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April 6, 2012

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APR 1 2012

HEALTH FACILITIES &
SERVICES REVIEW BOARD

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. George Roate
Illinois Department of Public Health
Office of Health Systems Development
525 West Jefferson, 2nd Floor
Springfield, Illinois 62761

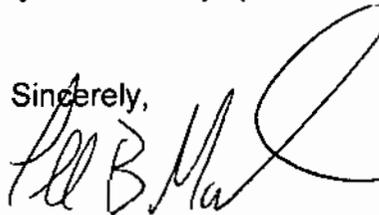
Re: Orland Park Surgical Center, LLC Certificate of Need Application

Dear Mr. Roate:

Enclosed please find the original signature for PMI Diagnostic Imaging, LLC on the Certificate of Need Application page.

Please feel free to contact me if you have any questions. Thank you for your assistance with this matter.

Sincerely,



Lee B. Muench

LBM:ddu

enclosure

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HEALTH FACILITIES & SERVICES REVIEW BOARD

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 PMI Diagnostic Imaging, LLC * 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.

Steven Wardell

SIGNATURE

STEVEN R. WARDELL, MD

PRINTED NAME

VICE-PRESIDENT

PRINTED TITLE

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me this 27th day of MARCH, 2012

Notarization:

Subscribed and sworn to before me this _____ day of _____

Cindy Ferrin

Signature of Notary

Signature of Notary

Seal



Seal

*Insert EXACT legal name of the applicant