

Constantino, Mike

From: Anne Cooper [ACooper@Polsinelli.com]
Sent: Tuesday, February 15, 2011 8:43 AM
To: Constantino, Mike
Subject: RE: mattoon dialysis
Attachments: Mattoon CON Application p 3 -REVISED.pdf

11-003

Here is the revised page.

From: Constantino, Mike [mailto:Mike.Constantino@Illinois.gov]
Sent: Tuesday, February 15, 2011 8:28 AM
To: Anne Cooper
Subject: RE: mattoon dialysis

Yes please...

Mike Constantino
Illinois Department of Public Health
525 West Jefferson
Springfield, Illinois 62761
Fax:(217) 785-4111
Phone:(217) 785-1557

PLEASE NOTE MY EMAIL ADDRESS HAS BEEN CHANGED TO
MIKE.CONSTANTINO@ILLINOIS.GOV

From: Anne Cooper [mailto:ACooper@Polsinelli.com]
Sent: Tuesday, February 15, 2011 8:25 AM
To: Constantino, Mike
Subject: RE: mattoon dialysis

Agracel, Inc.
1200 Network Centre, Blvd., Suite 3
Effingham, IL 62401

Do you want me to resubmit page 3 of the application?



Anne M. Cooper
Attorney
161 N. Clark Street
Suite 4200
Chicago, IL 60601

acooper@polsinelli.com
Add me to your address book...
tel: 312.873.3606
fax: 312.873.2957



please consider the environment before printing this email.

From: Constantino, Mike [mailto:Mike.Constantino@Illinois.gov]
Sent: Tuesday, February 15, 2011 8:21 AM
To: Anne Cooper
Subject: mattoon dialysis

Who owns the Mattoon dialysis site? It was not included in the application...

Mike Constantino
Illinois Department of Public Health
525 West Jefferson
Springfield, Illinois 62761
Fax:(217) 785-4111
Phone:(217) 785-1557

PLEASE NOTE MY EMAIL ADDRESS HAS BEEN CHANGED TO
MIKE.CONSTANTINO@ILLINOIS.GOV

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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

| |
|---|
| Name: Marcia Sorrill |
| Title: Regional Operations Director |
| Company Name: DaVita, Inc. |
| Address: 932 North Rutledge Street, Springfield, Illinois 62702 |
| Telephone Number: 217-725-1480 |
| E-mail Address: Marcia.Sorrill@davita.com |
| Fax Number: 866-917-5721 |

Site Ownership

[Provide this information for each applicable site]

| |
|---|
| Exact Legal Name of Site Owner: Agracel, Inc. |
| Address of Site Owner: 1200 Network Centre Blvd., Suite 3, Effingham, IL 62401 |
| Street Address or Legal Description of Site: 6051 Development Drive. Charleston, IL 61920 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. |
| APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. |

Operating Identity/Licensee

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

| |
|---|
| Exact Legal Name: DVA Renal Healthcare, Inc. d/b/a Mattoon Dialysis |
| Address: 601 Hawaii Street, El Segundo, California 90245 |
| <input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other |
| <ul style="list-style-type: none"> 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. |
| APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. |

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.