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ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTIONILLINOIS 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: O'Fallon Surgical Center		
Street Address: 741 Insight Avenue		
City and Zip Code: O'Fallon, Illinois 62269		
County: St. Clair	Health Service Area: 11	Health Planning Area: F-01

Legislators

State Senator Name: Christopher Belt
State Representative Name: Jay Hoffman

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

Exact Legal Name: O'Fallon Surgical Center, LLC
Street Address: 741 Insight Avenue
City and Zip Code: O'Fallon, Illinois 62269
Name of Registered Agent: Mike Miller
Registered Agent Street Address: 5023 North Illinois Street
Registered Agent City and Zip Code: Fairview Heights, Illinois 62208
Name of Chief Executive Officer: Shakeel Ahmed
CEO Street Address: 5023 North Illinois Street
CEO City and Zip Code: Fairview Heights, Illinois 62208
CEO Telephone Number: 618-239-0678

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: Riley Holleran and Lisa Hodges
Title: Lawyer and team
Company Name: Sandberg Phoenix
Address: 701 Market St 6th Floor, St. Louis, MO 63101
Telephone Number: 314.425.6951
E-mail Address: rholleran@sandbergphoenix.com, lhodges@sandbergphoenix.com
Fax Number: 314.241.7604

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 04/2021 Edition

Facility/Project Identification

Facility Name: O'Fallon Surgical Center		
Street Address: 741 Insight Avenue		
City and Zip Code: O'Fallon, Illinois 62269		
County: St. Clair	Health Service Area: 11	Health Planning Area: F-01

Legislators

State Senator Name: Christopher Belt
State Representative Name: Jay Hoffman

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

Exact Legal Name: Insight741 LLC
Street Address: 741 Insight Avenue
City and Zip Code: O'Fallon, Illinois 62269
Name of Registered Agent: Sandberg, Phoenix, & Von Gontard, P.C.
Registered Agent Street Address: 475 Regency Park, Suite 310
Registered Agent City and Zip Code: O'Fallon, Illinois 62269
Name of Chief Executive Officer: Michael Stock
CEO Street Address: 705 Insight Ave
CEO City and Zip Code: O'Fallon, Illinois 62269
CEO Telephone Number: 618-391-1660

Type of Ownership of Applicants

☐ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
☒ Limited Liability Company	☐ Sole Proprietorship
☐ Other	
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Title: Lawyer and team
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Telephone Number: 314.425.6951
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City and Zip Code: O'Fallon, Illinois 62269		
County: St. Clair	Health Service Area: 11	Health Planning Area: F-01

Legislators

State Senator Name: Christopher Belt
State Representative Name: Jay Hoffman

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

Exact Legal Name: Haris Assets, LLC
Street Address: 5023 North Illinois Street
City and Zip Code: Fairview Heights, IL 62208
Name of Registered Agent: Shakeel Ahmed
Registered Agent Street Address: 5023 North Illinois Street
Registered Agent City and Zip Code: Fairview Heights, Illinois 62208
Name of Chief Executive Officer: Shakeel Ahmed
CEO Street Address: 5023 North Illinois Street
CEO City and Zip Code: Fairview Heights, IL 62208
CEO Telephone Number: 618-239-0678

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Title: Lawyer and team
Company Name: Sandberg Phoenix
Address: 701 Market St 6th Floor, St. Louis, MO 63101
Telephone Number: 314.425.6951
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City and Zip Code: O'Fallon, Illinois 62269		
County: St. Clair	Health Service Area: 11	Health Planning Area: F-01

Legislators

State Senator Name: Christopher Belt
State Representative Name: Jay Hoffman

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

Exact Legal Name: Michael Stock
Street Address: 705 Insight Avenue
City and Zip Code: O'Fallon, Illinois 62269
Name of Registered Agent: Lindsey Spahr
Registered Agent Street Address: 705 Insight Ave.
Registered Agent City and Zip Code: O'Fallon, Illinois 62269
Name of Chief Executive Officer: Lindsey Spahr
CEO Street Address: 705 Insight Ave
CEO City and Zip Code: O'Fallon, IL 62269
CEO Telephone Number: 618-391-1660

Type of Ownership of Applicants

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Title: Lawyer and team
Company Name: Sandberg Phoenix
Address: 701 Market St 6th Floor, St. Louis, MO 63101
Telephone Number: 314.425.6951
E-mail Address: rholleran@sandbergphoenix.com, lhodges@sandbergphoenix.com
Fax Number: 314.241.7604

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

Name: Kara Friedman
Title: Lawyer
Company Name: Aronberg Goldgehn Davis & Garmisa
Address: 225 W. Washington St. Suite 2800 Chicago, IL 60606
Telephone Number: 312.755.3157
E-mail Address: Kfriedman@agdglaw.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: Michael Stock, MD (Owner) and Lindsey Spahr (CEO)
Title: Owner and CEO
Company Name: Ideal Eye Surgery, LLC
Address: 705 Insight Ave, O'Fallon, IL 62269
Telephone Number: 618.391.1660
E-mail Address: drstock@idealeyesurgery.com; lindsey@idealeyesurgery.com
Fax Number: 618.391.1660

Operating Identity/Licensee after the Project is Complete

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

Exact Legal Name: O'Fallon Surgical Center, LLC

Address: 741 Insight Avenue, O'Fallon, Illinois 62269

- ☐ Non-profit Corporation
☐ For-profit Corporation
☒ Limited Liability Company
Other

- ☐ Partnership
☐ Governmental
☐ Sole Proprietorship

☐

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Site Ownership after the Project is Complete

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Insight 741, LLC

Address of Site Owner: 741 Insight Ave, O'Fallon, IL 62269

Street Address or Legal Description of the Site: 741 Insight Ave, O'Fallon, IL 62269

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 O'Fallon Surgical Center, LLC	
Address: 741 Insight Ave, O'Fallon, IL 62269	
☐ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
☒ Limited Liability Company	☐ Sole Proprietorship ☐
Other	
- o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. - o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. - o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
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Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Narrative Description

In the space below, provide a brief narrative description of the change of ownership. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site.

This Certificate of Exemption ("COE") application proposes the change of ownership of O'Fallon Surgical Center, LLC, an ambulatory surgical treatment center located at 741 Insight Avenue, O'Fallon, Illinois 62269 (the "Surgery Center") as well as the building and related real estate of the surgery center. O'Fallon Surgical Center, LLC is the operating entity/licensee of the Surgery Center. Dr. Shakeel Ahmed ("Seller") owns 88.44% of O'Fallon Surgical Center and Dr. Michael Stock of Ideal Eye Surgery, LLC ("Buyer") owns 11.56%. Haris Assets, LLC, which is wholly owned by Dr. Ahmed, is the owner of real estate where the Surgery Center is located.

Buyer will acquire the assets currently held by O'Fallon Surgical Center, LLC as well as the real estate owned by Haris Assets, LLC. The surgery center will continue to operate at the same location, and the licensee will stay the same entity. Buyer will acquire Seller's interest in O'Fallon Surgical Center, LLC and substantially all of the assets of Haris Assets, LLC. Upon completion of the transaction, Dr. Michael Stock will hold 100% of the issued and outstanding interest of O'Fallon Surgical Center, LLC and Insight741 LLC will own the real estate held by Haris Assets, LLC. The real estate transaction is an asset purchase agreement.

Ideal Eye Surgery, LLC provides ophthalmic and surgical care throughout Southern and Central Illinois, seeing patients at over 17 locations and operating ophthalmic surgery services at 12 facilities.

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: \$____9,250,000_____
Fair Market Value: \$____9,250,000_____

Project Status and Completion Schedules

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

Anticipated exemption completion date (refer to Part 1130.570): _____

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 **Michael Stock, 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

Michael Stock, M.D.

Printed Name

Signature

Printed Name


Printed Title

Printed Title

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


Signature of Notary

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

Signature of Notary

Seal
*Insert the EXACT legal name of the applicant

Seal

KATELYN ELIZABETH COBBS
Notary Public - Notary Seal
St Louis County - State of Missouri
Commission Number 25243124
My Commission Expires Jun 26, 2029

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 Insight741 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

Michael Stock, M.D.

Printed Name

Manager

Printed Title

Signature

Printed Name

Printed Title

Notarization:

Subscribed and sworn to before me
this 25 day of August



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

KATELYN ELIZABETH COBBS
Notary Public - Notary Seal
St Louis County - State of Missouri
Commission Number 25243124
My Commission Expires Jun 26, 2029

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

Signature

Shakeel Ahmed, M.D.

Printed Name

Manager

Printed Title

Signature

Printed Name

Printed Title

Notarization:

Subscribed and sworn to before me
this 25th day of August, 2026

Notarization:

Subscribed and sworn to before me
this _____ day of _____

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

LAURIE L CRAIG

Official Seal

Notary Public - State of Illinois

My Commission Expires Sep 26, 2026

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 Haris Assets, 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

Shakeel Ahmed, M.D.

Printed Name

Manager

Printed Title

Signature

Printed Name

Printed Title

Notarization:

Subscribed and sworn to before me
this 26th day of August, 2026

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

LAURIE L CRAIG
Official Seal
Notary Public - State of Illinois
My Commission Expires Sep 26, 2026

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

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CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 2024 Edition**

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

SECTION IV.CHARITY CARE INFORMATION

1.

All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2.

If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3.

If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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

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

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

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

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

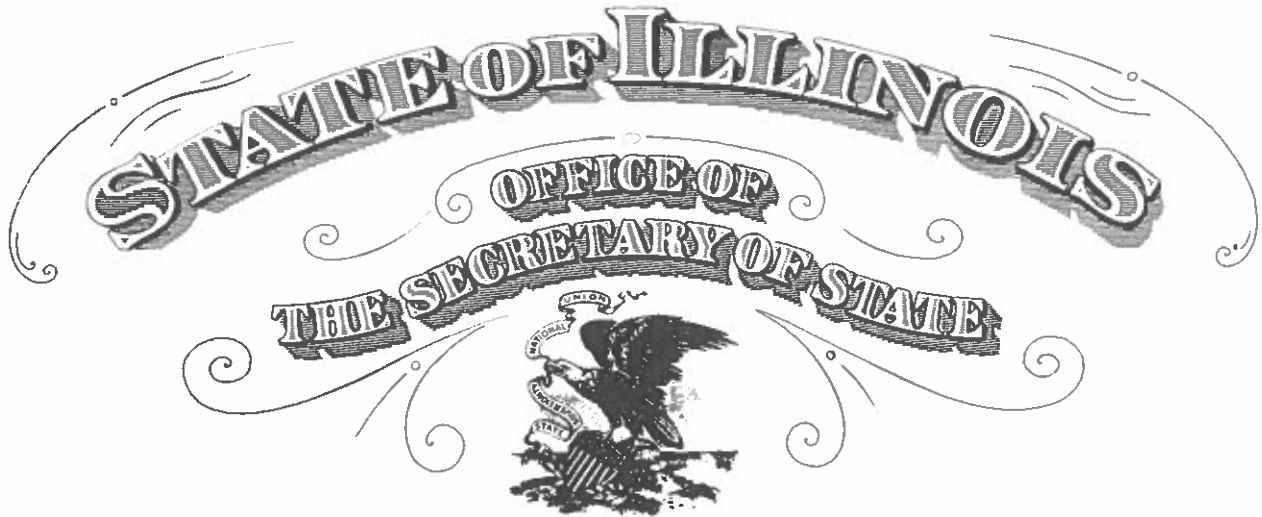
After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

INDEX OF ATTACHMENTS			
ATTACHMENT NO.			PAGES
	1	Applicant Identification including Certificate of Good Standing	21-24
	2	Site Ownership	25
	3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	26
	4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	27-29
	5	Background of the Applicant	30-34
	6	Change of Ownership	35-37
	7	Charity Care Information	38

Attachment 1: Applicant Identification including Certificate of Good Standing

Attached hereto as Attachment 1 are Good Standing Certificates issued by the Illinois Secretary of State for:

1. O'Fallon Surgical Center
2. Haris Assets, LLC
3. I n s i g h t 7 4 1 , L L C



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

O'FALLON SURGICAL CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 08, 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.

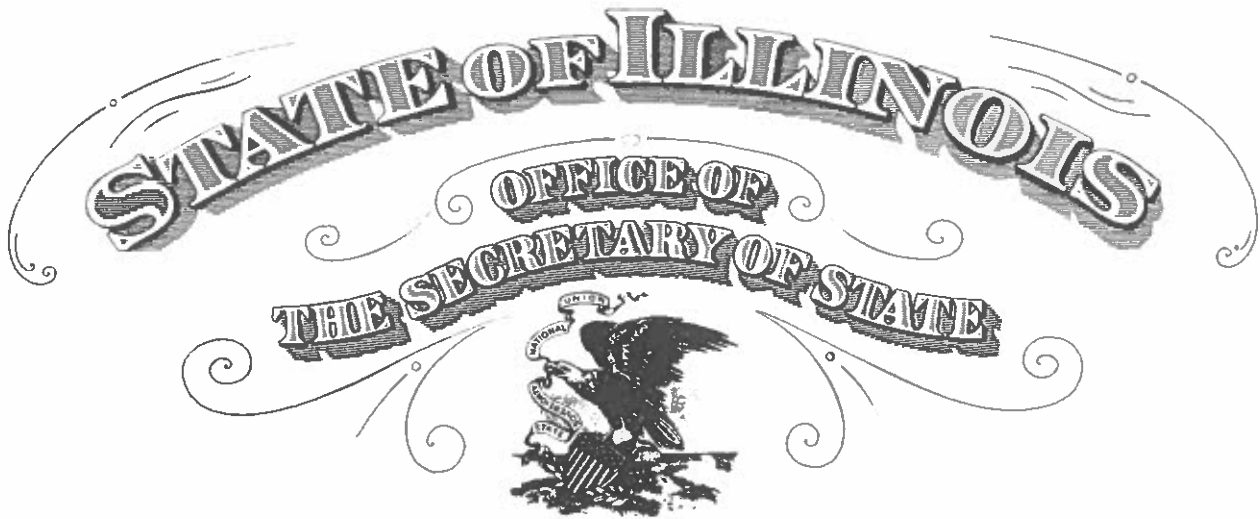


In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 14TH day of AUGUST A.D. 2026 .

Authentication #: 2622601474 verifiable until 08/14/2027

Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulis
SECRETARY OF STATE



To all to whom these Presents Shall Come, Greeting:

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

HARIS ASSETS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 31, 2019, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

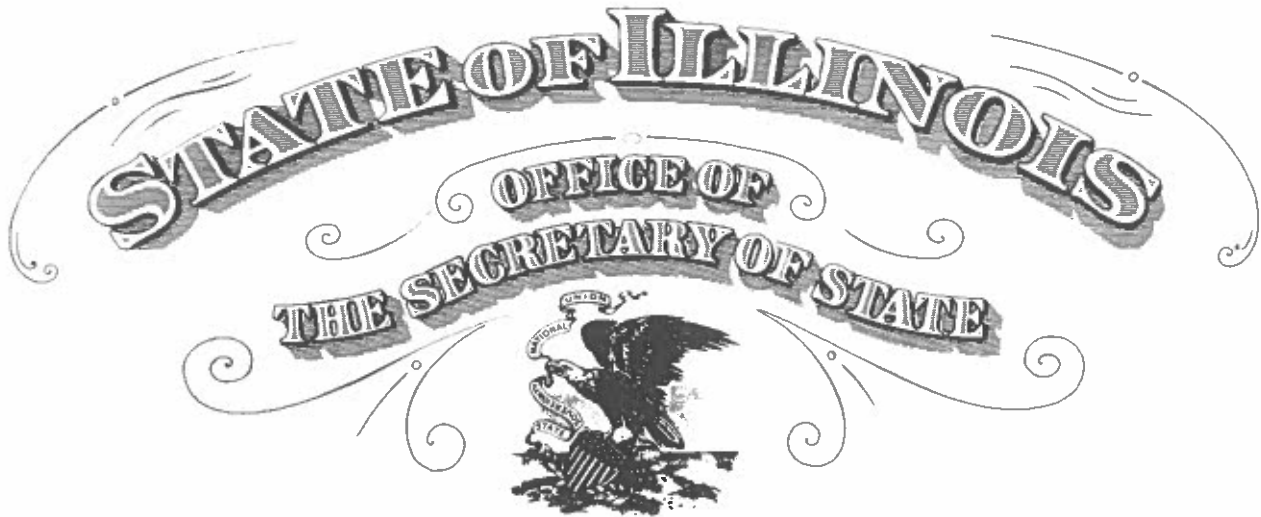
In Testim ony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 10TH day of AUGUST A.D. 2026 .



Authentication #: 2622203308 verifiable until 08/10/2027

Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulis
SECRETARY OF STATE



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

INSIGHT741 LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 09, 2026, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 20TH day of AUGUST A.D. 2026 .

Authentication #: 2623200728 verifiable until 08/20/2027
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas
SECRETARY OF STATE

ATTACHMENT 2: SITE OWNERSHIP

By signing the certification pages within this application, the Applicants attest that Haris Assets, LLC owns the property at 741 Insight Avenue, O'Fallon, IL 62269.

Legal Description of the land:

Parcel 1:

Lot 7 in INSIGHT PROFESSIONAL PARK SUBDIVISION, being a resubdivision of Lot 5 in FRIEZE HARLEY DAVIDSON SUBDIVISION, being a part of the West Half of the Southwest Quarter of Section 30, Township 2 North, Range 7 West of the Third Principal Meridian, according to the plat thereof recorded July 1, 2019 as document A02617937, 1st Amendment to Insight Professional Park recorded November 01, 2019 as document A02632010 and 2nd Amendment to Insight Professional Park recorded January 15, 2020 as document A02639302, in the City of O'Fallon, St. Clair County, Illinois.

Parcel 2:

An easement for ingress and egress for the benefit of Parcel 1 over the 35 foot wide and 50 foot wide strips of land as described in the Reciprocal Easement Agreement recorded June 8, 1998 as document A01436161, in Deed Book 3255, Page 958 of said St. Clair County Recorder's Office, and the addendum to said easement as shown on the plat of FRIEZE HARLEY DAVIDSON SUBDIVISION.

EXCEPT the coal, oil, gas and other minerals underlying the surface of said land and all rights and easements in favor of the estate of said coal, oil, gas and other minerals, if any. Situated in the County of St. Clair, State of Illinois.

Permanent Index Number: 04-30.0-303-102

ATTACHMENT 3: Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.

Dr. Ahmed Dr Shakeel Ahmed owns 88.44% of OFallon Surgical Center, LLC and 100% of Haris Assets, LLC.

Michael Stock d/b/a Ideal Eye Surgery, LLC owns 11.56% of O'Fallon Surgical Center, LLC and after this transaction will own 100% O'Fallon Surgical Center, LLC and will be the sole member of Insight741, LLC, which will own the real estate where the Surgery Center is located.

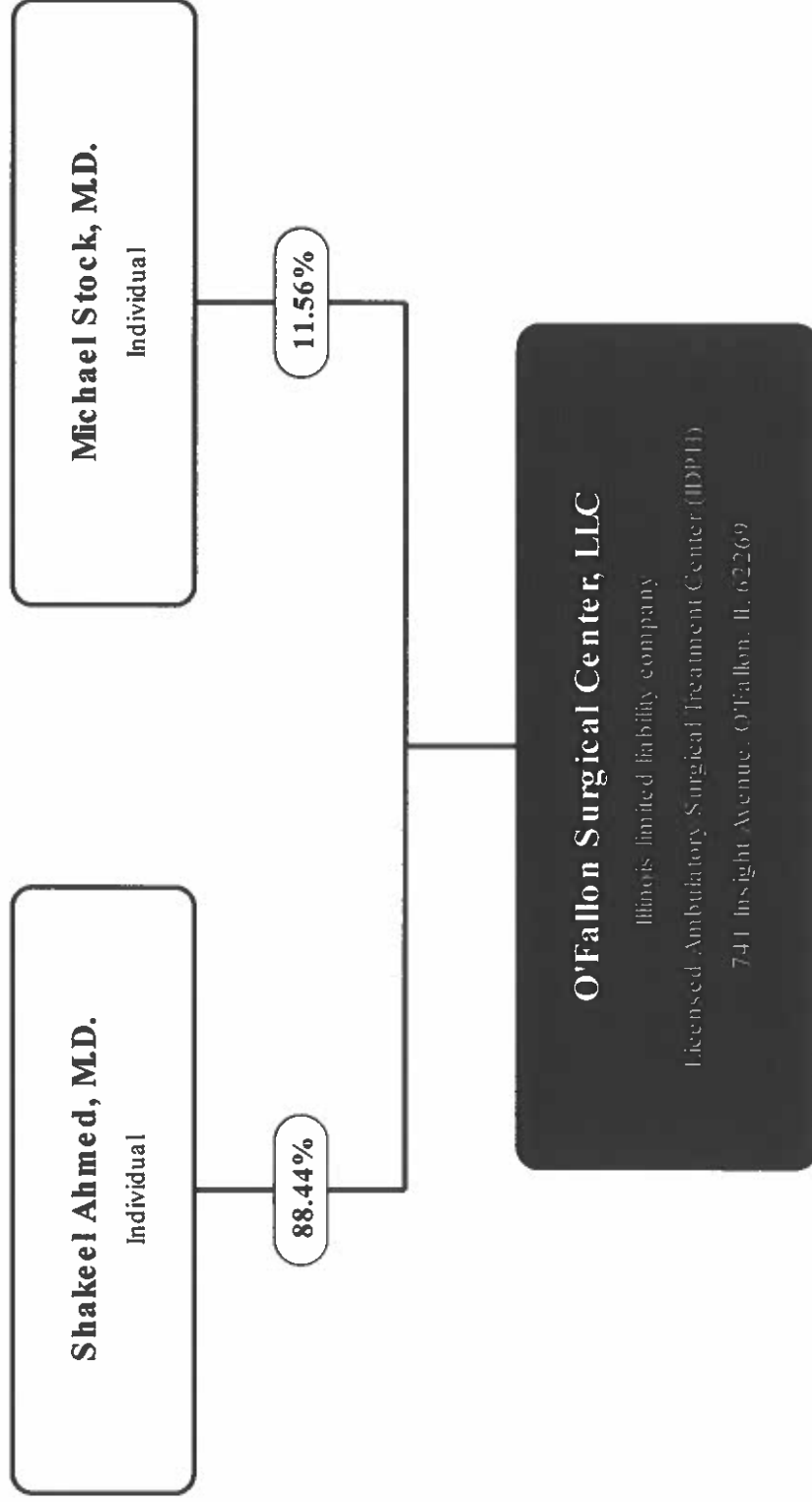
**ATTACHMENT 4: Organizational Relationships (Organizational Chart) Certificate
of Good Standing Etc.**

The pre-closing and post-closing organizational charts for OFallon Surgical Center, LLC are attached hereto at Attachment- 4.

O'Fallon Surgical Center, LLC

Current (Pre-Closing) Ownership Structure

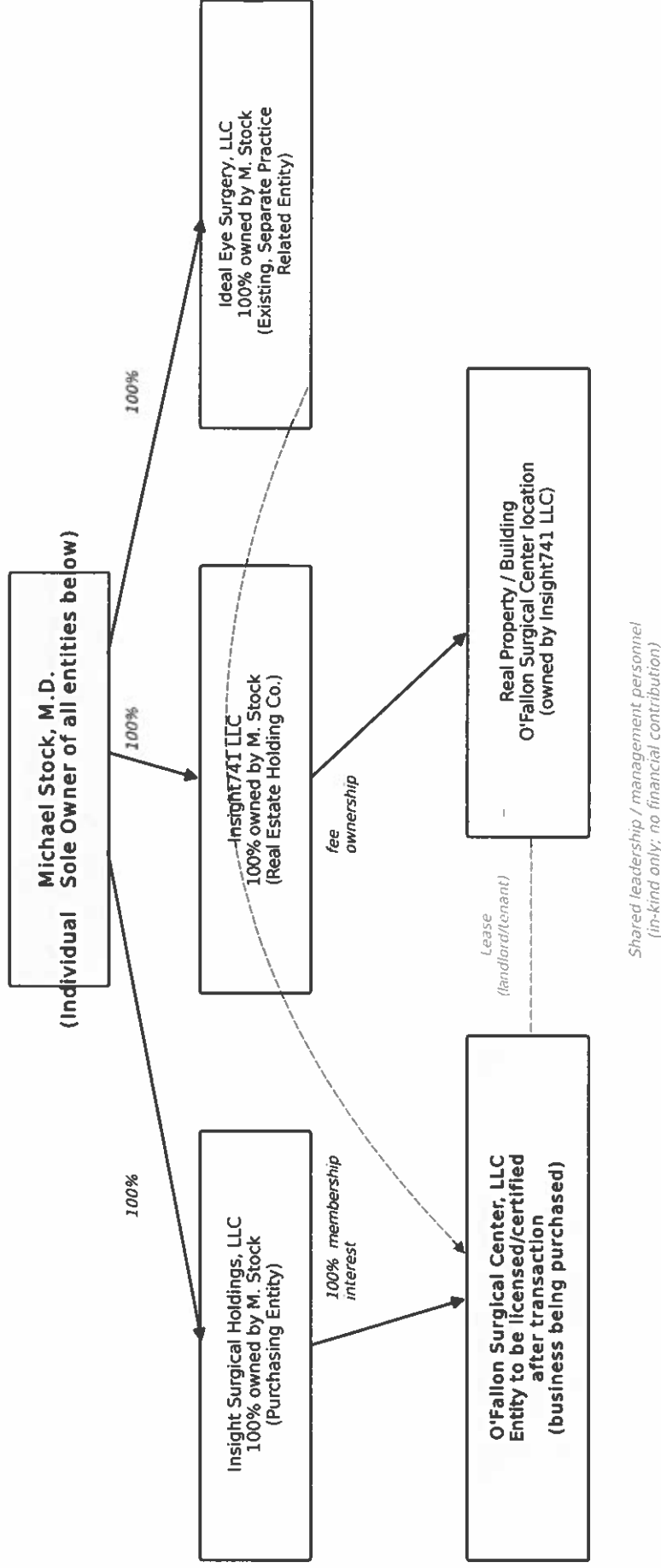
Prepared for the Certificate of Exemption / Change-of-Ownership Application



Membership interests: Dr. Ahmed holds all Class A units and the majority of the Class B units (88.44% in the aggregate); Dr. Stock holds Class B units (11.56%). All interests are held individually.

Organizational Chart Related Persons / Entities

(77 Ill. Adm. Code 1130.140) Change of Ownership, O'Fallon Surgical Center



Related Entity Disclosures (77 Ill. Adm. Code 1130.140):

Insight741 LLC: common ownership/control with the licensed entity. Interest: owner/landlord of the real property where O'Fallon Surgical Center is located; will lease the premises to O'Fallon Surgical Center, LLC. Financial contribution: real property acquired for approximately \$(PURCHASE PRICE), financed by [CASH / MORTGAGE]; lease rate of \$(LEASE RATE) per [month/year].

Ideal Eye Surgery, LLC: common ownership/control with the licensed entity; operates independently but will share leadership/management personnel with O'Fallon Surgical Center, LLC. Financial contribution: none; in-kind sharing of leadership personnel only.

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.

Michael Stock of Ideal Eye Surgery, LLC does not own or operate any health care facilities in the State of Illinois. Included with this Attachment is a letter from the entity affirming no ownership of other health care facilities.

Shakeel Ahmed owns and operates the following health care facilities in the State of Illinois:

Name	License Number
O'Fallon Surgical Center	License No. 7003198
Metroeast Endoscopic Sugery Center d/b/a Metroeast Surgery Center	License No. 7002421

2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.

See above.

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

Letters from Shakeel Ahmed, M.D., Manger of O'Fallon Surgical, LLC and Michael Stock, M.D. certifying no adverse action has been taken against any facility owned or operated by the Applicants during the three years prior to filing this application is attached at Attachment – 6.

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.

Authorizations permitting the HFSRB and Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted, including, but no limited to: official records of IDPH or other State agencies; and the records of nationally recognized accreditation organizations is attached at Attachment –6..

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.



ILLINOIS DEPARTMENT OF
PUBLIC HEALTH

HF135763

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	CATEGORY	LIC. NUMBER
4/17/2027		7003229
Ambulatory Surgery Treatment Center		
Effective: 04/08/2026		

O'Fallon Surgical Center, LLC
741 Insight Ave
O'Fallon, IL 62269

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

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp. Date 4/7/2027
Lic Number 7003229
Date Printed 2/17/2026
Validation Num 18680
O'Fallon Surgical Center, LLC
741 Insight Ave
O'Fallon, IL 62269-2193

FEE RECEIPT NO.

Attachment 5

Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Adverse Action and Access to Documents

Dear Chair Savage:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action as defined in 77 Ill. Admin. Code § 1130.140 has been taken against any health care facility owned or operated by O'Fallon Surgical Center, LLC or Haris Assets, LLC in the State of Illinois during the three-year period prior to filing this application.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.110(a)(2)(J), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

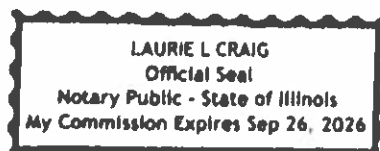
Sincerely,



Shakeel Ahmed, M.D.
Manager
O'Fallon Surgical Center, LLC
Haris Assets, LLC

Subscribed and sworn to me
This 26th day of August, 2026


Notary Public



Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Adverse Action and Access to Documents

Dear Chair Savage:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action as defined in 77 Ill. Admin. Code § 1130.140 that I have not owned or operated any health care facility in the State of Illinois during the three-year period prior to filing this application.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.110(a)(2)(J), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

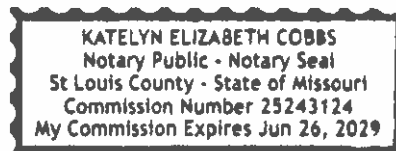
Sincerely,



Michael Stock, M.D.

Subscribed and sworn to me
This 25 day of August, 2026


Notary Public



ATTACHMENT 6: CHANGE OF OWNERSHIP

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

Seller- Dr. Shakeel Ahmed, O'Fallon Surgical Center, LLC and Haris Assets, LLC

Buyer- Michael Stock of Ideal Eye Surgery, LLC

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.

Letters from Shakeel Ahmed, M.D., Manger of O'Fallon Surgical, LLC and Metroeast Endoscopic Surgery Center d/b/a Metroeast Surgery Center and Michael Stock, M.D. certifying no adverse action has been taken against any facility owned or operated by the Applicants during the three years prior to filing this application is attached at Attachment – 6.

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

Michael Stock, M.D. will acquire all of Shakeel Ahmed's interest in O'Fallon Surgical Center, LLC and substantially all of the assets of Haris Assets, LLC.

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

O'Fallon Surgical Center, LLC.

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.

Prior to this transaction, Michael Stock owned 11.56% and they were Class B shared (attached that purchase agreement) and Dr. Shakeel Ahmed owned the rest through Class A interest. After this transaction, I will own 100% through the LLC Insight Surgical Holdings, LLC.

O'Fallon Surgical Center Ownership			
Name	Pre-Transaction Interest	Ownership	Post-Transaction Ownership Interest
Shakeel Ahmed, M.D.	88.44%		0%
Michael Stock, M.D.	11.56%		100%

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

The fair market value of assets to be transferred is \$9,250,000.

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)]

The fair market value of O'Fallon Surgical Center is \$9,250,000.

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

O'Fallon Surgical Center does not have any open CON permits or Certificates of Exemption.

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

Not applicable

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

This transaction ensures that patients and residents of the O'Fallon community will continue to have uninterrupted access to the surgical services currently provided at the facility. With closer ties to Ideal Eye Surgery LLC, the facility will be integrated into an established quality assurance and clinical oversight program, supporting consistent, high-quality surgical care. All of the existing ophthalmologists will continue to provide services, preserving continuity of care for current patients.

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;

This transaction is not anticipated to result in increased costs to the community. Michael Stock M.D. and Ideal Eye Surgery LLC close association will allow the facility to benefit from economies of scale in administrative operations, group purchasing of medical supplies and equipment, and shared billing, compliance, and management infrastructure — efficiencies that reduce per-case overhead without affecting the cost or availability of care to patients.

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

The facility will operate under the already established quality improvement program, which will be continued with the change of ownership. This program includes ongoing peer review and physician credentialing/privileging, infection control surveillance and reporting, tracking of clinical outcomes and adverse events, patient satisfaction surveys, and regular review of quality metrics by the facility's governing body and medical staff. The facility maintains accreditation through Joint Commission, which requires ongoing compliance with quality and patient safety standards. Quality data will be reviewed quarterly to identify trends and implement corrective action as needed, ensuring consistent quality control for the facility.

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

As the sole member of Insight Surgical Holdings, LLC, which will hold 100% of the membership interest in O'Fallon Surgical Center, LLC, Dr. Michael Stock will have sole authority to appoint the facility's governing body following the change of ownership. The governing body will be selected based on relevant clinical, administrative, and regulatory experience, drawing on the established leadership and quality assurance infrastructure of Ideal Eye Surgery, LLC, which shares management personnel with the facility. Existing physicians and medical staff will continue to participate in medical staff governance and peer review functions, ensuring continuity of clinical oversight. The governing body will be responsible for oversight of the facility's policies, quality improvement program, and compliance with applicable licensure and accreditation standards.

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.

Upon approval of the change of ownership, O'Fallon Surgical Center will become a single specialty ambulatory surgical treatment center dedicated solely to ophthalmology surgical services.

Attachment 7: Charity Care Information

CHARITY CARE			
	2023	2024	2025
Net Patient Revenue	\$2,353,032	\$3,256,893	\$4,052,639
Amount of Charity Care (charges)	n/a	n/a	n/a
Cost of Charity Care	n/a	n/a	n/a