

**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: Pekin Memorial Hospital		
Street Address: 600 South 13 <sup>th</sup> Street		
City and Zip Code: Pekin, IL 61554		
County: Tazewell	Health Service Area: 2	Health Planning Area: C-01

**Applicant(s)** [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Iowa Health System
Street Address: 1776 West Lakes Parkway, Suite 400
City and Zip Code: West Des Moines, IA 50266
Name of Registered Agent: Elizabeth Kurt
Registered Agent Street Address: 120 N.E. Glen Oak Ave., Suite 101
Registered Agent City and Zip Code: Peoria, IL 61636
Name of Chief Executive Officer: Kevin Vermeer
CEO Street Address: 1776 West Lakes Parkway, Suite 400
CEO City and Zip Code: West Des Moines, IA 50266
CEO Telephone Number: 515-241-8215

**Type of Ownership of Applicants**

<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	<input type="checkbox"/>

- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- Partnerships must provide the name of the state in which they are 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: Amelia Boyd
Title: Vice President, Strategy and Marketing
Company Name: UnityPoint Health - Central Illinois
Address: 221 NE Glen Oak Ave., Peoria, IL 61636
Telephone Number: 309-671-2163
E-mail Address: <a href="mailto:Amelia.Boyd@unitypoint.org">Amelia.Boyd@unitypoint.org</a>
Fax Number: 309-672-5952

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

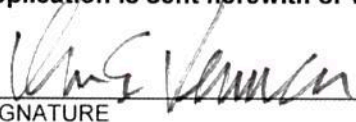
Name: Greg Rastatter
Title: Attorney at Law
Company Name: UnityPoint Health – Central Illinois
Address: 221 N. E. Glen Oak Ave., Peoria, IL 61636
Telephone Number: 309-671-3606
E-mail Address: <a href="mailto:Greg.Rastatter@unitypoint.org">Greg.Rastatter@unitypoint.org</a>
Fax Number:


**CERTIFICATION**

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives 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 manager 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.

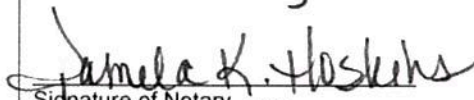
**This Application is filed on the behalf of Iowa Health System\* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned 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 fee required for this application is sent herewith or will be paid upon request.**

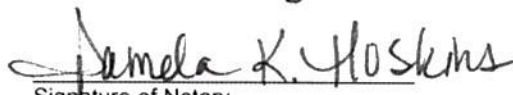
  
\_\_\_\_\_  
SIGNATURE  
  
Kevin E. Vermeer  
\_\_\_\_\_  
PRINTED NAME  
  
IHS President/CEO  
\_\_\_\_\_  
PRINTED TITLE

  
\_\_\_\_\_  
SIGNATURE  
  
Dennis W. Drake  
\_\_\_\_\_  
PRINTED NAME  
  
IHS VP/General Counsel  
\_\_\_\_\_  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 11<sup>th</sup> day of July, 2019.

Notarization:  
Subscribed and sworn to before me  
this 11<sup>th</sup> day of July, 2019.

  
\_\_\_\_\_  
Signature of Notary

  
\_\_\_\_\_  
Signature of Notary

Seal

Seal

\*Insert the EXACT name of the applicant







**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

IOWA HEALTH SYSTEM, INCORPORATED IN IOWA AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON JUNE 15, 2010, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS IN THE STATE OF ILLINOIS.



**In Testimony Whereof,** I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 10TH day of JUNE A.D. 2019 .

*Jesse White*

SECRETARY OF STATE

Authentication #: 1916103016 verifiable until 06/10/2020  
Authenticate at: <http://www.cyberdriveillinois.com>