

Constantino, Mike

From: Jack Axel [jacobmaxel@msn.com]
Sent: Monday, August 01, 2011 2:04 PM
To: Constantino, Mike
Subject: RE: 11-043, Our Lady of the Resurrection Medical Center
Attachments: scan099.pdf

From: Mike.Constantino@Illinois.gov
To: jacobmaxel@msn.com
Date: Mon, 1 Aug 2011 13:49:51 -0500
Subject: RE: 11-043, Our Lady of the Resurrection Medical Center

Nothing here

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

From: Jack Axel [mailto:jacobmaxel@msn.com]
Sent: Monday, August 01, 2011 1:42 PM
To: Constantino, Mike
Cc: jeanie frey; brian crawford; nicki curth; anne murphy
Subject: 11-043, Our Lady of the Resurrection Medical Center

Mike,
Attached are revised pages from Section I of the Our Lady of the Resurrection Medical Center CON application, reflecting that Martin Judd was named CEO subsequent to the application's filing.
Jack

**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:	Our Lady of the Resurrection Medical Center		
Street Address:	5645 West Addison Street		
City and Zip Code:	Chicago, IL 60634		
County:	Cook	Health Service Area	VI Health Planning Area: A-01

Applicant /Co-Applicant Identification

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

Exact Legal Name:	Our Lady of the Resurrection Medical Center
Address:	5645 West Addison Street Chicago, IL 60634
Name of Registered Agent:	Ms. Sandra Bruce
Name of Chief Executive Officer:	Martin Judd
CEO Address:	5645 West Addison Street Chicago, IL 60634
Telephone Number:	773/794-7673

Type of Ownership of Applicant/Co-Applicant

<input checked="" 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.

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 during the review period]

Name:	Anne M. Murphy
Title:	Partner
Company Name:	Holland + Knight
Address:	131 South Dearborn Street Chicago, IL 60603
Telephone Number:	312/578-6544
E-mail Address:	Anne.Murphy@hklaw.com
Fax Number:	312/578-6666

Additional Contact

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

Name:	none
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

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:	Martin Judd
Title:	CEO
Company Name:	Our Lady of the Resurrection Medical Center
Address:	5645 West Addison Street Chicago, IL
Telephone Number:	773/794-7673
E-mail Address:	Mjudd@reshealthcare.org
Fax Number:	773/990-7626

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Our Lady of the Resurrection Medical Center
Address of Site Owner:	5645 West Addison Street Chicago, IL
Street Address or Legal Description of Site:	5645 West Addison Street Chicago, IL
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:	Our Lady of the Resurrection Medical Center		
Address:	5645 West Addison Street Chicago, IL		
<input checked="" 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
<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.