

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: Naperville Surgical Centre		
Street Address: 1263 Rickert Drive		
City and Zip Code: Naperville, 60540		
County: DuPage	Health Service Area: 07	Health Planning Area: A-05

Legislators

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

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

Exact Legal Name: Naperville Surgical Centre, LLC
Street Address: 1263 Rickert Drive
City and Zip Code: Naperville, 60540
Name of Registered Agent: United Agent Group, Inc.
Registered Agent Street Address: 1320 Tower Road
Registered Agent City and Zip Code: Schaumburg, 60173
Name of Chief Executive Officer: Nicole Hanga
CEO Street Address: 1263 Rickert Drive
CEO City and Zip Code: Naperville, 60540
CEO Telephone Number: (630)-305-3300

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: Juan Morado, Jr.
Title: CON Counsel
Company Name: Benesch, Friedlander, Coplan & Aronoff, LLP
Address: 71 S. Wacker Drive, Suite 1600, Chicago, IL 60606
Telephone Number: (312) 212-4967
E-mail Address: JMorado@beneschlaw.com

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Legislators

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

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

Exact Legal Name: DMG Practice Management Solutions, LLC
Street Address: 3010 Highland Parkway, Suite 800
City and Zip Code: Downers Grove, 60515
Name of Registered Agent: Corporation Service Company
Registered Agent Street Address: 251 Little Falls Drive
Registered Agent City and Zip Code: Wilmington, 19808
Name of Managing Member: Daniel E. Greenleaf
Managing Member Street Address: 3010 Highland Parkway, Downers Grove, IL 60515
Managing Member City and Zip Code: Downers Grove, 60515
Managing Member Telephone Number: (630) 469-9200

Type of Ownership of Applicants

☐ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
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Exact Legal Name: DMG Preferred, LLC
Street Address: 3010 Highland Parkway, Suite 800
City and Zip Code: Downers Grove, 60515
Name of Registered Agent: Corporation Service Company
Registered Agent Street Address: 251 Little Falls Drive
Registered Agent City and Zip Code: Wilmington, 19808
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Address: 71 S. Wacker Drive, Suite 1600, Chicago, IL 60606
Telephone Number: (312) 212-4967
E-mail Address: JMorado@beneschlaw.com

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: Christine Taylor
Title: Administrator
Company Name: Naperville Surgical Centre, LLC
Address: 1100 W. 31 st Street, Suite 300, Downers Grove, IL 60515
Telephone Number: (630) 469-9200
E-mail Address:
Fax Number: N/A

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

Exact Legal Name of Site Owner: Advocate Health Care
Address of Site Owner: 1263 Ricket Drive, Naperville, IL 60540
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: Naperville Surgical Centre, LLC
Address: 1263 Rickert Drive, Naperville, IL 60540
☐ 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: Naperville Surgical Centre, LLC

Address: 1263 Rickert Drive, Naperville, IL 60540

- | | |
|---|---|
| ☐ 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 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.

Naperville Surgical Centre, located at 1263 Rickert Drive in Naperville, Illinois 60540 ("Licensee") is currently licensed as an Ambulatory Surgical Treatment Center ("ASTC").

DMG Practice Management Solutions, LLC ("DPMS") currently owns 75% of the Applicant. The proposed transaction would insert DMG Preferred, LLC between the Licensee and DPMS. DMG Preferred, LLC, will own 75% of the Licensee, and DPMS will own 96% of DMG Preferred, LLC. The remaining 4% will be held by a minority unit holder. SCA-Naperville, LLC is not a part of this transaction and their ownership interest will not change as a result of this transaction.

There will be no other changes to the Applicant, including no change to the scope of services or other operations of the facility. Patient services will not be impacted in any manner due to this transaction.

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project	☐ Yes	☒ No
Purchase Price:	NOT APPLICABLE	
Fair Market Value:	NOT APPLICABLE	

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.

Project 25-04- Duly Surgery Center Westmont- This project will not be complete when the subject of this exemption is complete.

Anticipated exemption completion date (refer to Part 1130.570): December 31, 2026 or soon after

State Agency Submittals

Are the following submittals up to date as applicable:

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

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

CERTIFICATION

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

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Naperville Surgical Centre, 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

Craig Filippi
PRINTED NAME

Manager
PRINTED TITLE

SIGNATURE

Louis Montana, MD
PRINTED NAME

Manager
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 17th day of June, 2026

Signature of Notary

Seal

Official Seal
ELIZABETH U AMBROGI
Notary Public, State of Illinois
Commission No. 700102
My Commission Expires January 24, 2028

*Insert the EXACT legal name of the applicant

Notarization:

Subscribed and sworn to before me
this 17th day of June, 2026

Signature of Notary

Seal

Official Seal
ELIZABETH U AMBROGI
Notary Public, State of Illinois
Commission No. 700102
My Commission Expires January 24, 2028

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SIGNATURE

Paul Merrick, MD

PRINTED NAME

Manager

PRINTED TITLE

SIGNATURE

Donald Hoscheit, MD

PRINTED NAME

Manager

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 15th day of June 2026

Elizabeth U Ambrogio
Signature of Notary

Seal



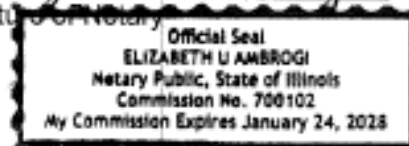
*Insert the EXACT legal name of the applicant

Notarization:

Subscribed and sworn to before me
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Elizabeth U Ambrogio
Signature of Notary

Seal



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SIGNATURE

Paul Merrick, MD
PRINTED NAME

Manager
PRINTED TITLE

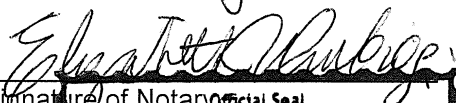
SIGNATURE

Donald Hoscheit, MD
PRINTED NAME

Manager
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 15th day of June 2026

Signature of Notary 
Official Seal
ELIZABETH U AMBROGI
Notary Public, State of Illinois
Commission No. 700102
My Commission Expires January 24, 2028

Seal

*Insert the EXACT legal name of the applicant

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Signature of Notary 
Official Seal
ELIZABETH U AMBROGI
Notary Public, State of Illinois
Commission No. 700102
My Commission Expires January 24, 2028

Seal

SECTION II. BACKGROUND.**BACKGROUND OF APPLICANT**

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
3. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application. Please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
5. If, during a given calendar year, an applicant submits more than one Application, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 5.

SECTION III. CHANGE OF OWNERSHIP (CHOW)**Transaction Type. Check the Following that Applies to the Transaction:**

- ☐ Purchase resulting in the issuance of a license to an entity different from current licensee.
- ☐ Lease resulting in the issuance of a license to an entity different from current licensee.
- ☐ Stock transfer resulting in the issuance of a license to a different entity from current licensee.
- ☐ Stock transfer resulting in no change from current licensee.
- ☐ Assignment or transfer of assets resulting in the issuance of a license to an entity different from the current licensee.
- ☐ Assignment or transfer of assets not resulting in the issuance of a license to an entity different from the current licensee.
- ☐ Change in membership or sponsorship of a not-for-profit corporation that is the licensed entity.
- ☐ Change of 50% or more of the voting members of a not-for-profit corporation's board of directors that controls a health care facility's operations, license, certification or physical plant and assets.
- ☐ Change in the sponsorship or control of the person who is licensed, certified or owns the physical plant and assets of a governmental health care facility.
- ☐ Sale or transfer of the physical plant and related assets of a health care facility not resulting in a change of current licensee.
- ☐ Change of ownership among related persons resulting in a license being issued to an entity different from the current licensee
- ☒ Change of ownership among related persons that does not result in a license being issued to an entity different from the current licensee.
- ☐ Any other transaction that results in a person obtaining control of a health care facility's operation or physical plant and assets and explain in "Narrative Description."

1130.520 Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility

1. Prior to acquiring or entering into a contract to acquire an existing health care facility, a person shall submit an application for exemption to HFSRB, submit the required application-processing fee (see Section 1130.230) and receive approval from HFSRB.
2. If the transaction is not completed according to the key terms submitted in the exemption application, a new application is required.
3. READ the applicable review criteria outlined below and **submit the required documentation (key terms) for the criteria:**

APPLICABLE REVIEW CRITERIA	CHOW
1130.520(b)(1)(A) - Names of the parties	X
1130.520(b)(1)(B) - Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.	X
1130.520(b)(1)(C) - Structure of the transaction	X
1130.520(b)(1)(D) - Name of the person who will be licensed or certified entity after the transaction	
1130.520(b)(1)(E) - List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons.	X
1130.520(b)(1)(F) - Fair market value of assets to be transferred.	X
1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]	X
1130.520(b)(2) - Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section	X
1130.520(b)(3) - If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction	X
1130.520(b)(4) - A statement as to the anticipated benefits of the proposed changes in ownership to the community	X
1130.520(b)(5) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership;	X
1130.520(b)(6) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control;	X
1130.520(b)(7) - A description of the selection process that the acquiring entity will use to select the facility's governing body;	X
1130.520(b)(9) - A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.	X
APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

SECTION IV.CHARITY CARE INFORMATION

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

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

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

CHARITY CARE			
	2022	2023	2024
Net Patient Revenue	-	\$20,234,018	\$22,638,540
Amount of Charity Care (charges)	-	0 ¹	0
Cost of Charity Care	-	0	0

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

¹ NOTE: Charitable care has been routinely provided as part of the physician practice but, as such charitable care does not meet the Board's definition of Charity Care for the purposes of the COE application, it is not reflected herein as charity care.

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	15-18
2.	Site Ownership	19-20
3.	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership	21-22
4.	Organizational Relationships (Organizational Chart) Certificate of Good Standing etc.	23-24
5.	Background of the Applicant	25-26
6.	Change of Ownership	27-42
7.	Charity Care Information	43

ATTACHMENT 1

Certificate of Good Standing

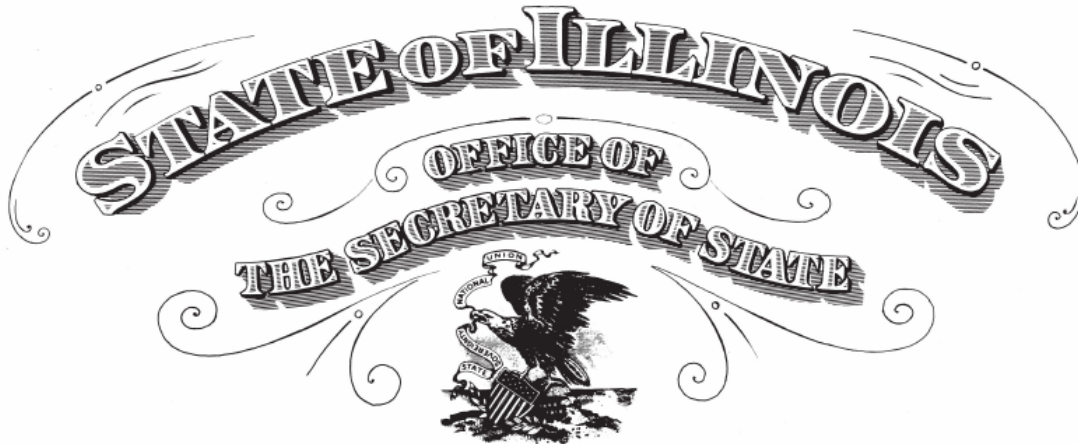
Included with this attachment are:

1. The Certificate of Good Standing for Naperville Surgical Centre (Facility)
2. The Certificate of Good Standing for DMG Practice Management Solutions, LLC (Owner)
3. The Certificate of Good Standing for DMG Preferred, LLC. (Owner)

ATTACHMENT 1

Certificate of Good Standing - Naperville Surgical Centre, LLC

File Number 0102752-2



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

NAPERVILLE SURGICAL CENTRE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 16, 2003, 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 #: 2615501964 verifiable until 06/04/2027
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 4TH day of JUNE A.D. 2026 .

Alexi Giannoulas
SECRETARY OF STATE

ATTACHMENT 1
Certificate of Good Standing -
DMG Practice Management Solutions, LLC

Delaware
The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DMG PRACTICE MANAGEMENT SOLUTIONS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF JUNE, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DMG PRACTICE MANAGEMENT SOLUTIONS LLC" WAS FORMED ON THE NINTH DAY OF DECEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



5903346 8300

SR# 20263275168

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, reading "C. B. Sanchez".

Charuni Patibanda-Sanchez, Secretary of State
Authentication: 204125287

Date: 06-03-26

ATTACHMENT 1
Certificate of Good Standing - DMG Preferred, LLC

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DMG PREFERRED, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF JUNE, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DMG PREFERRED, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF MAY, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



10639422 8300

SR# 20263275175

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in cursive script, reading "C. P. Sanchez".

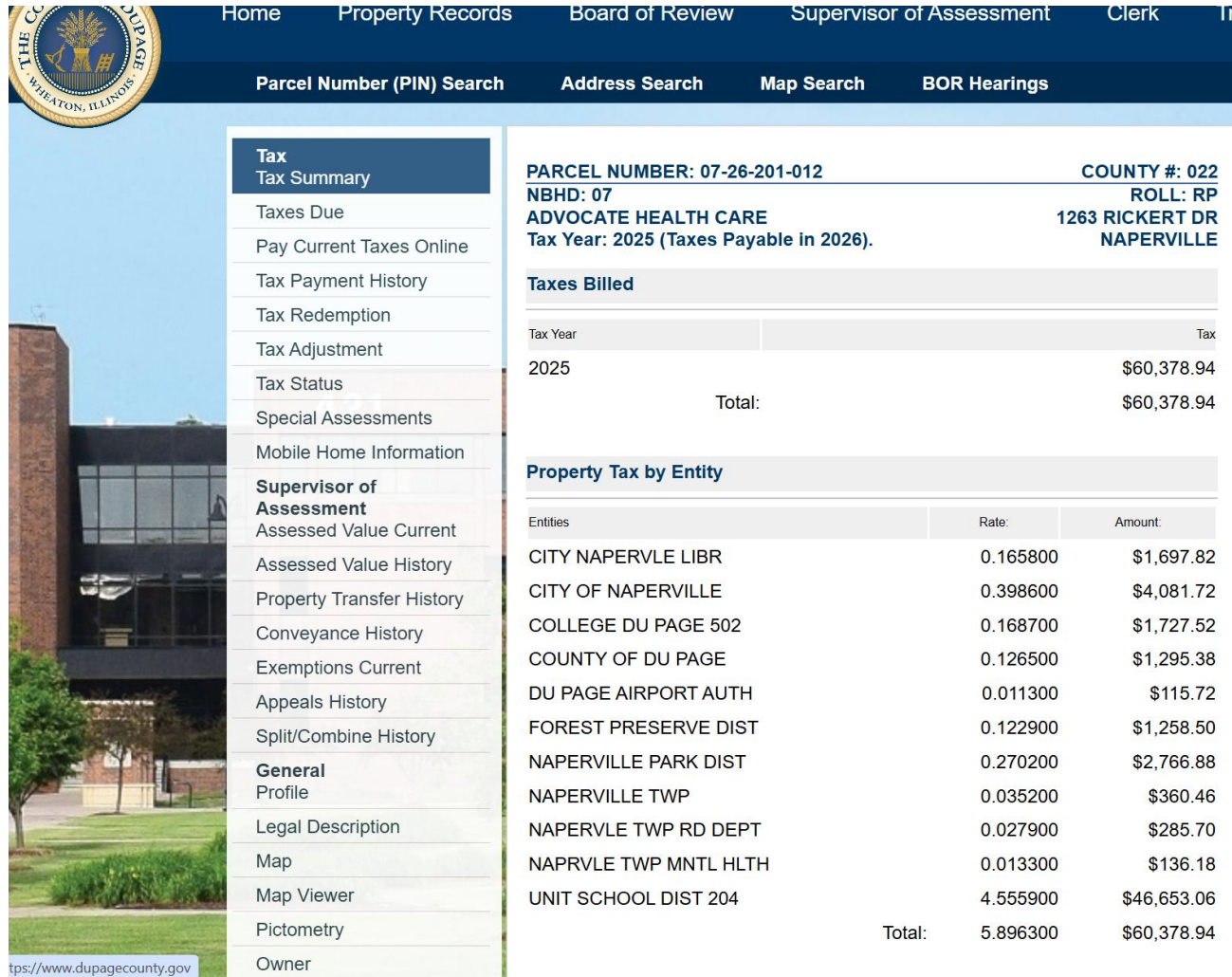
Charuni Patibanda-Sanchez, Secretary of State
Authentication: 204125304

Date: 06-03-26

ATTACHMENT 2

Site Ownership

The site ownership will remain with Advocate Health Care following the transaction. The underlying lease between the owner and Naperville Surgical Centre will remain in place. Attached as evidence of ownership is a copy of the 2025 property tax bill.

ATTACHMENT 2
Site Ownership**2025 Property Tax Bill**
1263 Rickert Drive, Naperville, IL 60540


Tax Summary

- Taxes Due
- Pay Current Taxes Online
- Tax Payment History
- Tax Redemption
- Tax Adjustment
- Tax Status
- Special Assessments
- Mobile Home Information
- Supervisor of Assessment**
- Assessed Value Current
- Assessed Value History
- Property Transfer History
- Conveyance History
- Exemptions Current
- Appeals History
- Split/Combine History
- General**
- Profile
- Legal Description
- Map
- Map Viewer
- Pictometry
- Owner

PARCEL NUMBER: 07-26-201-012 **COUNTY #: 022**
NBHD: 07 **ROLL: RP**
ADVOCATE HEALTH CARE **1263 RICKERT DR**
Tax Year: 2025 (Taxes Payable in 2026). **NAPERVILLE**

Taxes Billed

Tax Year	Tax
2025	\$60,378.94
Total:	\$60,378.94

Property Tax by Entity

Entities	Rate:	Amount:
CITY NAPERVLE LIBR	0.165800	\$1,697.82
CITY OF NAPERVILLE	0.398600	\$4,081.72
COLLEGE DU PAGE 502	0.168700	\$1,727.52
COUNTY OF DU PAGE	0.126500	\$1,295.38
DU PAGE AIRPORT AUTH	0.011300	\$115.72
FOREST PRESERVE DIST	0.122900	\$1,258.50
NAPERVILLE PARK DIST	0.270200	\$2,766.88
NAPERVILLE TWP	0.035200	\$360.46
NAPERVLE TWP RD DEPT	0.027900	\$285.70
NAPRVLE TWP MNTL HLTH	0.013300	\$136.18
UNIT SCHOOL DIST 204	4.555900	\$46,653.06
Total:	5.896300	\$60,378.94

tps://www.dupagecounty.gov

ATTACHMENT 3

Operating Entity/Licensee

The operating entity and the licensee will continue to be Naperville Surgical Centre, LLC. Included with this Attachment is the licensee's Certificate of Good Standing and copy of their license from the Illinois Department of Public Health.

		ILLINOIS DEPARTMENT OF PUBLIC HEALTH	HF136281
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 5/31/2027	CATEGORY Director	I.D. NUMBER 7003205	
Ambulatory Surgery Treatment Center			
Effective: 06/01/2026			
Naperville Surgical Centre, LLC 1263 Rickert Dr Naperville, IL 60540			
The face of this license has a colored background. • Printed by Authority of the State of Illinois • P.O. #4025001 2M 4/25			

ATTACHMENT 3

Certificate of Good Standing – Naperville Surgical Centre, LLC

File Number 0102752-2



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

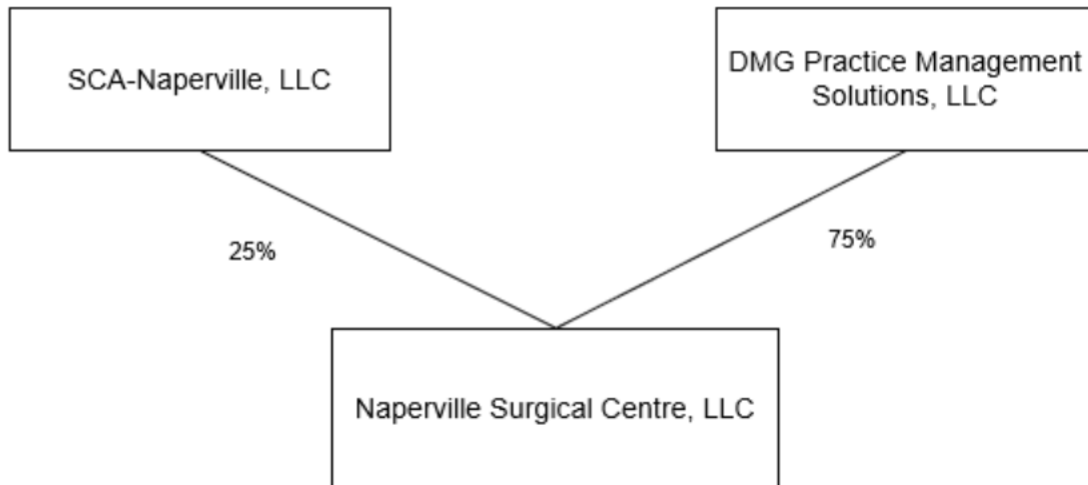
NAPERVILLE SURGICAL CENTRE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 16, 2003, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

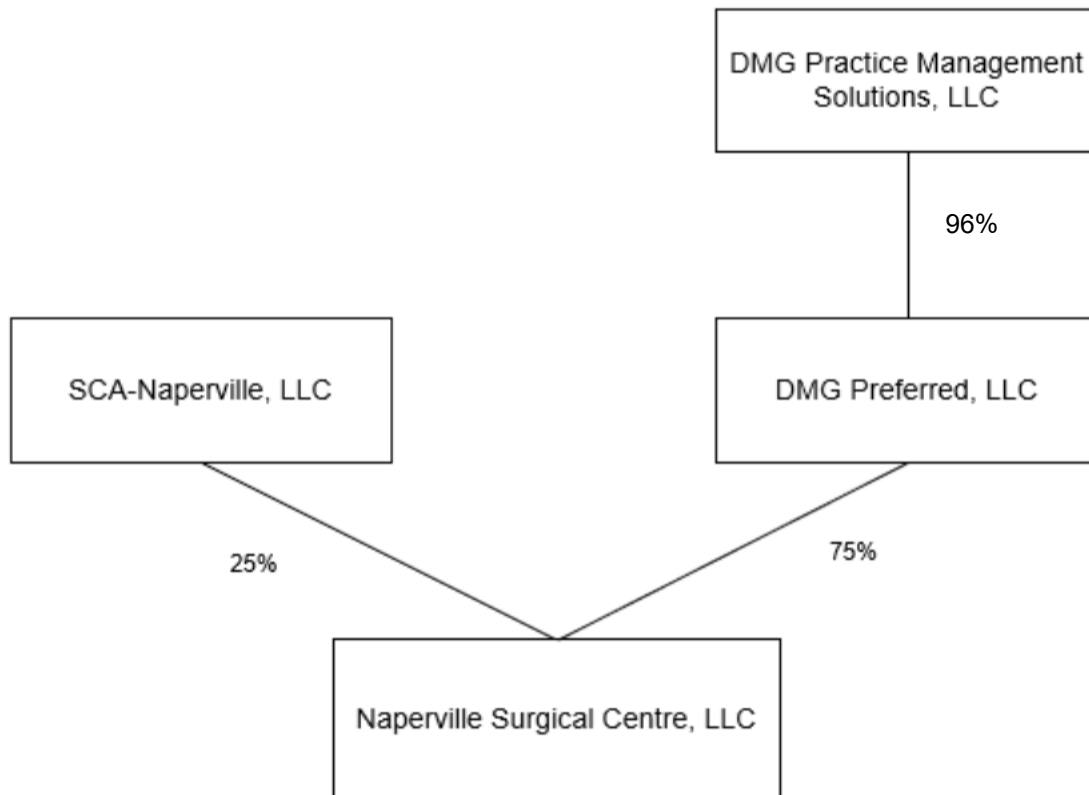


Authentication #: 2615501964 verifiable until 06/04/2027
Authenticate at: <https://www.ilsos.gov>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 4TH day of JUNE A.D. 2026 .

Alexi Giannoulas
SECRETARY OF STATE

ATTACHMENT 4
Pre-Transactional Organizational Chart

ATTACHMENT 4
Post-Transactional Organizational Chart

ATTACHMENT 5

Background of the Applicant

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

The Applicants do not own or operate any other healthcare facilities other than the facility subject to this application.

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.**

The Applicants do not own or operate any other healthcare facilities other than the facility subject to this application.

3. **A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application. Please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.**

Included with this Attachment is letter from Paul Merrick, M.D. verifying that no adverse actions have been taken against any facility owned and/or operated by the Applicants.

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.**

Included with this attachment is the applicant's authorization permitting HFSRB and IDPH access to any documents necessary to verify the information needed.

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.**

Not applicable.

ATTACHMENT 5

Background of the Applicant - Letter from Naperville Surgical Center, LLC

DMG Practice Management Solutions LLC

3010 Highland Parkway, Ste. 800 | Downers Grove, IL 60515

June 15, 2026

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

Re: Background of the Applicant – Naperville Surgical Centre, LLC, DMG Practice Management Solutions LLC, DMG Preferred, LLC

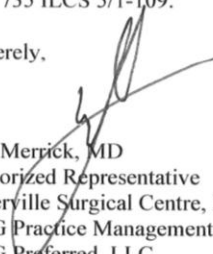
Dear Mr. Kniery,

As an Authorized Representative of Naperville Surgical Centre, LLC, DMG Practice Management Solutions LLC, DMG Preferred, LLC, I Paul Merrick, give authorization to the Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access documents necessary to verify the information submitted including, but not limited to, office records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that Naperville Surgical Centre, LLC, DMG Practice Solutions, LLC and DMG Preferred, LLC have no ownership interest in any Illinois healthcare facilities, and as such have no adverse actions to report for the past three (3) years.

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

Sincerely,



Paul Merrick, MD
Authorized Representative
Naperville Surgical Centre, LLC
DMG Practice Management Solutions, LLC
DMG Preferred, LLC

DMG Practice Management Solutions LLC • 3010 Highland Parkway, Ste. 800, Downers Grove, IL 60515

ATTACHMENT 6

Change of Ownership

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

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

The parties involved in this project are:

- Naperville Surgical Centre, LLC
- DMG Preferred, LLC
- DMG Practice Management Solutions, LLC

ATTACHMENT 6

Change of Ownership

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

“Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.”

- Naperville Surgical Centre (Facility)
- DMG Preferred, LLC
- DMG Practice Management Solutions, LLC

ATTACHMENT 6

Change of Ownership

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

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

This transaction involves a change of ownership among related persons as defined by the Board. DMG Preferred, LLC will be inserted into the ownership chain by acquiring 96% of the DMG Practice Management Solutions, LLC. DMG Practice Management Solutions, LLC will continue to hold 75% of the ownership units in Naperville Surgical Centre, LLC. SCA-Naperville, LLC is not a part of this transaction and their ownership interest will not change as a result of this transaction. There will be no other change to the facility.

ATTACHMENT 6

Change of Ownership

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

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

The entity to be licensed after the change of ownership will remain Naperville Surgical Centre, LLC.

There will be no change in the entity currently licensed by the Illinois Department of Public Health to operate the ambulatory surgical treatment center.

ATTACHMENT 6

Change of Ownership

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

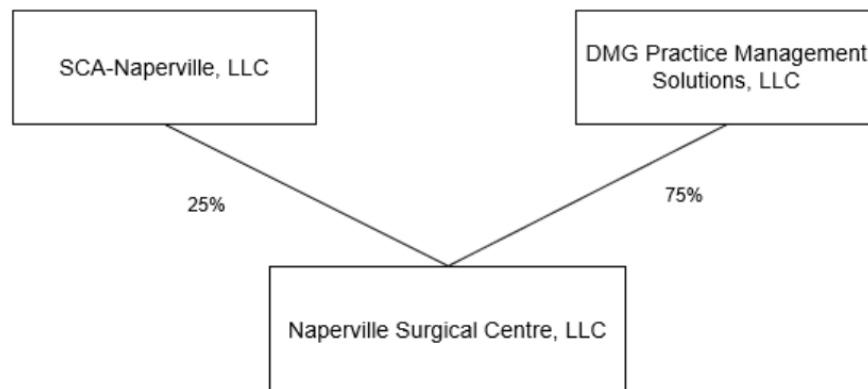
"List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons."

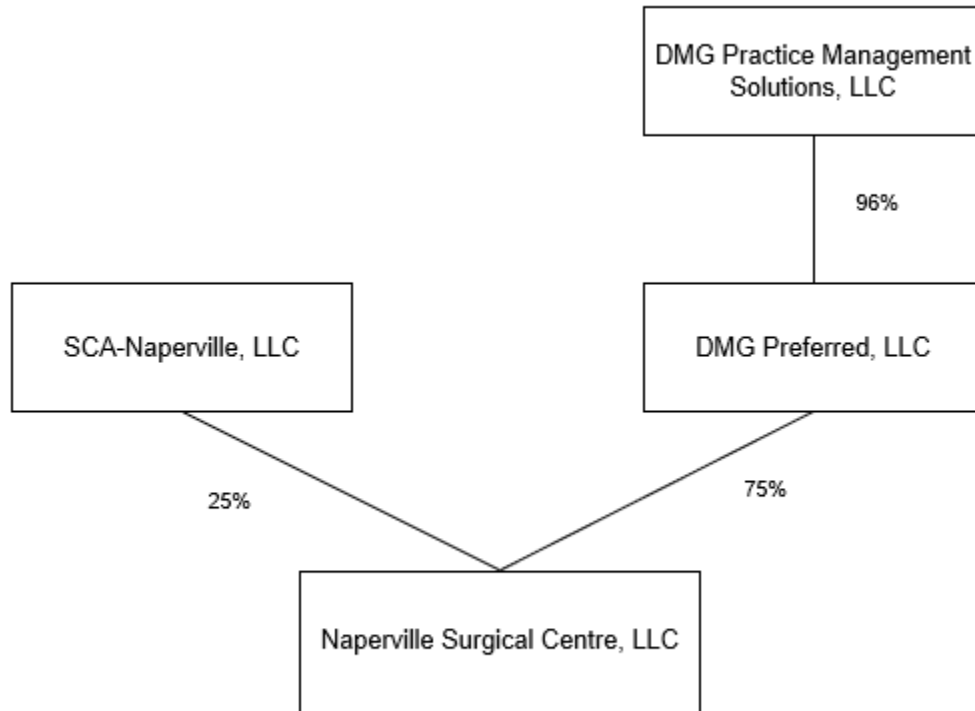
This transaction involves a change of ownership among related persons as defined by the Board.

Prior to this transaction DMG Practice Management Solutions, LLC holds a direct ownership interest in Naperville Surgical Centre, LLC. This transaction involves DMG Preferred, LLC being inserted into the ownership chain by acquiring 96% of the ownership units in DMG Practice Management Solutions, LLC.

Following this transaction, DMG Practice Management Solutions, LLC will continue to hold 75% of the ownership units in Naperville Surgical Centre, LLC. SCA-Naperville, LLC is not a part of this transaction and their ownership interest will not change as a result of this transaction. There will be no other change to the facility.

Pre-Transactional Organizational Chart



ATTACHMENT 6
Change of Ownership**Post-Transactional Organizational Chart**

ATTACHMENT 6

Change of Ownership

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

"Fair market value of assets to be transferred."

This application involves the change of ownership among related persons and thus there is no actual consideration involved in DMG Preferred, LLC acquiring 96% of the ownership units in DMG Practice Management Solutions, LLC.

ATTACHMENT 6

Change of Ownership

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

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

This application involves the change of ownership among related persons and thus there is no actual consideration involved in DMG Preferred, LLC acquiring 96% of the ownership units in DMG Practice Management Solutions, LLC.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(2) - Outstanding Permits

"Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section"

The Applicants do not have any projects for which permits have been issued and are still pending completion, thus this submission and the accompanying certifications should be accepted as affirmation of compliance with this requirement.

ATTACHMENT 6

Change of Ownership

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

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

This change of ownership does not involve a hospital; thus this provision is NOT APPLICABLE.

ATTACHMENT 6

Change of Ownership

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

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

The purpose of this project is to ensure the residents of the community and the patients historically served by Naperville Surgical Centre, LLC, will continue to have access to the procedures they need. Naperville Surgical Centre, LLC, has always made an effort to provide care for patients within their community. They have and will continue to provide services to these patients' populations.

ATTACHMENT 6

Change of Ownership

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

“The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership”

There are no anticipated changes in costs that patients currently receive for care provided at the facility. This change of ownership among related persons will have no negative affect on operations of the facility.

ATTACHMENT 6

Change of Ownership

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

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

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

ATTACHMENT 6

Change of Ownership

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

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

The transaction involves a change of ownership among related persons and there will be no impact on the operations of the facility. It is not anticipated that the bylaws or governing body of the licensee will be changed.

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

ATTACHMENT 6

Change of Ownership

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

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

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

ATTACHMENT 6

Change of Ownership

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

“A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.”

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

ATTACHMENT 7

Charity Care Information

The amount of charity care listed for the last three years provided by the Applicant facility are included in the table below.

CHARITY CARE			
	2022	2023	2024
Net Patient Revenue	-	\$20,234,018	\$22,638,540
Amount of Charity Care (charges)	-	0 ²	0
Cost of Charity Care	-	0	0

² NOTE: Charitable care has been routinely provided as part of the physician practice but, as such charitable care does not meet the Board's definition of Charity Care for the purposes of the COE application, it is not reflected herein as charity care.

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	15-18
2.	Site Ownership	19-20
3.	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership	21-22
4.	Organizational Relationships (Organizational Chart) Certificate of Good Standing etc.	23-24
5.	Background of the Applicant	25-26
6.	Change of Ownership	27-42
7.	Charity Care Information	43