

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT

**RECEIVED**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

MAR 30 2010

This Section must be completed for all projects.

**Facility/Project Identification**

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

Facility Name: <i>Silver Cross Renal Center</i>		
Street Address: <i>1890 Silver Cross Boulevard</i>		
City and Zip Code: <i>New Lenox, Illinois 60451</i>		
County: <i>Will</i>	Health Service Area <i>009</i>	Health Planning Area: <i>009</i>

**Applicant Identification**

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

Exact Legal Name: <i>Silver Cross Health System</i>
Address: <i>1200 Maple Road, Joliet, IL 60432</i>
Name of Registered Agent: <i>Paul Pawlak</i>
Name of Chief Executive Officer: <i>Paul Pawlak</i>
CEO Address: <i>1200 Maple Road, Joliet, IL 60432</i>
Telephone Number: <i>815-740-7000</i>

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

**Type of Ownership**

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

**Primary Contact**

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

Name: <i>Edward J. Green, Esq.</i>
Title: <i>Attorney</i>
Company Name: <i>Foley &amp; Lardner, LLP</i>
Address: <i>321 North Clark Street, Suite 2800, Chicago, Illinois 60654</i>
Telephone Number: <i>312-832-4375</i>
E-mail Address: <i>egreen@foley.com</i>
Fax Number: <i>312-832-4700</i>

**Additional Contact**

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

Name: <i>Ruth Colby</i>
Title: <i>Senior Vice President, Chief Strategy Officer</i>
Company Name: <i>Silver Cross Hospital</i>
Address:
Telephone Number:
E-mail Address:
Fax Number: