

McDermott Will & Emery

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Clare Connor Ranalli
Attorney at Law
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September 8, 2014

VIA EMAIL AND REGULAR MAIL

Ms. Courtney Avery
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2nd Floor
Springfield, Illinois 62761

RECEIVED

SEP 11 2014

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Re: Project 14-043
Project 14-044

Dear Ms. Avery:

Enclosed are replacement pages per Ms. Susan Beeler's telephone conversation with Mr. Constantino to assure that she and legal counsel will be primary/secondary contacts on the application.

Thank you.

Very truly yours,


Clare Connor Ranalli

cc: Mike Constantino
Susan Beeler

Encs.

DM_US 54878778-1.T13706.0010

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:	St. Elizabeth's Hospital – Ambulatory Care Center				
Street Address:	NWQ of the Intersection of Interstate 64 and North Green Mount Road				
City and Zip Code:	O'Fallon 62269				
County:	St. Clair County	Health Service Area	11	Health Planning Area:	F-01

Applicant /Co-Applicant Identification

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

Exact Legal Name:	St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis				
Address:	211 South Third Street, Belleville, Illinois 62220				
Name of Registered Agent:	Amy L. Marquardt				
Name of Chief Executive Officer:	Maryann Reese				
CEO Address:	211 South Third Street, Belleville, Illinois 62220				
Telephone Number:	618-641-5462				

Type of Ownership of Applicant/Co-Applicant

<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input 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:	Susan Beeler				
Title:	Project Manager				
Company Name:	St. Elizabeth's Hospital				
Address:	211 South Third Street, Belleville, Illinois 62220				
Telephone Number:	618-234-2120 Ext. 2073				
E-mail Address:	Susan.Beeler@hshs.org				
Fax Number:	618-222-4650				

Additional Contact

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

Name:	Clare Connor Ranalli				
Title:	Partner				
Company Name:	McDermott Will & Emery				
Address:	227 West Monroe Street, Chicago, IL 60606				
Telephone Number:	312-984-3365				
E-mail Address:	cranalli@mwe.com				
Fax Number:	312-277-2964				

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

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City and Zip Code:	O'Fallon 62269				
County:	St. Clair County	Health Service Area	11	Health Planning Area:	F-01

Applicant /Co-Applicant Identification**[Provide for each co-applicant [refer to Part 1130.220].**

Exact Legal Name:	Hospital Sisters Services, Inc.				
Address:	4936 LaVerna Road, Springfield, Illinois 62707				
Name of Registered Agent:	Amy L. Marquardt				
Name of Chief Executive Officer:	Maryann Reese				
CEO Address:	4936 LaVerna Road, Springfield, Illinois 62707				
Telephone Number:	217-523-5483				

Type of Ownership of Applicant/Co-Applicant

<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership	
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental	
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E-mail Address:	Susan.Beeler@hshs.org				
Fax Number:	618-222-4650				

Additional Contact

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

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Title:	Partner				
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Address:	227 West Monroe Street, Chicago, IL 60606				
Telephone Number:	312-984-3365				
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County:	St. Clair County	Health Service Area	11	Health Planning Area:	F-01

Applicant /Co-Applicant Identification

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

Exact Legal Name:	Hospital Sisters Health System				
Address:	4936 LaVerna Road, Springfield Illinois 62707				
Name of Registered Agent:	Amy L. Marquardt				
Name of Chief Executive Officer:	Mary Starmann-Harrison,				
CEO Address:	4936 LaVerna Road, Springfield, Illinois 62707				
Telephone Number:	217-523-5483				

Type of Ownership of Applicant/Co-Applicant

<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
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Fax Number:	312-277-2964

Additional Contacts

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

Name:	Janet Scheuerman
Title:	Senior Consultant
Company Name:	PRISM Healthcare Consulting
Address:	1808 Woodmere Drive, Valparaiso, Indiana 46383
Telephone Number:	219-464-3969
E-mail Address:	prismjanet@aol.com
Fax Number:	219-464-0027

Name:	Edwin Parkhurst
Title:	Managing Principal
Company Name:	PRISM Healthcare Consulting
Address:	800 Roosevelt Road Bldg E Suite 110 Glen Ellyn, Illinois 60137
Telephone Number:	630-790-5089
E-mail Address:	eparkhurst@consultprism.com
Fax Number:	630-790-2696

Name:	Amy Ballance
Title:	Vice President, Business Development and Strategy
Company Name:	HSHS Southern Illinois Division
Address:	224 West Garfield Belleville, Illinois 62220
Telephone Number:	618-334-4009 (cell)
E-mail Address:	Amy.Ballance@hshs.org
Fax Number:	618-222-1100

Name:	Amy L. Marquardt
Title:	Registered Agent
Company Name:	Hospital Sisters Health System
Address:	4936 LaVerna Road Springfield, Illinois 62707
Telephone Number:	217-492-9167
E-mail Address:	Amy.Marquardt@hshs.org
Fax Number:	217-523-0542