

**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: UroPartners Surgery Center, LLC		
Street Address: 2750 S. River Road		
City and Zip Code: Des Plaines, 60018		
County: Cook	Health Service Area: 7	Health Planning Area: 031

Legislators

State Senator Name: Laura Murphy
State Representative Name: Justin Cochran

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

Exact Legal Name: UroPartners Surgery Center, LLC
Street Address: 2750 S. River Road
City and Zip Code: Des Plaines, 60018
Name of Registered Agent: Illinois Corporation Service Company
Registered Agent Street Address: 801 Adlai Stevenson Drive
Registered Agent City and Zip Code: Springfield, 62703-4261
Name of Chief Executive Officer: Michael Cline
CEO Street Address: 2750 S. River Road
CEO City and Zip Code: Des Plaines, 60018
CEO Telephone Number: (224) 612-7000

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: Mark Silberman and Juan Morado, Jr.
Title: Partner
Company Name: Benesch, Friedlander, Coplan & Aronoff LLP
Address: 71 S. Wacker Drive, Suite 1600 Chicago, IL 60606
Telephone Number: (312) 212-4952 and (312) 212-4967
E-mail Address: MSilberman@beneschlaw.com and JMorado@beneschlaw.com
Fax Number: (877) 357-4913

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Legislators

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State Representative Name: Justin Cochran

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

Exact Legal Name: UroPartners, LLC
Street Address: 2245 Enterprise Drive, Suite 4506
City and Zip Code: Westchester, 60154
Name of Registered Agent: Illinois Corporation Service Company
Registered Agent Street Address: 801 Adlai Stevenson Drive
Registered Agent City and Zip Code: Springfield, 62703-4261
Name of Chief Executive Officer: Michael Cline
CEO Street Address: 2245 Enterprise Drive, Suite 4506
CEO City and Zip Code: Westchester, 60154
CEO Telephone Number: (224) 612-7000

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State Representative Name: Justin Cochran

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

Exact Legal Name: Alliance Physician Services, PC f/k/a The Centers for Advanced Urology, LLP
Street Address: 140 W. Germantown Pike, Suite 200
City and Zip Code: Plymouth Meeting, 19462-1421
Name of Registered Agent: Corporation Service Company
Registered Agent Street Address: 5235 N. Front Street
Registered Agent City and Zip Code: Harrisburg, 17110
Name of Chief Executive Officer: Steven Krefetz
CEO Street Address: 140 W. Germantown Pike, Suite 200
CEO City and Zip Code: Plymouth Meeting, PA 19462-1421
CEO Telephone Number: 267-307-4492

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Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Caitlin Kierum
Title: Associate
Company Name: Katten Muchin Rosenman LLP
Address: 525 W. Monroe Street, Chicago, IL 60661
Telephone Number: (312) 312-902-5430
E-mail Address: Caitlin.kierum@katten.com
Fax Number: NOT APPLICABLE

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State Representative Name: Justin Cochran

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

Exact Legal Name: James Jerome Weber
Street Address: 505 S. Nolen Drive
City and Zip Code: Southlake, 76092
Name of Registered Agent: NOT APPLICABLE
Registered Agent Street Address: NOT APPLICABLE
Registered Agent City and Zip Code: NOT APPLICABLE
Name of Chief Executive Officer: NOT APPLICABLE
CEO Street Address: NOT APPLICABLE
CEO City and Zip Code: NOT APPLICABLE
CEO Telephone Number: NOT APPLICABLE

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State Senator Name: Laura Murphy
State Representative Name: Justin Cochran

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

Exact Legal Name: Rajesh Patel
Street Address: 17901 Governors Highway, Suite 102
City and Zip Code: Homewood, 60430
Name of Registered Agent: NOT APPLICABLE
Registered Agent Street Address: NOT APPLICABLE
Registered Agent City and Zip Code: NOT APPLICABLE
Name of Chief Executive Officer: NOT APPLICABLE
CEO Street Address: NOT APPLICABLE
CEO City and Zip Code: NOT APPLICABLE
CEO Telephone Number: NOT APPLICABLE

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State Senator Name: Laura Murphy
State Representative Name: Justin Cochran

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

Exact Legal Name: Jonathon Casey Chapman
Street Address: 9103 Jefferson Highway
City and Zip Code: Baton Rouge, 70809
Name of Registered Agent: NOT APPLICABLE
Registered Agent Street Address: NOT APPLICABLE
Registered Agent City and Zip Code: NOT APPLICABLE
Name of Chief Executive Officer: NOT APPLICABLE
CEO Street Address: NOT APPLICABLE
CEO City and Zip Code: NOT APPLICABLE
CEO Telephone Number: NOT APPLICABLE

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Title: Associate
Company Name: Katten Muchin Rosenman LLP
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Legislators

State Senator Name: Laura Murphy
State Representative Name: Justin Cochran

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

Exact Legal Name: James Abram McBride
Street Address: 1644 Medical Center Pointe
City and Zip Code: Colorado Springs, 80907
Name of Registered Agent: NOT APPLICABLE
Registered Agent Street Address: NOT APPLICABLE
Registered Agent City and Zip Code: NOT APPLICABLE
Name of Chief Executive Officer: NOT APPLICABLE
CEO Street Address: NOT APPLICABLE
CEO City and Zip Code: NOT APPLICABLE
CEO Telephone Number: NOT APPLICABLE

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Fax Number: NOT APPLICABLE

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

Name: Mark Silberman and Juan Morado, Jr.
Title: Partner
Company Name: Benesch, Friedlander, Coplan & Aronoff LLP
Address: 71 S. Wacker Drive, Suite 1600 Chicago, IL 60606
Telephone Number: (312) 212-4952 and (312) 212-4967
E-mail Address: MSilberman@beneschlaw.com and JMorado@beneschlaw.com
Fax Number: (877) 357-4913

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: Andrew Olson
Title: Administrator
Company Name: UroPartners Surgery Center, LLC
Address: 2245 Enterprise Drive, Suite 4506, Westchester, IL 60154
Telephone Number: (224) 612-7000
E-mail Address: aolson@uropartners.com
Fax Number: (224) 612-7019

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

Exact Legal Name of Site Owner: UroPartners Real Estate, LLC
Address of Site Owner: 2245 Enterprise Drive, Suite 4506, Westchester, IL 60154
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: UroPartners Surgery Center, LLC			
Address: 2245 Enterprise Drive, Suite 4506, Westchester, IL 60154			
☐	Non-profit Corporation	☐	Partnership
☐	For-profit Corporation	☐	Governmental
☒	Limited Liability Company	☐	Sole Proprietorship
		☐	Other

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

Operating Identity/Licensee after the Project is Complete [Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: UroPartners Surgery Center, LLC	
Address: 2245 Enterprise Drive, Suite 4506, Westchester, IL 60154	
☐ 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 <u>ATTACHMENT 3</u> , 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 <u>ATTACHMENT 4</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

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 change of ownership of UroPartners, LLC ("UroPartners"), the entity that owns an ambulatory surgical treatment center ("ASTC"), UroPartners Surgery Center, LLC ("UroPartners Surgery Center"). To be clear, UroPartners will remain the owner of UroPartners Surgery Center after the transaction. The only change is the ownership of UroPartners, LLC. From a patient perspective, the operation of the ASTC will remain unchanged, with the same categories of services being provided and the same physicians providing care post-transaction. There will be no changes to the governing body or operations of the ASTC.

UroPartners Surgery Center is located at 2750 South River Road in Des Plaines, Illinois 60018. The purchase price for the change of ownership related to the surgery center is \$100. UroPartners Surgery Center is and will remain the licensee. The site ownership will remain with UroPartners Real Estate, LLC, which is wholly owned by UroPartners Investment, LLC following the transaction. There will be no transfer of land ownership.

Post-transaction, the ownership of UroPartners will be transferred to The Centers for Advanced Urology, LLP. This entity intends to convert to a Professional Corporation ("PC") and change its legal name subsequent to the filing of this Application but prior to the transaction involving UroPartners. Upon conversion, the entity will be Alliance Physician Services, PC f/k/a The Centers for Advanced Urology, LLP ("Alliance Physician Services"). Although Alliance Physician Services is currently organized as a Limited Liability Partnership ("LLP"), disclosure of this anticipated conversion reflects the Applicant's commitment to transparency as the Board considers this Application.

After conversion, Alliance Physician Services will be a professional corporation held by four physicians: James Weber, M.D., Jonathon Casey Chapman, M.D., Rajesh Patel, M.D., and James Abram McBride, M.D. Drs. Chapman, Patel, and McBride will each hold a 6.33% interest in Alliance Physician Services and James Weber, M.D. will hold an 81% interest. As a result of the transaction, these physicians will hold these same percentages of ownership interest in Alliance Physician Services, which will own 100% of UroPartners, LLC, which in turn will own 100% of the ASTC.

The above-described transaction constitutes a substantive project, subject to review and approval by the Board.

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

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 X 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.

Project 25-024, UroPartners Imaging Center- This project will be complete by the time this exemption is considered by the Board.

Anticipated exemption completion date (refer to Part 1130.570): 1/1/2027

State Agency Submittals

Are the following submittals up to date as applicable:

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

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

CERTIFICATION

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

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

This Application is filed on the behalf of UroPartners 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

Richard Harris, M.D - Sole Member - UroPartners
PRINTED NAME

Sole Member
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 30th day of June

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

SIGNATURE

Michael Cline
PRINTED NAME

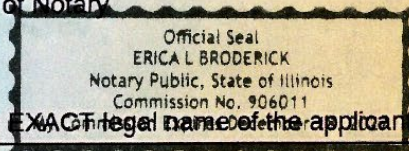
Chief Executive Officer
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this _____ day of _____

Signature of Notary

Seal



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Richard Harris, M.D - Sole Member - UroPartners
PRINTED NAME

Sole Member
PRINTED TITLE

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this ____ day of _____

Signature of Notary

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*Insert the EXACT legal name of the applicant

Michael Cline
SIGNATURE

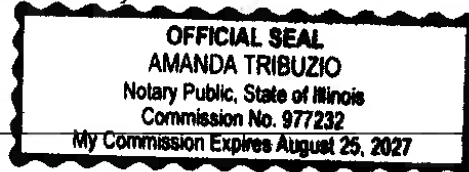
Michael Cline
PRINTED NAME

Chief Executive Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 25 day of June 2020

Amanda Tribuzio
Signature of Notary

Seal



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SIGNATURE

Justin Cohen, M.D.

PRINTED NAME

President

PRINTED TITLE

SIGNATURE

Richard Harris, M.D.

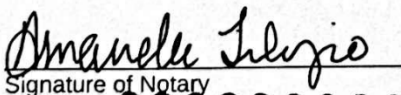
PRINTED NAME

Member

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 22 day of June 2020

Notarization:
Subscribed and sworn to before me
this ____ day of _____



Signature of Notary

Signature of Notary

Seal



Seal

*Insert the EXAMINATION RESULTS HERE

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SIGNATURE

Justin Cohen, M.D.
PRINTED NAME

President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this ____ day of _____

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

SIGNATURE

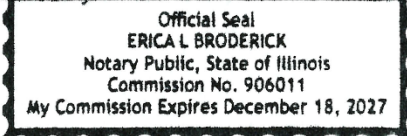
Richard Harris, M.D.
PRINTED NAME

Member
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 28 day of June

Signature of Notary

Seal



CERTIFICATION

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

This Application is filed on the behalf of Alliance Physician Services, PC f/k/a The Centers for Advanced Urology, LLP 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

James Jerome Weber, M.D.
PRINTED NAME

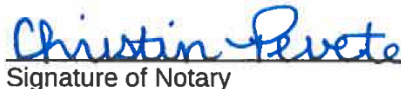
President
PRINTED TITLE

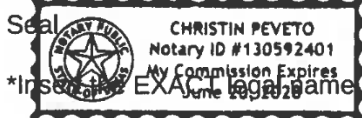
SIGNATURE

Sarah Rochman
PRINTED NAME

Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 15 day of June 2024


Signature of Notary



Notarization:
Subscribed and sworn to before me
this ____ day of _____

Signature of Notary

Seal

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 Alliance Physician Services, PC f/k/a The Centers for Advanced Urology, LLP 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

James Jerome Weber, M.D.

PRINTED NAME

President

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

SIGNATURE

Sarah Rochman

PRINTED NAME

Secretary

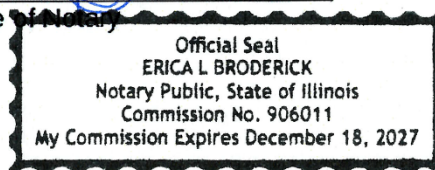
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 30th day of June

Signature of Notary

Seal



CERTIFICATION

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

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

This Application is filed on the behalf of James Jerome Weber, M.D. in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.


SIGNATURE

James Jerome Weber, M.D.

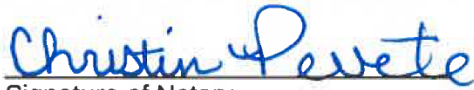
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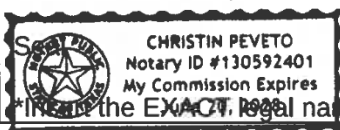
Physician

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 15 day of June 2021


Signature of Notary



SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this _____ day of _____

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

CERTIFICATION

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

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

This Application is filed on the behalf of Jonathon Casey Chapman, M.D. in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

Jonathon Casey Chapman, M.D.

PRINTED NAME

Physician

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 16th day of June, 2026

Signature of Notary

DeWanna Thomas Babin
Seal Notary ID #129175

*Insert the EXACT legal name of the applicant

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

CERTIFICATION

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

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

This Application is filed on the behalf of Rajesh Patel, M.D. in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

Rajesh Patel, M.D.

PRINTED NAME

Physician

PRINTED TITLE

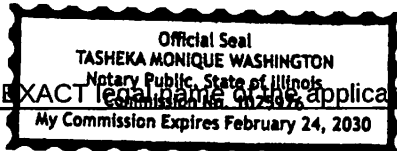
Notarization:

Subscribed and sworn to before me
this 26 day of June 2020

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant



SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of _____

Signature of Notary

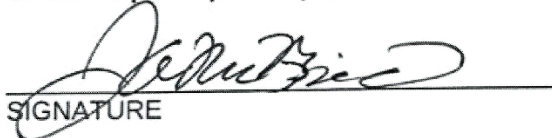
Seal

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 James Abram McBride, M.D. in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.


SIGNATURE

James Abram McBride, M.D.

PRINTED NAME

Physician

PRINTED TITLE

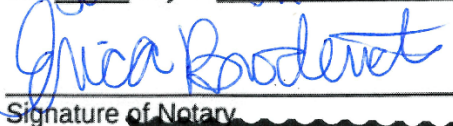
SIGNATURE

PRINTED NAME

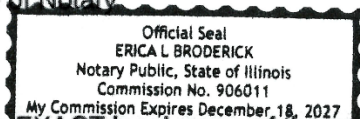
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 30th day of June


Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

Notarization:

Subscribed and sworn to before me
this _____ day of _____

Signature of Notary

Seal

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	\$9,956,533	\$4,238,821	\$15,402,191
Amount of Charity Care (charges)	\$0	\$0	\$0
Cost of Charity Care	\$0	\$0	\$0

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

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1.	Applicant Identification including Certificate of Good Standing	27-30
2.	Site Ownership	31-36
3.	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership	37
4.	Organizational Relationships (Organizational Chart) Certificate of Good Standing etc.	38-39
5.	Background of the Applicant	40-49
6.	Change of Ownership	50-61
7.	Charity Care Information	62

ATTACHMENT 1

Certificate of Good Standing

Included with this attachment are:

1. The Certificate of Good Standing for UroPartners Surgery Center, LLC
2. The Certificate of Good Standing for UroPartners, LLC
3. The Certificate of Good Standing for The Centers for Advanced Urology, LLP

ATTACHMENT 1
Certificate of Good Standing – UroPartners Surgery Center, LLC

File Number

0591690-9



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

UROPARTNERS SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 04, 2016, 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 #: 2614903230 verifiable until 05/29/2027
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 29TH day of MAY A.D. 2026 .


SECRETARY OF STATE

ATTACHMENT 1
Certificate of Good Standing – UroPartners, LLC

File Number 0142447-5



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

UROPARTNERS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 10, 2005, 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 #: 2613700418 verifiable until 05/17/2027
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 17TH day of MAY A.D. 2026 .

Alexi Giannoulas
SECRETARY OF STATE

ATTACHMENT 1

Certificate of Good Standing – The Centers for Advanced Urology, LLP

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: The Centers for Advanced Urology, LLP
Request Type: Subsistence Certificate **Issuance Date:** June 02, 2026
Request No.: 080717422 **File No.:** 0004365183
Receipt No.: 002843514
Filing Type: Domestic General Partnership (GP/LLP)
Filing Subtype: Limited Liability General Partnership (LLP)
Initial Filing Date: June 24, 2015
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

The Centers for Advanced Urology, LLP

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov

ATTACHMENT 2

Site Ownership

The site ownership will remain with UroPartners Real Estate, LLC, which is wholly owned by UroPartners Investment, LLC following the transaction. There will be no transfer of land ownership. Attached as evidence is a copy of the Specialty Warranty Deed.

ATTACHMENT 2 Site Ownership

This Instrument Was Prepared By:

Andrew P. Gulotta
Polsinelli, PC
100 S. 4th St., Suite 1000
St. Louis, MO 63102

Upon Recording Return To:

Patzik, Frank & Samotny Ltd.
Attn: John W. Morse, Esq.
150 S. Wacker Dr., Suite 1500
Chicago, IL 60606

Mail Tax Bill To:

Uropartners Real Estate, LLC
c/o Uropartners, LLC
2245 Enterprise Dr., Suite 4506
Westchester, IL 60154

SPECIAL WARRANTY DEED
(2750 S. River Road, Des Plaines, IL)

October 31, 2016 ("Effective Date")



W163062202323M

Doc# 1630622023 Fee \$46.00

SHSP FEE: \$9.00 SPBF FEE: \$1.00

KAREN A. VARRBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 11/01/2016 02:13 PM PG: 1 OF 5

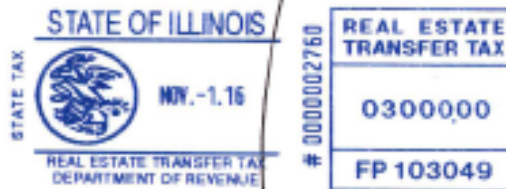
FORESTVIEW RIVER, L.P., an Illinois limited partnership, having an address of 1640 N. Arlington Heights Rd., Suite 110, Arlington Heights, IL 60004 ("Grantor"), in consideration of TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, by these presents does convey to UROPARTNERS REAL ESTATE, LLC, an Illinois limited liability company, with an address of c/o Uropartners, LLC, 2245 Enterprise Dr., Suite 4506, Westchester, IL 60154 ("Grantee"), that certain parcel or parcels of land in the County of Cook, State of Illinois, more particularly described in Exhibit A, attached hereto and made a part hereof by this reference, together with all improvements located thereon (collectively, the "Property"), and all easements, rights and interests appurtenant thereto.

The Property and this conveyance are subject to those matters set forth on Exhibit B, attached hereto and made a part hereof by this reference (collectively, the "Permitted Encumbrances").

Grantor, as its sole warranty herein, specially warrants to Grantee, and the successors and assigns of Grantee, that it will forever defend title to the Property against those claims, and only those claims, of all persons who shall claim title to, or assert claims affecting the title to, the Property, or any part thereof, under, by, or through, or based upon the acts of, Grantor, but not otherwise, excepting however, the Permitted Encumbrances.



[Signature Page to Follow]



ATTACHMENT 2 Site Ownership

SIGNATURE PAGE TO SPECIAL WARRANTY DEED

IN WITNESS WHEREOF, Grantor has caused this Special Warranty Deed to be signed effective as of the Effective Date.

GRANTOR:

FORESTVIEW RIVER, L.P.,
an Illinois limited partnership

By: [Signature]

Name: VINOD GOYAL

Title: PRES.

STATE OF ILLINOIS

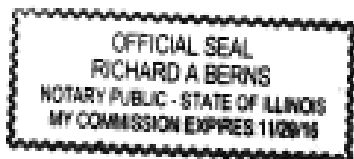
COUNTY OF COOK

On this 21st day of OCTOBER, 2016, before me, a Notary Public in and for said state, personally appeared VINOD GOYAL, being the PRESIDENT of Forestview River, L.P., an Illinois limited partnership, known to be the person who executed the foregoing instrument on behalf of said partnership by the authority of its partners, s/he acknowledged to me that s/he executed the same for the purposes therein stated.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year first above written.

My Commission Expires:

[Signature]
Notary Public



ATTACHMENT 2 Site Ownership

EXHIBIT A

LEGAL DESCRIPTION

PARCEL 1:

THAT PART OF SECTION 33 AND 34, TOWNSHIP 41 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS:

COMMENCING AT A POINT ON THE EAST LINE OF SECTION 33, 52.88 FEET SOUTH OF THE NORTH EAST CORNER OF THE SOUTH EAST 1/4 THEREOF; THENCE SOUTH 87 DEGREES 33 MINUTES WEST 185.42 FEET; THENCE NORTH 180 FEET; THENCE NORTH 87 DEGREES 33 MINUTES EAST 164.29 FEET MORE OR LESS TO THE CENTER LINE OF RIVER ROAD; THENCE SOUTHEASTERLY ALONG THE CENTER LINE OF SAID RIVER ROAD, 194.35 FEET; THENCE SOUTH 87 DEGREES 28 MINUTES 30 SECONDS WEST 60.25 FEET TO THE POINT OF BEGINNING, ALL IN COOK COUNTY, ILLINOIS.

PARCEL 2:

NON-EXCLUSIVE ACCESS EASEMENT FOR THE BENEFIT OF PARCEL 1 AS SET FORTH AND DEFINED AS DOCUMENT NUMBER 93621857, OVER AND ACROSS THE FOLLOWING DESCRIBED TRACT OF LAND:

THAT PART OF SECTION 33, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS: COMMENCING AT A POINT ON THE EAST LINE OF SAID SECTION 33, 52.88 FEET SOUTH OF THE NORTHEAST CORNER OF THE SOUTHEAST 1/4 THEREOF; THENCE SOUTH 87 DEGREES 33 MINUTES 00 SECONDS WEST ALONG A LINE HEREINAFTER REFERRED TO AS LINE "A", 185.42 FEET TO A POINT FOR A PLACE OF BEGINNING.

THENCE NORTH 00 DEGREES 00 MINUTES 00 SECONDS EAST, 108.00 FEET; THENCE SOUTH 65 DEGREES 13 MINUTES 29 SECONDS WEST, 14.32 FEET; THENCE NORTH 68 DEGREES 33 MINUTES 08 SECONDS WEST 30.08 FEET; THENCE SOUTH 07 DEGREES 58 MINUTES 11 SECONDS WEST, 50.49 FEET; THENCE SOUTH 13 DEGREES 59 MINUTES 00 SECONDS EAST, 66.33 FEET; TO THE WESTERLY EXTENSION OF SAID LINE "A"; THENCE NORTH 87 DEGREES 33 MINUTES 00 SECONDS EAST ALONG SAID LINE "A", 32.00 FEET TO THE POINT OF BEGINNING, IN COOK COUNTY, ILLINOIS.

PARCEL 3:

NON-EXCLUSIVE ACCESS EASEMENT FOR THE BENEFIT OF PARCEL 1 AS SET FORTH AND DEFINED AS DOCUMENT NUMBER LR3243051, OVER AND ACROSS THE FOLLOWING DESCRIBED TRACT OF LAND:

THAT PART LYING WESTERLY OF WESTERLY LINE OF RIVER ROAD OF THE NORTH 50.0 FEET OF THE SOUTH 177.12 FEET, BOTH AS MEASURED ON LINES PARALLEL WITH THE EAST LINE THEREOF, OF THE EAST 185.42 FEET, AS MEASURED ON LINES PARALLEL WITH THE SOUTH LINE THEREOF, OF THE NORTHEAST 1/4 OF SECTION 33, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Address: 2750 S. River Road, Des Plaines, IL 60018
Tax ID#: 09-33-203-007-0000; 09-33-401-006-0000; 09-34-300-001-0000

ATTACHMENT 2 Site Ownership

EXHIBIT B

PERMITTED ENCUMBRANCES

1. Real estate taxes and assessments for the year 2016 and thereafter, not yet due or payable.
2. Grant of Easement dated November 30, 1981 and filed January 20, 1982 as document number LR3247352 from O'Hare International Bank, as Trustee under Trust Agreement dated August 31, 1981 known as Trust Number 81L-1426 to Central Telephone Company, a corporation of Illinois, in, upon, under, over and along the land to install and maintain all equipment for the purpose of serving the land and other property with telephone service, together with right of access to said equipment.
3. Easement over the land to use the existing storm sewer system located on the land and right to install storm sewer pipes, drains and conduits, together with right to enter upon the land to maintain, repair or replace said pipes as contained in grant to Arthur P. Swanson and National Association of Independent Insurers filed February 6, 1973 as document number LR2673898.
4. Covenants and restrictions (but omitting any such covenant or restriction based on race, color, religion, sex, handicap, familial status or national origin unless and only to the extent that said covenant (A) is exempt under chapter 42, section 3607 of the United States Code or (B) relates to handicap but does not discriminate against handicapped persons), contained in Agreement recorded September 6, 1967 as document 20251357 made by Arthur J. Rogers relating to the use of the land; the land may not be used for bakeries, bicycle sales and repair shops, catering establishments, dressmaking establishments or tailor shops, electrical shops, garages for public storage of cars, laundromats, locksmith shops, receiving and delivery stores for wet, dry or steam cleaning, retail shops or stores, shoe repair shops, undertaking establishments, taverns and cocktail lounges.
5. Survey prepared by Edward J. Molloy & Associates, Ltd., dated June 11, 1993, under Job No. 930520, showing the following:
 - a. Encroachment of the chain link fence located mainly on the land onto the property South and adjoining by approximately 0.16 to 0.84 feet.
 - b. Rights, if any, of public and quasi-public utilities in the land as evidenced by catch basin, manholes, sewer manholes, electric meters, telephone manholes and utility pole.
 - c. Encroachment of the parking lot located mainly on the land onto the property West and adjoining by an undisclosed amount.
 - d. Encroachment of the parking spaces located mainly on the land onto the easement shown shown on said survey.
6. Rights of the Public, the State of Illinois and the municipality in and to that part of the land, if any, taken or used for road purposes.
7. Rights of way for drainage tiles, ditches, feeders and laterals, if any.
8. Terms, conditions and provisions of the instruments filed as document number 93621857 and document number LR3243051, together with the rights of the adjoining owners in and to the concurrent use of the easements created by said instruments.
9. All matters disclosed by ALTA/NSPS Land Title Survey, dated September 2, 2016, prepared by Gremley & Biedermann, Order No. 2016-22890-001.
10. Lease Agreement, dated December 15, 2014, by and between Forestview River, L.P. and CPMG – MA, LLC d/b/a Comprehensive Pain Management Group

STATE OF ILLINOIS)
)SS.
COUNTY OF COOK)

Section A. Said deed is not applicable as the grantors own no adjoining property to the premises described in said deed.

Section B. The conveyance falls within one of the following exemptions set forth in the Act at paragraph (b) of 1:

- CIRCLE LETTER OR NUMBER WHICH IS APPLICABLE TO ATTACHED DEED.*

FORESTVIEW RIVER, L.P.,
an Illinois limited partnership

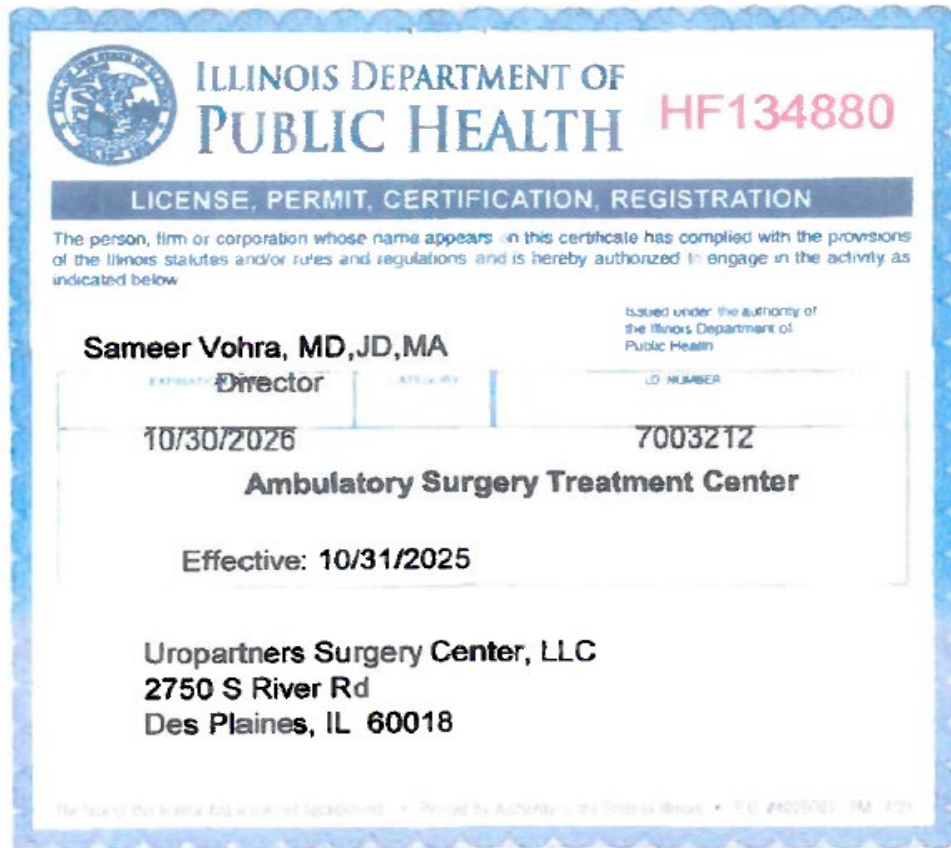
By: [Signature]
Name: VINOD K. ROYAL
Title: PRES. I.G.P.

NOTARY PUBLIC
549/9528.2



ATTACHMENT 3 Operating Entity/Licensee

The operating entity and the licensee will continue to be the ASTC, UroPartners Surgery Center, LLC after the transaction. The ownership of UroPartners Surgery Center, LLC by UroPartners, LLC will remain unchanged.



The image shows a license from the Illinois Department of Public Health. It is a blue-bordered card with a scalloped edge. At the top left is the state seal. The text 'ILLINOIS DEPARTMENT OF PUBLIC HEALTH' is in large blue letters. To the right, 'HF134880' is printed in red. Below this is a dark blue bar with white text: 'LICENSE, PERMIT, CERTIFICATION, REGISTRATION'. A paragraph of text follows: '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'. Below this, 'Sameer Vohra, MD,JD,MA' is listed as the 'Director'. To the right, it says 'Issued under the authority of the Illinois Department of Public Health'. Below the name, there is a table with three columns: 'EXPIRATION DATE', 'AUTHORITY', and 'ID NUMBER'. The first row contains '10/30/2026', 'Ambulatory Surgery Treatment Center', and '7003212'. Below the table, it says 'Effective: 10/31/2025'. At the bottom, the address 'UroPartners Surgery Center, LLC, 2750 S River Rd, Des Plaines, IL 60018' is listed. At the very bottom, small text reads: 'The face of this license has a color red background. Printed by Authority in the State of Illinois. • P.O. #4025701 TM 1/21'.

ILLINOIS DEPARTMENT OF
PUBLIC HEALTH HF134880

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
Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	AUTHORITY	ID NUMBER
10/30/2026	Ambulatory Surgery Treatment Center	7003212

Effective: 10/31/2025

UroPartners Surgery Center, LLC
2750 S River Rd
Des Plaines, IL 60018

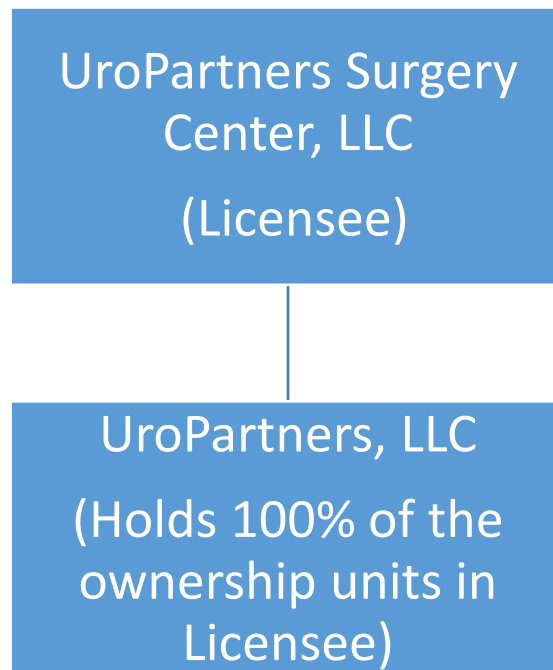
The face of this license has a color red background. Printed by Authority in the State of Illinois. • P.O. #4025701 TM 1/21

ATTACHMENT 4

PRIOR TO CHANGE OF OWNERSHIP

Prior to this transaction, UroPartners, LLC was wholly owned by physicians who are active members of the practice. A list of those physicians and their percentage of ownership is below. UroPartners, LLC will remain the sole owner of an ASTC, UroPartners Surgery Center, LLC after this transaction.

<u>MEMBER</u>	<u>PERCENTAGE OF OWNERSHIP</u>
John J. Cudecki, M.D.	37.5%
Richard Harris, M.D.	37.5%
Thomas A. Will, M.D.	25%

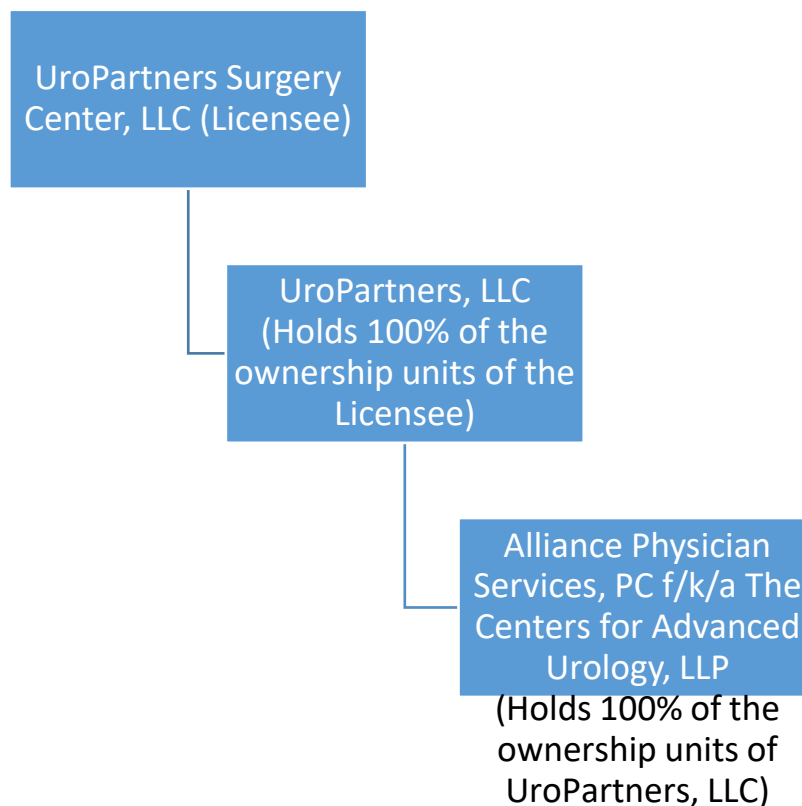


ATTACHMENT 4

AFTER CHANGE OF OWNERSHIP

After the transaction, ownership of UroPartners, LLC will rest with Alliance Physician Services, PC f/k/a The Centers for Advanced Urology, LLP. Alliance Physician Services, PC f/k/a The Centers for Advanced Urology, LLP is wholly owned by four physicians, listed below. The ownership of the ASTC, UroPartners Surgery Center, LLC, will remain with UroPartners, LLC after the transaction.

<u>MEMBER</u>	<u>PERCENTAGE OF OWNERSHIP</u>
James Jerome Weber, M.D.	81%
Jonathon Casey Chapman, M.D.	6.33%
Rajesh Patel, M.D.	6.33%
James Abram McBride, M.D.	6.33%



ATTACHMENT 5

Background of the Applicant

The following information is provided to illustrate the qualifications, background and character of the Applicants and to assure the HFSRB that the proposed transaction will not adversely impact access to care nor undermine the ongoing provision of health care services for the community.

UroPartners, LLC

UroPartners, LLC is a corporate entity owned by physicians who practice through the UroPartners physician group. Before the transaction, UroPartners, LLC is owned by three physicians. After the transaction, UroPartners, LLC will be owned by Alliance Physician Services, PC f/k/a The Centers for Advanced Urology, LLP. Alliance Physician Services, PC f/k/a The Centers for Advanced Urology, LLP is owned by four physicians. The ownership structure is reflected in Attachment 4. UroPartners, LLC operates the ambulatory surgical treatment center ("ASTC"), the subject of this COE application, along with three Prostate Centers and dozens of physician offices throughout the Chicagoland locations. The licensee will remain unchanged.

UroPartners, LLC is the leading independent urology group in the Midwest and is made up of board-certified urologists, radiation oncologists, pathologists, and advanced practice providers. The group's multidisciplinary structure creates seamless coordination across diagnostics, medical management, surgical intervention, radiation therapy, and ongoing surveillance. The doctors provide advanced care and state-of-the-art techniques to treat urological conditions. UroPartners, LLC's mission is to deliver comprehensive, patient-centered care in all aspects of adult urology. UroPartners, LLC is experienced in general urology, men's health, urologic oncology, kidney stone management, female pelvic health, and advanced minimally invasive surgery.

UroPartners, LLC has access to its own laboratory and pathologists who provide rapid and reliable test results, which is incredibly important to their patients undergoing treatment and evaluation for cancer and other urological issues. The laboratory is accredited by the College of American Pathologists and staffed by full time pathologists and expert technologists in the field of anatomic pathology, cytology/FISH, blood studies, and microbiology. Access to these types of tests combined with other equipment utilized by UroPartners, LLC allows them to provide a high level of care to their patient base.

UroPartners Surgery Center, LLC

UroPartners Surgery Center, LLC is a Medicare-certified ASTC owned by UroPartners, LLC. As demonstrated in Attachment 4, UroPartners Surgery Center, LLC's direct ownership structure will not change. UroPartners, LLC will own UroPartners Surgery Center, LLC before and after the transaction. The licensee will remain unchanged.

The ASTC is a state-of-the-art facility equipped with three operating rooms designed to provide the highest quality patient care at a reasonable price. The ASTC is rooted in its commitment to patient education to empower patients to make confident decisions about their health. The ASTC serves urologic outpatient surgical patients with a range of urologic procedures, including cystourethroscopy, stent placements and removals, laser fulguration of lesions and tumors, lithotripsy, circumcision and revision circumcisions, vasectomy, prostate biopsy (Fusion Biopsy), laser vaporization of the prostate, brachytherapy, insertion of penile prosthetic, and excision of hydroceles. The surgeons are bolstered by an experienced team of registered nurses, anesthesia providers and other surgical personnel trained in outpatient surgical and recovery care. The continued operation of the ASTC will yield cost savings to the facility and to the community which it serves.

ATTACHMENT 5

Background of the Applicant

Alliance Physician Services, PC f/k/a The Centers for Advanced Urology, LLP

Alliance Physician Services, PC f/k/a The Centers for Advanced Urology, LLP is owned by four physicians. After the transaction, Alliance Physician Services, PC will own UroPartners, LLC. UroPartners, LLC will remain the owner of the licensee, UroPartners Surgery Center, LLC. The licensee will remain unchanged.

Dr. James Weber is a highly experienced gastroenterologist and healthcare executive whose career reflects decades of leadership, clinical practice, and professional distinction. He has served as Chief Executive Officer of GI Alliance since 2018 and as President of Texas Digestive Disease Consultants since 2003. He previously served as Medical Director of Lone Star Endoscopy Centers and as Chief of Staff and Chief of Gastroenterology at Baylor Regional Medical Center in Grapevine, reflecting substantial experience in both physician leadership and healthcare administration.

In addition to these significant professional roles, Dr. Weber has maintained board certification in Internal Medicine and Gastroenterology, including multiple recertifications in gastroenterology. His career has also been recognized through honors including Best Doctors in Dallas, Top Doctors in Tarrant County, and Doctor of the Year.

His academic training, including his medical degree from the University of Texas Southern Medical School, residency at Parkland Memorial Hospital, and fellowship at Baylor University Medical Center provided the foundation for a career of meaningful contributions to the field of gastroenterology.

Dr. Jonathon Casey Chapman has held senior professional roles in gastroenterology for more than a decade. He has served as a partner at Gastroenterology Associates and the Louisiana Endoscopy Center since 2016, after practicing with the group as a physician beginning in 2012. He has also served as Assistant Professor of Clinical Medicine/Gastroenterology at Louisiana State University since 2014. These roles reflect substantial responsibility in clinical practice and academic medicine, as well as sustained involvement in the treatment of complex gastrointestinal conditions.

He has served as principal investigator and sub-investigator on numerous multicenter clinical studies, particularly in inflammatory bowel disease, Crohn's disease, and ulcerative colitis. He has published and co-authored review articles, case reports, and textbook material, including work appearing in publications such as the *World Journal of Gastrointestinal Pharmacology and Therapeutics* and *The American Journal of Gastroenterology*. In addition, his consulting experience includes long-standing service on the AbbVie and Salix speakers bureaus and physician-practice consulting related to developments in the healthcare field. He received his medical degree from Louisiana State University School of Medicine in New Orleans. He completed his internship and residency at Louisiana State University Health Science Center in Baton Rouge and his gastroenterology fellowship at Louisiana State University Health Science Center in Shreveport.

Dr. Rajesh Patel's career includes substantial experience in clinical practice, physician organization leadership, and hospital administration. He has held a number of senior leadership positions, including Medical Director of Robotics at South Suburban Hospital, Chairman of Surgery at Ingalls Hospital, President and Chairman of Surgery at Ingalls Hospital, President and Chairman of the Executive Committee of Associated Urological Specialists, and Chief Medical Officer of that organization. He has also served on the governing boards of South Suburban Hospital and Solaris Health, reflecting experience with both operational and governance responsibilities in clinical settings.

ATTACHMENT 5

Background of the Applicant

In addition to his clinical and administrative work, Dr. Patel has an extensive research background spanning laboratory, translational, and policy-focused work, including multi-year research at the University of Chicago on ischemia-reperfusion injury and earlier research at Albany Medical College and Columbia University. His scholarship has resulted in publications and abstracts in established platforms including *Annals of Internal Medicine*, *Urology*, *The Journal of Urology*, and a National Academy of Sciences/National Research Council publication.

Dr. Patel completed Albany Medical College's combined six-year B.S.-M.D. program and subsequently completed training in general surgery and adult and pediatric urology at the University of Chicago Medical Center, along with dedicated research appointments. He is board certified in adult and pediatric urology.

Dr. James Abram McBride is a urologist with significant leadership experience in both physician practice management and hospital governance. He currently serves as Market President of Colorado Springs Urological Associates, Chairman of the Department of Surgery at Penrose-St. Francis Hospital, a member of the hospital's Medical Executive Committee, and a member of the National Board of Directors of Solaris Health. He previously served as Chief Medical Officer of Colorado Springs Urological Associates and continues to hold a position on its local executive board.

In addition to his leadership roles, Dr. McBride has maintained an active record of scholarship and professional contribution. His work includes peer-reviewed publications, book chapters, commentaries, and national and regional presentations addressing men's health, male infertility, reproductive medicine, testosterone deficiency, patient education, and related clinical topics. He has also served as faculty, lecturer, and proctor in professional training settings.

Dr. McBride completed a fellowship in Male Infertility and Reproductive Medicine at Baylor University after finishing his urologic surgery residency and general surgery internship at the University of North Carolina Hospitals. He received his medical degree from Eastern Virginia Medical School.

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

The only healthcare facilities, as that term is defined by HFSRB regulations, is the surgery center that is the subject of this COE 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.

None.

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 5 is a letter from UroPartners Surgery Center LLC, UroPartners LLC, and Alliance Physician Services f/k/a The Centers for Advanced Urology, LLP, and Alliance Physician Services' physician owners verifying that no adverse actions have taken place.

ATTACHMENT 5

Background of the Applicant

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 5 is each 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



June 16, 2026

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

Re: UroPartners Surgery Center, LLC – Certification and Authorization

Dear Mr. Kniery,

As a representative of UroPartners, LLC and UroPartners Surgery Center, LLC, I, Justin Cohen, M.D., 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: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that UroPartners, LLC holds an interest in the UroPartners Surgery Center, LLC. UroPartners Surgery Center, LLC has no ownership interest in any other healthcare facilities in Illinois. There have been no adverse actions at UroPartners Surgery Center in the past three (3) years.

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

Sincerely,

Justin Cohen, M.D.
President
UroPartners, LLC

ATTACHMENT 5

Background of the Applicant

June 16, 2026

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

Re: UroPartners Surgery Center, LLC – Certification and Authorization

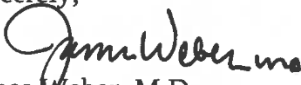
Dear Mr. Kniery,

As a representative of Alliance Physician Services, PC f/k/a The Centers for Advanced Urology, LLP, I, James Weber, M.D., 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: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that Alliance Physician Services, PC f/k/a The Centers for Advanced Urology, LLP has no ownership interest in any other healthcare facilities in Illinois. Therefore, there are no adverse actions to report in the past three (3) years.

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

Sincerely,



James Weber, M.D.

President

Alliance Physician Services, PC f/k/a The Centers for Advanced Urology, LLP

ATTACHMENT 5

Background of the Applicant

June 16, 2026

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

Re: UroPartners Surgery Center, LLC – Certification and Authorization

Dear Mr. Kniery,

I, James Jerome Weber, M.D., 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: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that I have no ownership interest in any other healthcare facilities in Illinois. Therefore, there are no adverse actions to report in the past three (3) years.

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

Sincerely,


James Jerome Weber, M.D.

ATTACHMENT 5

Background of the Applicant

June 16, 2026

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

Re: UroPartners Surgery Center, LLC – Certification and Authorization

Dear Mr. Kniery,

I, Jonathon Casey Chapman, M.D., 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: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that I have no ownership interest in any other healthcare facilities in Illinois. Therefore, there are no adverse actions to report in the past three (3) years.

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

Sincerely,

J. Casey Chapman, M.D.

A handwritten signature in black ink, appearing to be 'JC' with a stylized flourish.

ATTACHMENT 5

Background of the Applicant

June 16, 2026

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

Re: UroPartners Surgery Center, LLC – Certification and Authorization

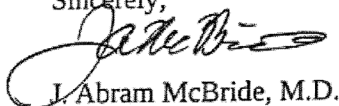
Dear Mr. Kniery,

I, James Abram McBride, M.D., 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: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that I have no ownership interest in any other healthcare facilities in Illinois. Therefore, there are no adverse actions to report in the past three (3) years.

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

Sincerely,



J. Abram McBride, M.D.

ATTACHMENT 5 Background of the Applicant

June 16, 2026

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

Re: UroPartners Surgery Center, LLC – Certification and Authorization

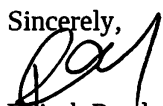
Dear Mr. Kniery,

I, Rajesh Patel, M.D., 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: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that I have no ownership interest in any other healthcare facilities in Illinois. Therefore, there are no adverse actions to report in the past three (3) years.

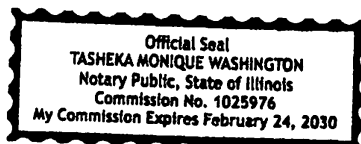
I hereby certify this is true and based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,



Rajesh Patel, M.D.

Tasheka Monique Washington



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:

- UroPartners, LLC
- UroPartners Surgery Center, LLC (License Holder)
- Alliance Physician Services, PC f/k/a The Centers for Advanced Urology, LLP
- James Weber, M.D.
- J. Casey Chapman, M.D.
- Rajesh Patel, M.D.
- J. Abram McBride, M.D.

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

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.”

UroPartners Surgery Center, LLC is the licensee and wholly owned and operated by UroPartners, LLC. Post-transaction, the physician owners of UroPartners, LLC will transfer their ownership interest in UroPartners, LLC to Alliance Physician Services, PC f/k/a The Centers for Advanced Urology, LLP.

Alliance Physician Services, PC f/k/a The Centers for Advanced Urology, LLP is owned by four physicians. A list of those physicians and their percentage of ownership is listed in Attachment 4.

UroPartners, LLC remains the direct owner of UroPartners Surgery Center, LLC. The only change of ownership is in the ownership of UroPartners, LLC. To be clear, the licensee and its operations will remain unchanged by the transaction.

ATTACHMENT 6

Change of Ownership

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

“Fair market value of assets to be transferred.”

The transaction’s nominal \$100 value reflects that the transaction is principally a restructuring of ownership of UroPartners, LLC to facilitate corporate ease and reorganization. The de minimis value reflects the transaction is limited and does not involve a separate transfer of assets, real estate, or a change in licensee. The licensee and operations of the ASTC itself will remain unchanged.

ATTACHMENT 6

Change of Ownership

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

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

The transaction's nominal \$100 value reflects that the transaction is principally a restructuring of ownership of UroPartners, LLC to facilitate corporate ease and reorganization. The de minimis value reflects the transaction is limited and does not involve a separate transfer of assets, real estate, or a change in licensee. The licensee and operations of the ASTC itself will remain unchanged.

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"

Project 25-024, UroPartners Imaging Center - This project will be complete by the time this exemption is considered by the Board.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(3) - 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)(4) - Anticipated Benefits to the Community

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

This purpose of this project is to ensure long term stability of the UroPartners practice which will ultimately ensure that the residents of the community and the patients served by UroPartners Surgery Center, LLC will continue to have access to the care and procedures they need. The facility has always made an effort to provide care for patients within their community, regardless of their ability to pay. They have and will continue to provide services to its patient populations.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(5) - Anticipated Cost Savings for the Community and Facility

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

This shift in ownership will not negatively impact the continuity of service to the community as this transaction is essentially a corporate reorganization and there are no anticipated impacts to the operations or services in connection with this change. The continued operation of this surgery center may yield cost savings to the facility and the community which it serves, and those savings result in lower costs to the healthcare system and the patients themselves.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(6) - Quality Improvement Program

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

The facility'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)(7) - Facility's Governing Body

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

UroPartners Surgery Center, LLC's governing body will not change as a result of the transaction.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(9) - Summary of Proposed Changes Within 24 Months

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

This transaction does not envision any proposed changes to the scope of services or level of care currently provided in the facility. This is a deliberate aspect of this transaction and reflects an effort to ensure minimal disruption to the patients served by the facility. As a result of this transaction, there is no expectation of any disruption to 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 to the scope of services or levels of care within 24 months of this transaction.

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**			
	Year	Year	Year
	2022	2023	2024
Net Patient Revenue	\$9,956,533	\$4,238,821	\$15,402,191
Amount of Charity Care (charges)	\$0	\$0	\$0
Cost of Charity Care	\$0	\$0	\$0

*** Note: While UroPartners, as a medical practice, engages in significant charitable acts and provides unreimbursed care, the process followed does not conform to the HFSRB definition of Charity Care and, as such, no charity care is listed.*

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

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