

## Constantino, Mike

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**From:** Lori Wright [Lori.Wright@fmc-na.com]  
**Sent:** Thursday, June 17, 2010 10:21 AM  
**To:** Constantino, Mike  
**Subject:** Fresenius Waukegan Harbor  
**Attachments:** Fresenius Waukegan Harbor Page 2.doc

Mike,

You will be receiving an application today for Fresenius Medical Care Waukegan Harbor. Clare Ranalli has changed firms and I forgot to change her contact information in the application. I am attaching a revised page 2 of the application. Can you switch it out with the one in the original application and the copy?

*(See attached file: Fresenius Waukegan Harbor Page 2.doc)*

Thank you,  
Lori Wright  
CON Specialist

Phone: 708-498-9121  
Fax: 708-498-9334

Fresenius Medical Care  
One Westbrook Corporate Center  
Tower One, Suite 1000  
Westchester, IL 60154

**Post Permit Contact**

[Person to receive all correspondence subsequent to permit issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**

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| Name: <i>Lori Wright</i>   |
| Title: <i>Senior CON Specialist</i>  |
| Company Name: <i>Fresenius Medical Care</i>  |
| Address: <i>One Westbrook Corporate Center, Tower One, Suite 1000, Westchester, IL 60154</i> |
| Telephone Number: <i>708-498-9121</i>  |
| E-mail Address: <i>lori.wright@fmc-na.com</i>  |
| Fax Number: <i>708-498-9334</i>  |

**Additional Contact**

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

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| Name: <i>Clare Ranalli</i>                         |
| Title: <i>Attorney</i>                             |
| Company Name: <i>Knight &amp; Holland, LLP</i>     |
| Address: <i>131 S. Dearborn, Chicago, IL 60603</i> |
| Telephone Number: <i>312-578-6567</i>              |
| E-mail Address: <i>clare.ranalli@hkllaw.com</i>    |
| Fax Number: <i>312-578-6666</i>                    |

**Site Ownership**

[Provide this information for each applicable site]

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|---|
| Exact Legal Name of Site Owner: <i>Plainfield 550, LLC – Chad Middendorf</i>  |
| Address of Site Owner: <i>10531 Timberwoods Circle, Suite D, Louisville, KY 40223</i>   |
| Street Address or Legal Description of Site: <i>110 N. West Street, Waukegan, IL 60085</i>  |
| <b>Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, 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.</b> |
| <b>APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>   |

**Operating Identity/Licensee**

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

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| Exact Legal Name: <i>Fresenius Medical Care of Illinois, LLC d/b/a Fresenius Medical Care Waukegan Harbor</i>  |
| Address: <i>920 Winter Street, Waltham, MA 02451</i>   |
| <input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership<br><input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental<br><input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other   |
| <ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>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.</li> <li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul> |
| <b>APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>  |

**Organizational Relationships**

Provide (for each co-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.**