12-073

Constantino, Mike

From: maryjane.yothment@hklaw.com on behalf of Clare.Ranalli@hklaw.com
Sent: Tuesday, August 07, 2012 12:44 PM
To: Constantino, Mike
Subject: MetroSouth Medical Center
Attachments: Certification Pages.PDF

Per our discussion.

Clare Connor Ranalli | Holland & Knight
Partner
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Clare Connor Ranalli
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August 7, 2012

Via UPS

Mike Constantino
Supervisor - Project Review
Health Facilities & Service Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Re: MetroSouth Medical Center
Application to Establish AMI Category of Service

Dear Mr. Constantino:

Per our conversation, enclosed are the Certification pages to the above Application for MetroSouth Medical Center.

Please feel free to call me with any questions.

HOLLAND & KNIGHT LLP

Clare Connor Ranalli

CCR:mjy
Enclosures

cc: James Rayome
Enrique Beckmann, M.D.

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 behalf of Blue Island Hospital Company, LLC dba MetroSouth Medical Ctr.* **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.**

SIGNATURE

Martin G. Schweinhart
PRINTED NAME

President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 2nd day of August, 2012

Signature of Notary

Seal

SIGNATURE

Rachel A. Seifert
PRINTED NAME

Executive Vice President and Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 6th day of August 2012

Signature of Notary

Seal

*Insert EXACT legal name of the applicant

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- 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);
- 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);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on behalf of Community Health Systems, Inc.* **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.**

SIGNATURE

Martin G. Schweinhart
PRINTED NAME

Senior Vice President - Operations
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 6th day of August, 2012

Signature of Notary

Seal

MARY ANN ECKMAN
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY TN

My Comm. Expires
September 27, 2015

SIGNATURE

Rachel A. Seifert
PRINTED NAME

Executive Vice President and Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 6th day of August 2012

Signature of Notary

Seal

ROCHELLE D. PAYNE
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY
My Commission Expires July 20, 2015

*Insert EXACT legal name of the applicant