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**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

TO: Mike Constantino
FROM: Jack Axel
DATE: July 29, 2013
RE: 13-041 VHS-Weiss Memorial Hospital

Mike,

I have noticed a typographical error on the first page of the above referenced CON application, and am attaching a corrected page for your files.

Jack

**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:	VHS-Weiss Memorial Hospital		
Street Address:	4646 North Marine Drive		
City and Zip Code:	Chicago, IL 60640		
County:	Cook	Health Service Area	VI Health Planning Area: A-01

Applicant /Co-Applicant Identification

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

Exact Legal Name:	Tenet Healthcare Corporation
Address:	1445 Ross Avenue, Suite 1400 Dallas TX
Name of Registered Agent:	
Name of Chief Executive Officer:	Trevor Fetter
CEO Address:	1445 Ross Avenue, Suite 1400 Dallas TX
Telephone Number:	469/893-2200

Type of Ownership of Applicant/Co-Applicant

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input checked="" type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input 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:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675North Court Suite 210 Palatine, IL 6067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7004

Additional Contact

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

Name:	Honey Jacobs Skinner
Title:	Partner
Company Name:	Sidley & Austin
Address:	1 South Dearborn Chicago, IL 60603
Telephone Number:	312/853-7577
E-mail Address:	mskinner@sidley.com
Fax Number:	312/853-7036