

RECEIVED

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

JUL 12 2013

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

HEALTH FACILITIES &
SERVICES REVIEW BOARD

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Transitional Care Center of Naperville
Street Address: Southwest corner of Commons Road and Mill Street
City and Zip Code: Naperville, IL 60563
County: DuPage Health Service Area 7 Health Planning Area: 7-C

Applicant /Co-Applicant Identification

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

Exact Legal Name: Transitional Care Center of Naperville LLC
Address: Southwest corner of Commons Road and Mill Street
Name of Registered Agent: Steve Cloch
Name of Chief Executive Officer: Brian Cloch
CEO Address: 6400 Shafer Court Suite 600, Rosemont, Illinois 60018
Telephone Number: 847-720-8700

Type of Ownership of Applicant/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.

Primary Contact

[Person to receive all correspondence or inquiries during the review period]

Name: Brian Cloch
Title: CEO
Company Name: Transitional Care Center of Naperville, LLC
Address: 6400 Shafer Court Suite 600, Rosemont, Illinois 60018
Telephone Number: 847-720-8700
E-mail Address: bcloch@tc-mgmt.com
Fax Number: 847-720-8701

Additional Contact

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

Name: Christopher J. Dials
Title: Director
Company Name: Revere Healthcare, Ltd.
Address: 112 Cary Street, Cary, IL 60013
Telephone Number: 847-516-4900 x312
E-mail Address: cdials@reverehc.com
Fax Number: 847-516-2260