

The Board of Directors of Deaconess Regional Healthcare Services Illinois, Inc., has established a Nominating Committee charged with determining the appropriate composition and number of members for the facility's governing board. The Nominating Committee is responsible for identifying and submitting qualified nominations for governing board membership. All nominations presented by the Nominating Committee are subject to formal ratification by the Board of Directors prior to appointment. This process ensures that governing board membership is determined through a structured, deliberate, and accountable process consistent with sound organizational governance practices.

14. Section 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.

No changes in scope of services or levels of care at the surgery center are anticipated to occur within 24 months after acquisition.

ATTACHMENT 39

**Charity Care Information
Marion HealthCare Surgery Center**

Marion HealthCare Surgery Center			
	2022	2023	2024
Net Patient Revenue	\$6,079,211	\$6,571,129	\$6,668,264
Amount of Charity Care (charges)	\$0	\$0	\$0
Cost of Charity Care	\$0	\$0	\$0

ATTACHMENT 7

Charity Care Information Deaconess Regional Healthcare Services Illinois, Inc.

Deaconess Regional Healthcare Services Illinois, Inc., owns and operates four hospitals in Illinois (see, Attachment 5). The hospitals were acquired following approval by the Health Facilities and Services Review Board in December 2022, and the transactions closed in early 2023. The combined Charity Care information for all four hospitals is included in the table below.

Deaconess Regional Healthcare Services Illinois, Inc.			
	2023	2024	2025
Net Patient Revenue	\$173,685,217	\$260,856,046	\$248,897,938
Amount of Charity Care (charges)	\$6,675,552	\$21,903,643	\$28,001,302
Cost of Charity Care	\$1,148,385	\$3,208,913	\$5,296,290

Source: 2023 and 2024 Hospital Profiles; 2025 Annual Hospital Questionnaire