

Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

by FedEx

March 25, 2010

RECEIVED

MAR 26 2010

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Mr. George Roate
c/o Illinois Health Facilities
and Services Review Board
525 West Jefferson
Springfield, IL 62761

**RE: Projects 10-013 and 10-014
Westlake Hospital and West Suburban
Medical Center Changes of Ownership**

Dear Mr. Roate:

Enclosed please find the documents you requested in your March 23, 2010 (4:14PM) email to me. Specifically, I am enclosing two copies each of the first page of the application form and two copies of the "Certification" page for each of the applications, pursuant to your request. I am also providing Certificates of Good Standing for Vanguard Health Systems, Inc.

Sincerely,



Jacob M. Axel
President

enclosures

ORIGINAL

10-013

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Westlake Hospital		
Street Address:	1225 Lake Street		
City and Zip Code:	Melrose Park, IL 60160		
County:	Cook	Health Service Area	VII
		Health Planning Area:	A-06

Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	Vanguard Health Systems, Inc.
Address:	20 Burton Hills Blvd. Nashville, TN 37212
Name of Registered Agent:	National Registered Agents, Inc.
Name of Chief Executive Officer:	Charles N. Martin, Jr.
CEO Address:	20 Burton Hills Blvd. Nashville, TN 37212
Telephone Number:	615/665-6000

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

Type of Ownership

<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Other
<input checked="" type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental		
	Limited Liability Company	<input type="checkbox"/>	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.

Primary Contact

[Person to receive all correspondence or inquiries during the review period]

Name:	Trip Pilgrim
Title:	Chief Development Officer
Company Name:	Vanguard Health Systems
Address:	20 Burton Hills Blvd. Nashville, TN 37212
Telephone Number:	615/665-6151
E-mail Address:	tpilgrim@vanguardhealth.com
Fax Number:	

Additional Contact

[Person who is also authorized to discuss the application for permit]

Name:	Nicolette Curth
Title:	System Director, Strategic Integration
Company Name:	Resurrection Health Care Corp.
Address:	7447 W. Talcott Ave. Suite 210 Chicago, IL 60631
Telephone Number:	773-594-8553
E-mail Address:	NCurth@reshealthcare.org
Fax Number:	773-594-7984

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) 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 manger 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 for Permit is filed on the behalf of Vanguard Health Systems, Inc. * in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit 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 permit application fee required for this application is sent herewith or will be paid upon request.

Ronald P. Soltman
SIGNATURE

James H. Spalding
SIGNATURE

RONALD P. SOLTMAN
PRINTED NAME

JAMES H. SPALDING
PRINTED NAME

EXECUTIVE VICE PRESIDENT
PRINTED TITLE

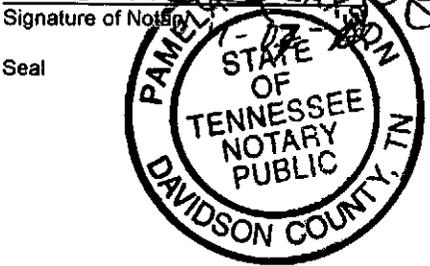
SENIOR VICE PRESIDENT
PRINTED TITLE

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

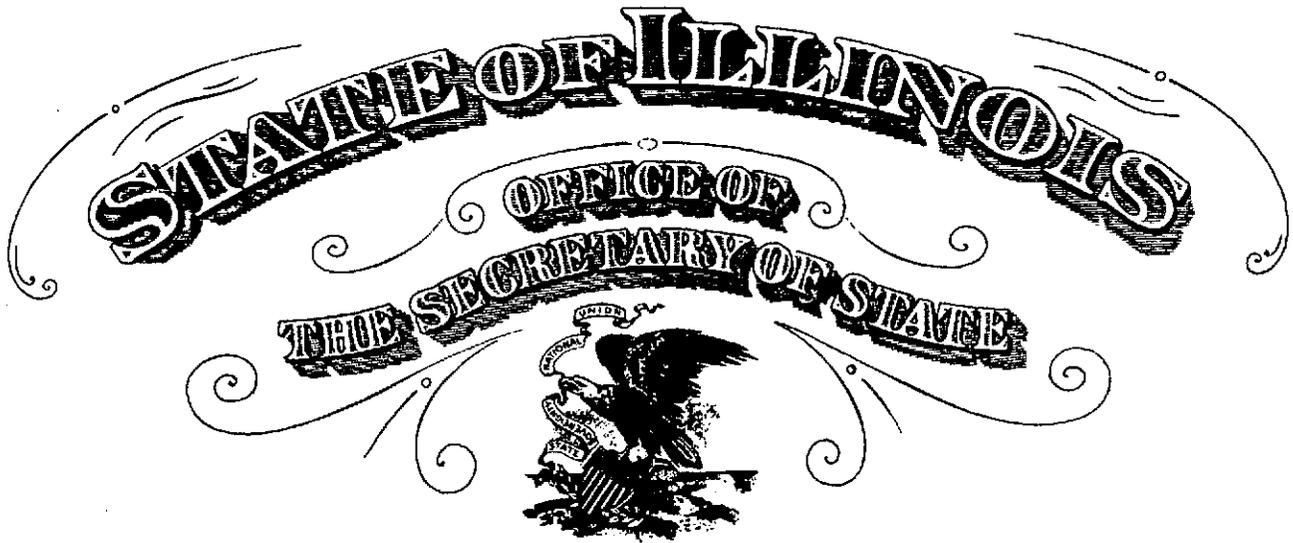
Notarization:
Subscribed and sworn to before me
this 22 day of MARCH

Pamela L. Johnson
Signature of Notary

Pamela L. Johnson
Signature of Notary



*Insert EXACT legal name of the applicant



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

VANGUARD HEALTH SYSTEMS, INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON FEBRUARY 02, 2005, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS 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 24TH day of MARCH A.D. 2010 .



Authentication #: 1008301872

Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE

ATTACHMENT 1