

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR EXEMPTION FOR THE
CHANGE OF OWNERSHIP FOR AN EXISTING HEALTH CARE FACILITY

RECEIVED

NOV 05 2014

1. INFORMATION FOR EXISTING FACILITY

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Current Facility Name Adventist La Grange Memorial Hospital
Address 5101 South Willow Springs Road
City LaGrange, Illinois Zip Code 60525 County Cook
Name of current licensed entity for the facility Adventist Health System/Sunbelt, Inc. d/d/a Adventist LaGrange Memorial Hospital
Does the current licensee: own this facility yes OR lease this facility _____ (if leased, check if sublease)
Type of ownership of the current licensed entity (check one of the following:) _____ Sole Proprietorship
 Not-for-Profit Corporation _____ For Profit Corporation _____ Partnership _____ Governmental
_____ Limited Liability Company _____ Other, specify _____
Illinois State Senator for the district where the facility is located: Sen. Kimberly A. Lightfoot
State Senate District Number 4 Mailing address of the State Senator _____
10001 W. Roosevelt Road Westchester, IL 60154
Illinois State Representative for the district where the facility is located: Rep. La Shawn K. Ford
State Representative District Number 8 Mailing address of the State Representative _____
816 S. Oak Park Ave. Oak Park, IL 60304

2. **OUTSTANDING PERMITS.** Does the facility have any projects for which the State Board issued a permit that will not be completed (refer to 1130.140 "Completion or Project Completion" for a definition of project completion) by the time of the proposed ownership change? Yes No . If yes, refer to Section 1130.520(f), and indicate the projects by Project #
13-073 establishment of a comprehensive physical rehabilitation category of service

3. **NAME OF APPLICANT** (complete this information for each co-applicant and insert after this page).

Exact Legal Name of Applicant please see following page
Address _____
City, State & Zip Code _____
Type of ownership of the current licensed entity (check one of the following:) _____ Sole Proprietorship
_____ Not-for-Profit Corporation _____ For Profit Corporation _____ Partnership _____ Governmental _____
_____ Limited Liability Company _____ Other, specify _____

4. **NAME OF LEGAL ENTITY THAT WILL BE THE LICENSEE/OPERATING ENTITY OF THE FACILITY NAMED IN THE APPLICATION AS A RESULT OF THIS TRANSACTION.***

Exact Legal Name of Entity to be Licensed Adventist Hinsdale Hospital d/b/a Adventist La Grange Memorial Hospital
Address 120 North Oak Street
City, State & Zip Code Hinsdale, IL 60525
Type of ownership of the current licensed entity (check one of the following:) _____ Sole Proprietorship
Not-for-Profit Corporation For Profit Corporation _____ Partnership _____ Governmental _____
_____ Limited Liability Company _____ Other, specify _____

5. **BUILDING/SITE OWNERSHIP. NAME OF LEGAL ENTITY THAT WILL OWN THE "BRICKS AND MORTAR" (BUILDING) OF THE FACILITY NAMED IN THIS APPLICATION IF DIFFERENT FROM THE OPERATING/LICENSED ENTITY***

Exact Legal Name of Entity to be Licensed Adventist Hinsdale Hospital d/b/a Adventist La Grange Memorial Hospital
Address 120 North Oak Street
City, State & Zip Code Hinsdale, IL 60525
Type of ownership of the current licensed entity (check one of the following:) _____ Sole Proprietorship
 Not-for-Profit Corporation _____ For Profit Corporation _____ Partnership _____ Governmental _____
_____ Limited Liability Company _____ Other, specify _____

* Once regulatory approval is obtained, the legal entity "Adventist Hinsdale Hospital" will change its name to "Adventist Midwest Health" and will establish "Adventist Hinsdale Hospital" and "Adventist La Grange Memorial Hospital" as d/b/a's for the licensed health care facilities it operates.

NAME OF APPLICANT (complete this information for each co-applicant and insert after this page).

Exact Legal Name of Applicant Adventist Health System Sunbelt Healthcare Corporation
Address 900 Hope Way
City, State & Zip Code Altamonte Springs, FL 32714
Type of ownership of the current licensed entity (check one of the following:) Sole Proprietorship
 X Not-for-Profit Corporation For Profit Corporation Partnership Governmental
Limited Liability Company Other, specify

NAME OF APPLICANT (complete this information for each co-applicant and insert after this page).

Exact Legal Name of Applicant Adventist Midwest Health d/b/a Adventist La Grange Memorial Hospital
Address 120 North Oak Street
City, State & Zip Code Hinsdale, IL 60525
Type of ownership of the current licensed entity (check one of the following:) Sole Proprietorship
 X Not-for-Profit Corporation For Profit Corporation Partnership Governmental
Limited Liability Company Other, specify

NAME OF APPLICANT (complete this information for each co-applicant and insert after this page).

Exact Legal Name of Applicant Adventist Health System/Sunbelt, Inc.
Address 900 Hope Way
City, State & Zip Code Altamonte Springs, FL 32714
Type of ownership of the current licensed entity (check one of the following:) Sole Proprietorship
 X Not-for-Profit Corporation For Profit Corporation Partnership Governmental
Limited Liability Company Other, specify

NAME OF APPLICANT (complete this information for each co-applicant and insert after this page).

Exact Legal Name of Applicant Adventist Hinsdale Hospital d/b/a Adventist La Grange Memorial Hospital*
Address 120 North Oak Street
City, State & Zip Code Hinsdale, IL 60525
Type of ownership of the current licensed entity (check one of the following:) Sole Proprietorship
 X Not-for-Profit Corporation For Profit Corporation Partnership Governmental
Limited Liability Company Other, specify

* Once regulatory approval is obtained, the legal entity "Adventist Hinsdale Hospital" will change its name to "Adventist Midwest Health" and will establish "Adventist Hinsdale Hospital" and "Adventist La Grange Memorial Hospital" as d/b/a's for the licensed health care facilities it operates.

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(REVISED 11/3/14)

16. **PRIMARY CONTACT PERSON.** Individual representing the applicant to whom all correspondence and inquiries pertaining to this application are to be directed. (Note: other persons representing the applicant not named below will need written authorization from the applicant stating that such persons are also authorized to represent the applicant in relationship to this application).

Name: Ms. Nanette Bufalino Regional Chief Legal Officer-Adventist Midwest Region
Address: 120 North Oak Street
City, State & Zip Code: Hinsdale, IL 60521
Telephone (630) 856-6050 Ext. _____

17. **ADDITIONAL CONTACT PERSON.** Consultant, attorney, other individual who is also authorized to discuss this application and act on behalf of the applicant.

Name: Jacob M. Axel President, Axel & Associates, Inc.
Address: 675 North Court Suite 210
City, State & Zip Code: Palatine, IL 60067
Telephone (847) 776-7101 Ext. _____

18. **CERTIFICATION**

I certify that the above information and all attached information are true and correct to the best of my knowledge and belief. I certify that the number of beds within the facility will not change as part of this transaction. I certify that no adverse action has been taken against the applicant(s) by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois. I certify that I am fully aware that a change in ownership will void any permits for projects that have not been completed unless such projects will be completed or altered pursuant to the requirements in 77 IAC 1130.520(f) prior to the effective date of the proposed ownership change. I also certify that the applicant has not already acquired the facility named in this application or entered into an agreement to acquire the facility named in the application unless the contract contains a clause that the transaction is contingent upon approval by the State Board.

Signature of Authorized Officer

David L. Crane

Typed or Printed Name of Authorized Officer

David L. Crane

Title of Authorized Officer:

Vice President

Address:

5101 S. Willow Springs Rd.

City, State & Zip Code:

La Grange IL 60525

Telephone (708) 245-6000

Date: 9/29/14

NOTE: complete a separate signature page for each co-applicant and insert following this page.

Adventist Health System/Sunbelt, Inc.

File Number 5938-879-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

ADVENTIST HEALTH SYSTEM/SUNBELT, INC., INCORPORATED IN FLORIDA AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON APRIL 28, 1997, 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.



Authentication #: 1421300334

Authenticate at <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 1ST day of AUGUST A.D. 2014 .

Jesse White

SECRETARY OF STATE

ATTACHMENT 4