



Fresenius Medical Care

**RECEIVED**

September 28, 2012

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HEALTH FACILITIES &  
SERVICES REVIEW BOARD

Ms. Courtney Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

Re: #12-082 - Fresenius Medical Care Galesburg (Western Illinois Kidney Center)

Dear Ms. Avery,

I have noted some errors on the original submission of the above mentioned application and am submitting the enclosed pages as replacement pages. These are to correct the address of the facility, the spelling of Dr. Srinivasan's name and to name the correct CEO of Western Illinois Kidney Center, LLC. Please find the following:

1. Page 1 – Corrected facility address
2. Page 3 – Corrected CEO of Western Illinois Kidney Center, LLC
3. Page 4 – Corrected facility address
4. Page 6 – Corrected facility address and corrected spelling of Dr. Srinivasan's name
5. Page 23 – Corrected facility address, corrected CEO of Western Illinois Kidney Center, LLC and corrected spelling of Dr. Srinivasan's name
6. Page 25 – Corrected facility address.

Thank you for your time and I apologize for any inconvenience this may have caused.

Sincerely,

Lori Wright  
Senior CON Specialist

Enclosures

**Fresenius Medical Services ♦ North Division**

One Westbrook Corporate Center, Suite 1000 Westchester, IL 60154 708-562-0371

**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: <i>Fresenius Medical Care Galesburg*</i>			
Street Address: <i>765 N. Kellogg, Suite 101</i>			
City and Zip Code: <i>Galesburg 61401</i>			
County: <i>Knox</i>	Health Service Area	<i>2</i>	Health Planning Area:

*\*Facility currently operates as Western Illinois Kidney Center and will be renamed Fresenius Medical Care Galesburg after change of ownership.*

**Applicant Identification**

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

Exact Legal Name: <i>Fresenius Medical Care Galesburg, LLC d/b/a Fresenius Medical Care Galesburg</i>	
Address: <i>920 Winter Street, Waltham, MA 02451</i>	
Name of Registered Agent: <i>CT Systems</i>	
Name of Chief Executive Officer: <i>Rice Powell</i>	
CEO Address: <i>920 Winter Street, Waltham, MA 02451</i>	
Telephone Number: <i>800-662-1237</i>	

**Type of Ownership of Applicant**

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input checked="" 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: <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]

Name: <i>Richard Stotz</i>
Title: <i>Regional Vice President</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>708-498-9165</i>
E-mail Address: <i>richard.stotz@fmc-na.com</i>
Fax Number: <i>708-498-9283</i>

**C0-Applicant Identification**

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

Exact Legal Name: <i>Western Illinois Kidney Center, LLC d/b/a Western Illinois Kidney Center</i>
Address: <i>765 N. Kellogg Street, Suite 101, Galesburg, IL 61401</i>
Name of Registered Agent: <i>Patha Srinivasan, M.D.</i>
Name of Chief Executive Officer: <i>Patha Srinivasan, M.D.</i>
CEO Address: <i>695 N. Kellogg Street, Galesburg, IL 61401</i>
Telephone Number: <i>309-343-8131</i>

**Type of Ownership of Co-Applicant**

<input type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership	
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental	
<input checked="" 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.**

**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: <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]

Name: <i>Clare Ranalli</i>
Title: <i>Attorney</i>
Company Name: <i>Holland &amp; Knight, LLP</i>
Address: <i>131 S. Dearborn, 30<sup>th</sup> Floor, 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]

Exact Legal Name of Site Owner: *Galesburg Cottage Hospital*Address of Site Owner: *695 Kellogg Street, Galesburg, IL 61401*

Street Address or Legal Description of Site: *765 N. Kellogg Street, Suite 101, Galesburg, IL 61401*  
**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: *Fresenius Medical Care Galesburg, LLC d/b/a Fresenius Medical Care Galesburg*Address: *920 Winter Street, Waltham, MA 02451*

- |                                     |                           |                          |                     |                                |
|-------------------------------------|---------------------------|--------------------------|---------------------|--------------------------------|
| <input type="checkbox"/>            | Non-profit Corporation    | <input type="checkbox"/> | Partnership         |                                |
| <input type="checkbox"/>            | For-profit Corporation    | <input type="checkbox"/> | Governmental        |                                |
| <input checked="" type="checkbox"/> | Limited Liability Company | <input type="checkbox"/> | Sole Proprietorship | <input type="checkbox"/> Other |

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- 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.
- **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.**

## 2. Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms, NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

*Western Illinois Kidney Center (an 11 station ESRD facility) is currently operated by Western Illinois Kidney Center, LLC a joint venture between Galesburg Cottage Hospital (50% ownership) and Patha Srinivasan, M.D. (50% ownership). Western Illinois Kidney Center, LLC is qualified to do business in Illinois. The facility is located at 765 N. Kellogg Street, Suite 101, Galesburg.*

*Upon approval of the change of ownership by the Illinois Health Facilities and Services Review Board, Fresenius Medical Care Galesburg, LLC will purchase Western Illinois Kidney Center, LLC for an amount not to exceed \$7,300,000. (The actual purchase price is \$6,570,000, but as of the closing date, it will be adjusted for inventory/equipment value and any pre-paid expenses). The facility will then be renamed Fresenius Medical Care Galesburg.*

*This project is "non-substantive" under Planning Board rule 1110.10(b) as it entails the change of ownership of an existing in-center hemodialysis facility.*

**C0-Applicant Identification**

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

Exact Legal Name: <i>Western Illinois Kidney Center, LLC* d/b/a Western Illinois Kidney Center</i>
Address: <i>765 N. Kellogg Street, Suite 101, Galesburg, IL 61401</i>
Name of Registered Agent: <i>Patha Srinivasan, M.D.</i>
Name of Chief Executive Officer:
CEO Address:
Telephone Number:

**Type of Ownership of Co-Applicant**

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input checked="" 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.**

**\*Western Illinois Kidney Center, LLC is currently a joint venture.  
Galesburg Cottage Hospital – 50% ownership  
Patha Srinivana, M.D. – 50% ownership**

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: <i>Galesburg Cottage Hospital</i>
Address of Site Owner: <i>695 Kellogg Street, Galesburg, IL 61401</i>
Street Address or Legal Description of Site: <i>765 N. Kellogg Street, Suite 101, Galesburg, IL 61401</i> 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>APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

Copy of lease on following page.