

RECEIVED

MAY 28 2013

HEALTH FACILITIES &
SERVICES REVIEW BOARD

May 7, 2013

Ms. Courtney Avery
Administrator
Illinois Health Facilities & Services Review Board
2nd Floor
525 W. Jefferson Street
Springfield, Illinois 62761

RE: Report of Project 12-087 completion and Obligation

Dear Ms. Avery:

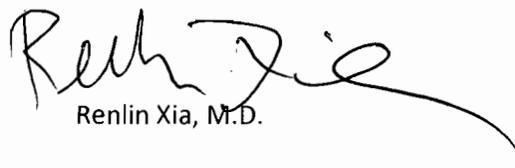
This Project was completed on May 7, 2013.

The Project was obligated on the same date. The financial resources to fund the project are available and the scope of the project has not changed.

The cost of this project was \$500,000 for the purchase of stock. It was funded by cash. The applicant certifies that the final realized costs for this project are \$500,000 and are the total costs to complete this project.

The undersigned certifies that no costs of this project have been or will be submitted for reimbursement under Titles XVIII and XIX of the Social Security Act.

Sincerely,


Renlin Xia, M.D.

SUBSCRIBED AND SWORN TO
Before me this 20 day of
MAY, 2013


Notary Public



September _____, 2012

Illinois Health Facilities & Services Review Board
Springfield, Illinois

To Whom It May Concern:

I have the cash and liquid assets that can be converted to cash within thirty days available to me in order to pay the \$500,000 cost required to be paid as part of this application for change of ownership.

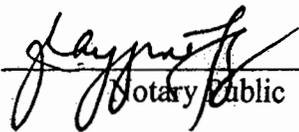
The contract requires \$100,000 to be paid at closing and \$100,000 each year for four years.

Sincerely,



Renlin Xia, M.D.

SUBSCRIBED AND SWORN TO
before me this 12th day of
OCTOBER, 20 12



Notary Public

ATTACHMENT 39

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 American Women's Medical Group, Ltd. * 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]
SIGNATURE

PRINTED NAME

PRINTED TITLE

Jan Barton
SIGNATURE

JAN BARTON
PRINTED NAME

President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 10 day of October 2012

Notarization:
Subscribed and sworn to before me
this 4 day of Oct, 2012

[Signature]
Signature of Notary

Seal


[Signature]
Signature of Notary

Seal

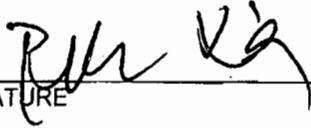

*Insert EXACT legal name of the applicant

CERTIFICATION

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

- 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 RENLIN XIA * 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

RENLIN XIA

PRINTED NAME

PRINTED TITLE

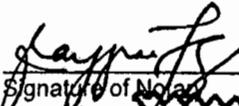
SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 10 day of OCTOBER 2012

Notarization:
Subscribed and sworn to before me
this ____ day of _____



Signature of Notary

Signature of Notary

Seal



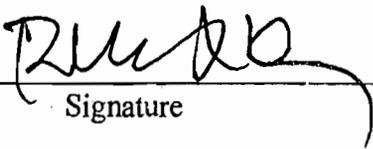
Seal

*Insert EXACT legal name of the applicant

AUTHORIZATION TO ACCESS DOCUMENTS

Co-applicant, Western Diversey Surgical Center, authorizes the Illinois Health Facilities Services and Review Board and the Illinois Department of Public Health to access any documents necessary to verify the information submitted including, but not limited to, records of the Department of Public Health and other State agencies, the licensing and certification records of other states and the records of nationally recognized accreditation organizations.

Co-applicant certifies that no adverse action has been taken against any facility owned or operated by it during the three years prior to filing this application.

By: 
Signature

Renlin Xia, M.D.
Printed Name

Medical Director
Title