

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

16-018

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION MAY 12 2016

This Section must be completed for all projects.

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Facility/Project Identification

Facility Name:	Memorial Hospital-East Medical Clinics Building		
Street Address:	please see legal description provided		
City and Zip Code:	Shiloh, IL 62229		
County:	St. Clair	Health Service Area	XI Health Planning Area: F-01

Applicant /Co-Applicant Identification

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

Exact Legal Name:	Memorial Regional Health Services, Inc.
Address:	4500 Memorial Drive Belleville, IL 62226
Name of Registered Agent:	CT Corporation System
Name of Chief Executive Officer:	Mark J. Turner, President
CEO Address:	4500 Memorial Drive Belleville, IL 62226
Telephone Number:	618/257-5642

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)

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court Suite 210 Palatine, IL 60067
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:	Mark J. Turner
Title:	President
Company Name:	Memorial Regional Health Services, Inc.
Address:	4500 Memorial Drive Belleville, IL 62226
Telephone Number:	618/257-5642
E-mail Address:	mtturner@memhosp.com
Fax Number:	618/257-5658

**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:	Memorial Hospital-East Medical Clinics Building		
Street Address:	please see legal description provided		
City and Zip Code:	Shiloh, IL 62229		
County:	St. Clair	Health Service Area	XI Health Planning Area: F-01

Applicant /Co-Applicant Identification

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

Exact Legal Name:	Metro-East Services, Inc.
Address:	4500 Memorial Drive Belleville, IL 62226
Name of Registered Agent:	Mark J. Turner
Name of Chief Executive Officer:	Mark J. Turner, President
CEO Address:	4500 Memorial Drive Belleville, IL 62226
Telephone Number:	618/257-5642

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]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court Suite 210 Palatine, IL 60067
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:	Mark J. Turner
Title:	President
Company Name:	Memorial Regional Health Services, Inc.
Address:	4500 Memorial Drive Belleville, IL 62226
Telephone Number:	618/257-5642
E-mail Address:	mtturner@memhosp.com
Fax Number:	618/257-5658

**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:	Memorial Hospital-East Medical Clinics Building		
Street Address:	please see legal description provided		
City and Zip Code:	Shiloh, IL 62229		
County:	St. Clair	Health Service Area	XI Health Planning Area: F-01

Applicant /Co-Applicant Identification

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

Exact Legal Name:	Memorial Group, Inc.
Address:	4500 Memorial Drive Belleville, IL 62226
Name of Registered Agent:	Mark J. Turner
Name of Chief Executive Officer:	Roland Thouvenot
CEO Address:	4500 Memorial Drive Belleville, IL 62226
Telephone Number:	618/257-5642

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]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court Suite 210 Palatine, IL 60067
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:	Mark J. Turner
Title:	President
Company Name:	Memorial Regional Health Services, Inc.
Address:	4500 Memorial Drive Belleville, IL 62226
Telephone Number:	618/257-5642
E-mail Address:	mtturner@memhosp.com
Fax Number:	618/257-5658

**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:	Memorial Hospital-East Medical Clinics Building		
Street Address:	please see legal description provided		
City and Zip Code:	Shiloh, IL 62229		
County:	St. Clair	Health Service Area	XI Health Planning Area: F-01

Applicant /Co-Applicant Identification

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

Exact Legal Name:	BJC Health System d/b/a BJC Healthcare
Address:	4901 Forest Park Avenue, Suite 1200 St. Louis, MO 63108
Name of Registered Agent:	CT Corporation System
Name of Chief Executive Officer:	Steven H. Lipstein
CEO Address:	4901 Forest Park Avenue, Suite 1200 St. Louis, MO 63108
Telephone Number:	314/286-2030

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]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court Suite 210 Palatine, IL 60067
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:	Mark J. Turner
Title:	President
Company Name:	Memorial Regional Health Services, Inc.
Address:	4500 Memorial Drive Belleville, IL 62226
Telephone Number:	618/257-5642
E-mail Address:	mtturner@memhosp.com
Fax Number:	618/257-5658