

Reference Numbers	Facility Id	7003148	Number of Operating Rooms	2	
Health Service Area	001	Planning Service Area	037	Procedure Rooms	0
MIDLAND SURGICAL CENTER			Exam Rooms	0	
2120 MIDLANDS COURT			Number of Recovery Stations Stage 1	10	
SYCAMORE, IL 60178			Number of Recovery Stations Stage 2	0	

Administrator Date
 PATRICIA SULAVER Completed
2/24/2012

Registered Agent
 Steven Glasgow MD

Property Owner
 TMSCP

Legal Owner

Type of Ownership
 Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Kishwaukee Community Hospital Dekalb IL.	2
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	8.00
Certified Aides	0.00
Other Hlth. Profs.	2.20
Other Non-Hlth. Profs.	4.20
TOTAL	16.40

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	49	35	84	Medicaid	53	74	127
15-44	216	168	384	Medicare	698	908	1,606
45-64	281	372	653	Other Public	6	5	11
65-74	289	364	653	Insurance	504	499	1,003
75+ Yea	433	556	989	Private Pay	7	9	16
TOTAL	1,268	1,495	2,763	Charity Care	0	0	0
				TOTAL	1,268	1,495	2,763

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR						Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense	Total Net Revenue
56.0%	7.0%	0.2%	36.4%	0.4%	100.0%		0%
2,374,340	296,792	8,480	1,545,362	14,919	4,239,893	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	1	2.00	0.75	2.75	2.75
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1648	549.00	205.50	754.50	0.46
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	661	716.00	165.00	881.00	1.33
Otolaryngology	18	9.50	2.75	12.25	0.68
Pain Management	332	83.00	30.25	113.25	0.34
Plastic Surgery	14	15.25	2.50	17.75	1.27
Podiatry	47	43.50	7.75	51.25	1.09
Thoracic	0	0.00	0.00	0.00	0.00
Urology	42	17.50	12.50	30.00	0.71
TOTAL	2763	1,435.75	427.00	1862.75	0.67

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7001928	Number of Operating Rooms	5	
Health Service Area	001	Planning Service Area	201	Procedure Rooms	2
ROCKFORD AMBULATORY SURGERY CENTER			Exam Rooms	0	
1016 FEATHERSTONE ROAD			Number of Recovery Stations Stage 1	8	
ROCKFORD, IL 61107-5902			Number of Recovery Stations Stage 2	13	

Administrator Date
 DR. STEVEN GUNDERSON Completed
3/13/2012

Registered Agent
 James Lyddon

Property Owner

Legal Owner

Type of Ownership
 Limited Liability Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Swedish American Health System, Rockford, IL	2
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	17.00
Certified Aides	1.00
Other Hlth. Profs.	8.80
Other Non-Hlth. Profs	10.20
TOTAL	39.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	97	95	192
15-44	263	580	843
45-64	563	899	1,462
65-74	525	695	1,220
75+ Yea	514	732	1,246
TOTAL	1,962	3,001	4,963

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	1,024	1,464	2,488
Other Public Insurance	5	3	8
Private Pay	15	68	83
Charity Care	0	0	0
TOTAL	1,962	3,001	4,963

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
24.6%	0.0%	0.0%	62.0%	13.5%	100.0%		0%
2,099,153	0	0	5,290,622	1,150,225	8,540,000	32,732	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	241	204.00	100.25	304.25	1.26
Laser Eye Surgery	109	52.50	45.50	98.00	0.90
Neurological	68	15.00	28.50	43.50	0.64
OB/Gynecology	362	290.50	151.00	441.50	1.22
Ophthalmology	2115	1,128.00	881.25	2009.25	0.95
Oral/Maxillofacial	42	64.00	17.50	81.50	1.94
Orthopedic	173	150.25	72.25	222.50	1.29
Otolaryngology	510	544.25	212.50	756.75	1.48
Pain Management	37	37.00	15.50	52.50	1.42
Plastic Surgery	119	300.75	49.75	350.50	2.95
Podiatry	449	528.00	187.25	715.25	1.59
Thoracic	0	0.00	0.00	0.00	0.00
Urology	43	38.50	18.00	56.50	1.31
TOTAL	4268	3,352.75	1,779.25	5132.00	1.20

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Multi OB/Gynecolog	0.5	57	19	33.25	0.58
Multi Ophthalmolog	0.5	231	11.5	69.25	0.30
Pain Management	1	407	159	278.25	0.68
TOTALS	2	695	189.5	380.75	0.55

Reference Numbers	Facility Id	7001761	Number of Operating Rooms	0	
Health Service Area	001	Planning Service Area	201	Procedure Rooms	4
ROCKFORD ENDOSCOPY CENTER			Exam Rooms	0	
401 ROXBURY ROAD			Number of Recovery Stations Stage 1	10	
ROCKFORD, IL 61107			Number of Recovery Stations Stage 2	0	

Administrator Date
 NANCY GARRY Completed
2/13/2012

Registered Agent
 Philip Frankfort

Property Owner

Type of Ownership
 Corporation (RA required)

Legal Owner
 William N. Baskin
 Steven O. Ikenberry
 S. Christopher Moore
 Roger L. Greenlaw
 Robert L. Barclay
 Michael J. Manley
 Mark T. Shiels
 Joseph J. Vicari
 John J. DeGuide
 John F. Johanson

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St. Anthony Hospital	9
SwedishAmerican Hospital	3
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.70
Physicians	3.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	10.90
Certified Aides	6.50
Other Hlth. Profs.	0.00
Other Non-Hlth. Profs	12.30
TOTAL	34.40

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	672	1,130	1,802
45-64	2,815	3,639	6,454
65-74	1,299	1,499	2,798
75+ Yea	581	799	1,380
TOTAL	5,367	7,067	12,434

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	221	575	796
Medicare	1,904	2,500	4,404
Other Public	19	22	41
Insurance	3,037	3,796	6,833
Private Pay	138	105	243
Charity Care	48	69	117
TOTAL	5,367	7,067	12,434

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
16.4%	1.9%	0.2%	71.1%	10.3%	100.0%		1%
1,166,271	135,622	17,111	5,038,761	733,313	7,091,078	77,992	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	4	12434	6217	6217	1.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	4	12434	6217	6217	1.00

Reference Numbers	Facility Id	7002835	Number of Operating Rooms	2	
Health Service Area	001	Planning Service Area	201	Procedure Rooms	1
ROCKFORD ORTHOPEDIC SURGERY CENTER, LLC			Exam Rooms	0	
346 ROXBURY ROAD			Number of Recovery Stations Stage 1	4	
ROCKFORD, IL 61107			Number of Recovery Stations Stage 2	4	

Administrator Date
 DON SCHREINER Completed
2/27/2012

Registered Agent
 Jan H Olander

Property Owner

Type of Ownership
 Limited Liability Company (RA required)

Legal Owner
 Rockford Orthopedic Associates, Ltd
 OSF, Inc.

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St. Anthony Medical Center	5
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	9.80
Certified Aides	5.15
Other Hlth. Profs.	0.01
Other Non-Hlth. Profs	5.26
TOTAL	21.22

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	54	47	101
15-44	451	361	812
45-64	565	813	1,378
65-74	132	248	380
75+ Yea	64	126	190
TOTAL	1,266	1,595	2,861

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	53	87	140
Medicare	197	430	627
Other Public Insurance	0	0	0
Private Pay	1,013	1,078	2,091
Charity Care	3	0	3
Charity Care	0	0	0
TOTAL	1,266	1,595	2,861

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
7.1%	0.6%	0.0%	86.6%	5.7%	100.0%		0%
641,212	52,062	0	7,844,960	515,603	9,053,837	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1784	1,212.68	707.60	1920.28	1.08
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	3	0.50	0.58	1.08	0.36
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	472	525.63	152.18	677.81	1.44
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2259	1,738.81	860.36	2599.17	1.15

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Multi Orthopedic	0.5	202	66.4	79.66	0.72
Multi Pain Manage	0.5	400	59.08	70.88	0.32
Pain Management	0	0	0	0	0.00
TOTALS	1	602	125.48	150.54	0.46

Reference Numbers	Facility Id	7003124	Number of Operating Rooms	6	
Health Service Area	002	Planning Service Area	143	Procedure Rooms	0
CENTER FOR HEALTH AMBULATORY SURGERY CENTER, LLC			Exam Rooms	0	
8800 NORTH STATE ROUTE 91			Number of Recovery Stations Stage 1	7	
PEORIA, IL 61615			Number of Recovery Stations Stage 2	17	

Administrator	Date
THOMAS J. FELDMAN	Completed
	2/29/2012

Registered Agent
Stephen T. More

Property Owner
OSF SFMC

Legal Owner

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
OSF Saint Francis Medical Center, Peoria, IL	12
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	2.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	23.00
Certified Aides	0.00
Other Hlth. Profs.	22.00
Other Non-Hlth. Profs	13.00
TOTAL	61.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	8
Wednesday	9
Thursday	8
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	342	266	608	Medicaid	69	115	184
15-44	485	575	1,060	Medicare	1,294	1,694	2,988
45-64	874	1,165	2,039	Other Public	174	83	257
65-74	750	976	1,726	Insurance	1,446	1,748	3,194
75+ Yea	556	718	1,274	Private Pay	15	35	50
TOTAL	3,007	3,700	6,707	Charity Care	9	25	34
				TOTAL	3,007	3,700	6,707

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR						Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense	Total Net Revenue
19.9%	0.3%	0.7%	78.7%	0.4%	100.0%		1%
3,313,058	50,926	109,722	13,085,415	72,626	16,631,747	158,659	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	536	124.00	246.00	370.00	0.69
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	137	21.00	73.00	94.00	0.69
Ophthalmology	2946	596.00	634.00	1230.00	0.42
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1347	325.00	589.00	914.00	0.68
Otolaryngology	609	107.00	225.00	332.00	0.55
Pain Management	23	5.00	5.00	10.00	0.43
Plastic Surgery	555	78.00	120.00	198.00	0.36
Podiatry	167	54.00	58.00	112.00	0.67
Thoracic	0	0.00	0.00	0.00	0.00
Urology	387	57.00	83.00	140.00	0.36
TOTAL	6707	1,367.00	2,033.00	3400.00	0.51

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7003139	Number of Operating Rooms	0	
Health Service Area	002	Planning Service Area	143	Procedure Rooms	3
CENTRAL ILLINOS ENDOSCOPY CENTER, LLC			Exam Rooms	0	
1001 MAIN STREET #500B			Number of Recovery Stations Stage 1	0	
PEORIA, IL 61606			Number of Recovery Stations Stage 2	0	

Administrator	Date
Karen Smith	Completed
	2/28/2012

Registered Agent
John Elias

Property Owner
IGI Realty LLC

Legal Owner

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
The Methodist Medical Center of Illinois	1
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.40
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	9.80
Certified Aides	0.80
Other Hlth. Profs.	6.50
Other Non-Hlth. Profs	1.90
TOTAL	20.40

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	4
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	522	644	1,166
45-64	2,211	2,862	5,073
65-74	810	1,098	1,908
75+ Yea	467	764	1,231
TOTAL	4,010	5,368	9,378

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	114	321	435
Medicare	1,382	1,848	3,230
Other Public Insurance	22	26	48
Private Pay	7	9	16
Charity Care	13	22	35
TOTAL	4,010	5,368	9,378

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
1.9%	7.9%	0.3%	89.5%	0.3%	100.0%		1%
153,014	627,937	22,892	7,072,128	25,600	7,901,571	62,325	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	3	9378	4186	4397	0.92
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	3	9378	4186	4397	0.92

Reference Numbers	Facility Id	7003146	Number of Operating Rooms	2	
Health Service Area	002	Planning Service Area	143	Procedure Rooms	0
MUSCULOSKELETAL SURGERY CENTER, LLC			Exam Rooms	2	
303 N WM KUMPF BOULEVARD			Number of Recovery Stations Stage 1	3	
PEORIA, IL 61605			Number of Recovery Stations Stage 2	3	

Administrator Date
 JANET E SMITH Completed
 2/27/2012

Registered Agent
 Davis and Campbell

Property Owner
 N/A

Legal Owner

Type of Ownership
 Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
OSF Saint Francis Medical Center	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	2.50
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	4.00
Certified Aides	0.00
Other Hlth. Profs.	4.00
Other Non-Hlth. Profs	1.00
TOTAL	13.50

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	16	13	29
15-44	153	72	225
45-64	314	197	511
65-74	43	71	114
75+ Yea	28	43	71
TOTAL	554	396	950

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	17	31	48
Medicare	83	103	186
Other Public	0	0	0
Insurance	443	256	699
Private Pay	4	0	4
Charity Care	7	6	13
TOTAL	554	396	950

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
4.1%	0.4%	0.0%	93.9%	1.6%	100.0%		3%
176,254	14,983	0	3,992,818	66,994	4,251,049	106,556	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	950	969.90	474.90	1444.80	1.52
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	950	969.90	474.90	1444.80	1.52

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7001530	Number of Operating Rooms	1	
Health Service Area	002	Planning Service Area	143	Procedure Rooms	3
PEORIA AMBULATORY SURGERY CENTER			Exam Rooms	0	
4909 N. GLEN PARK PLACE			Number of Recovery Stations Stage 1	4	
PEORIA, IL 61614			Number of Recovery Stations Stage 2	5	

Administrator Date
 CYNTHIA J. LEISINGER, MBA, Completed
2/28/2012

Registered Agent
 Carl W. Soderstrom, MD

Property Owner
 CWS Real Estate LLC

Legal Owner
 Carl W. Soderstrom, MD

Type of Ownership
 Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Methodist Medical Center, Peoria IL	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	11.00
Certified Aides	0.00
Other Hlth. Profs.	1.00
Other Non-Hlth. Profs	1.00
TOTAL	16.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	5
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	21	26	47
15-44	221	538	759
45-64	358	436	794
65-74	244	184	428
75+ Yea	426	254	680
TOTAL	1,270	1,438	2,708

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	19	68	87
Medicare	628	398	1,026
Other Public	0	0	0
Insurance	604	738	1,342
Private Pay	19	234	253
Charity Care	0	0	0
TOTAL	1,270	1,438	2,708

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
37.3%	1.1%	0.0%	44.1%	17.6%	100.0%		0%
955,682	27,399	0	1,131,142	450,184	2,564,407	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	148	295.50	86.25	381.75	2.58
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	148	295.50	86.25	381.75	2.58

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Multi Dermatolgy	3	2560	1282.5	512	1794.5
Pain Management	0	0	0	0	0.00
TOTALS	3	2560	1282.5	512	1794.5

Reference Numbers	Facility Id	7001449	Number of Operating Rooms	4	
Health Service Area	002	Planning Service Area	143	Procedure Rooms	1
PEORIA DAY SURGERY CENTER			Exam Rooms	0	
7309 N. KNOXVILLE AVENUE			Number of Recovery Stations Stage 1	8	
PEORIA, IL 61614-2017			Number of Recovery Stations Stage 2	14	

Administrator RITA HANCOCK
 Date Completed 2/29/2012

Registered Agent
 Brent Gwilliam

Property Owner
 Peoria Urological Investment Group

Legal Owner
 Joseph Banno, MD
 Brent Parry, DPM
 Bruce Chien, MD
 Demaceo Howard, MD
 Fred Braastad, MD
 Gavish Patel, MD
 George Lane, MD
 Giovanni Colombo, MD
 Jacek Graczykowski, MD
 James Crane, MD

Type of Ownership
 Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Proctor Hospital, Peoria	2
	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	0.00
Reg. Nurses	12.60
Certified Aides	1.90
Other Hlth. Profs.	5.50
Other Non-Hlth. Profs	4.60
TOTAL	25.60

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	191	169	360	Medicaid	72	208	280
15-44	322	776	1,098	Medicare	926	994	1,920
45-64	687	917	1,604	Other Public	6	5	11
65-74	508	444	952	Insurance	1,191	1,634	2,825
75+ Yea	516	571	1,087	Private Pay	29	36	65
TOTAL	2,224	2,877	5,101	Charity Care	0	0	0
				TOTAL	2,224	2,877	5,101

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR						Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense	Total Net Revenue
31.1%	1.1%	0.1%	66.8%	0.9%	100.0%		0%
2,717,199	99,918	8,526	5,842,768	79,343	8,747,754	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	133	133.00	99.75	232.75	1.75
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	303	303.00	227.25	530.25	1.75
Ophthalmology	562	281.00	421.50	702.50	1.25
Oral/Maxillofacial	3	2.25	1.50	3.75	1.25
Orthopedic	83	83.00	53.95	136.95	1.65
Otolaryngology	533	533.00	399.75	932.75	1.75
Pain Management	84	84.00	63.00	147.00	1.75
Plastic Surgery	180	360.00	180.00	540.00	3.00
Podiatry	260	260.00	260.00	520.00	2.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	1734	867.00	650.25	1517.25	0.88
TOTAL	3875	2,906.25	2,356.95	5263.20	1.36

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	1	1226	919.5	1532.5	1.25
TOTALS	1	1226	919.5	1532.5	1.25

Reference Numbers	Facility Id	7002728	Number of Operating Rooms	2	
Health Service Area	002	Planning Service Area	179	Procedure Rooms	0
RENAL INTERVENTION CENTER, LLC			Exam Rooms	1	
430 MAXINE DRIVE			Number of Recovery Stations Stage 1	4	
MORTON, IL 61550			Number of Recovery Stations Stage 2	4	

Administrator	Date
BETH SHAW	Completed
	2/29/2012

Registered Agent
Husch Registered Agent Inc

Property Owner
Renalcare LLC

Legal Owner
RENAL INTERVENTION CENTER, LLC

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
OSF St. Francis Medical Center, Peoria, IL	7
Methodist Medical Center, Peoria, IL	1
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.25
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	7.00
Certified Aides	0.00
Other Hlth. Profs.	3.00
Other Non-Hlth. Profs	1.00
TOTAL	12.25

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	36	36	72
45-64	140	148	288
65-74	88	80	168
75+ Yea	103	113	216
TOTAL	367	377	744

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	12	14	26
Medicare	286	276	562
Other Public Insurance	8	0	8
Private Pay	60	85	145
Charity Care	1	2	3
Charity Care	0	0	0
TOTAL	367	377	744

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
83.2%	0.4%	0.7%	13.5%	2.2%	100.0%		0%
732,676	3,407	6,155	119,207	18,954	880,399	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	744	1,026.75	312.50	1339.25	1.80
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	744	1,026.75	312.50	1339.25	1.80

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7003120	Number of Operating Rooms	3	
Health Service Area	003	Planning Service Area	001	Procedure Rooms	3
BLESSING HOSPITAL			Exam Rooms	0	
1118 HAMPSHIRE STREET			Number of Recovery Stations Stage 1	4	
QUINCY, IL 62301			Number of Recovery Stations Stage 2	4	

Administrator MAUREEN KAHN
 Date Completed 2/22/2012

Registered Agent

Property Owner
 Quincy Medical Group

Legal Owner

Type of Ownership
 Other Not For Profit Ownership

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	0.00
Reg. Nurses	24.70
Certified Aides	0.00
Other Hlth. Profs.	12.10
Other Non-Hlth. Profs	5.20
TOTAL	42.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	420	356	776
15-44	494	911	1,405
45-64	1,412	1,837	3,249
65-74	783	1,093	1,876
75+ Yea	684	955	1,639
TOTAL	3,793	5,152	8,945

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	423	581	1,004
Medicare	1,500	2,114	3,614
Other Public	16	28	44
Insurance	1,754	2,301	4,055
Private Pay	76	98	174
Charity Care	24	30	54
TOTAL	3,793	5,152	8,945

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare #Num!	Medicaid #Num!	Other Public #Num!	Private Insurance #Num!	Private Pay #Num!	TOTALS #Error	Charity Care Expense	Charity Care Expense as % of Total Net Revenue 0%
0	0	0	0	0	0	0	0

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	3	2.00	0.80	2.80	0.93
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	44	17.00	10.00	27.00	0.61
General	676	565.00	170.00	735.00	1.09
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	1	1.00	0.20	1.20	1.20
OB/Gynecology	280	157.00	70.00	227.00	0.81
Ophthalmology	1966	691.00	494.00	1185.00	0.60
Oral/Maxillofacial	333	363.00	82.00	445.00	1.34
Orthopedic	582	513.00	146.00	659.00	1.13
Otolaryngology	525	230.00	130.00	360.00	0.69
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	21	26.00	5.00	31.00	1.48
Podiatry	225	267.00	56.00	323.00	1.44
Thoracic	0	0.00	0.00	0.00	0.00
Urology	31	24.00	8.00	32.00	1.03
TOTAL	4687	2,856.00	1,172.00	4028.00	0.86

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	3	4258	1174	1242	0.29
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	3	4258	1174	1242	0.29

Reference Numbers	Facility Id	7002306	Number of Operating Rooms	3	
Health Service Area	003	Planning Service Area	167	Procedure Rooms	0
ORTHOPAEDIC SURGERY CENTER OF ILLINOIS			Exam Rooms	1	
3136 OLD JACKSONVILLE ROAD, STE 250			Number of Recovery Stations Stage 1	4	
SPRINGFIELD, IL 62704			Number of Recovery Stations Stage 2	5	

Administrator LEO K. LUDWIG M.D.
 Date Completed 2/15/2012

Registered Agent
 ROBERT W KAY

Property Owner
 MEMORIAL HEALTH SYSTEM

Legal Owner

Type of Ownership
 Limited Liability Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
MEMORIAL MEDICAL CENTER, SPRINGFIELD, IL	1
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.20
Physicians	0.00
Nurse Anesthetists	0.90
Dir. of Nurses	1.00
Reg. Nurses	10.20
Certified Aides	0.00
Other Hlth. Profs.	2.90
Other Non-Hlth. Profs	2.10
TOTAL	17.30

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	4	3	7
15-44	263	245	508
45-64	590	675	1,265
65-74	278	459	737
75+ Yea	209	479	688
TOTAL	1,344	1,861	3,205

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	14	40	54
Medicare	481	943	1,424
Other Public	1	0	1
Insurance	847	877	1,724
Private Pay	1	1	2
Charity Care	0	0	0
TOTAL	1,344	1,861	3,205

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
6.9%	1.3%	0.0%	91.3%	0.5%	100.0%		0%
448,541	84,803	984	5,928,153	31,263	6,493,744	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1005	1,173.00	587.00	1760.00	1.75
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	2200	364.00	181.00	545.00	0.25
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3205	1,537.00	768.00	2305.00	0.72

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7003114	Number of Operating Rooms	0	
Health Service Area	003	Planning Service Area	167	Procedure Rooms	2
PRAIRIE DIAGNOSTIC CENTER at St. Johns Hospital			Exam Rooms	0	
401 EAST CARPENTER STREET			Number of Recovery Stations Stage 1	0	
SPRINGFIELD, IL 62702			Number of Recovery Stations Stage 2	8	

Administrator Charles Lucore
 Date Completed 3/9/2012

Registered Agent

Property Owner

Type of Ownership
 Church Related Not For Profit

Legal Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St. Johns Hospital, Springfield IL	10
Memorial Medical Canter, Springfield IL	2
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	0.00
Reg. Nurses	6.00
Certified Aides	0.00
Other Hlth. Profs.	6.00
Other Non-Hlth. Profs	3.00
TOTAL	16.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

FACILITY NOTES

E-008-11 5/10/2011
 Change of Ownership exemption approved; formerly Prairie Diagnostic Center, LLC

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	28	25	53
45-64	280	198	478
65-74	252	196	448
75+ Yea	182	148	330
TOTAL	742	567	1,309

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	10	17	27
Medicare	530	419	949
Other Public	2	2	4
Insurance	182	97	279
Private Pay	5	3	8
Charity Care	13	29	42
TOTAL	742	567	1,309

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
34.1%	0.6%	0.3%	63.1%	1.9%	100.0%		3%
1,102,241	20,241	8,523	2,040,091	62,330	3,233,426	106,797	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	2	1309	370.8	436	806.8
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	2	1309	370.8	436	806.8

Reference Numbers	Facility Id	7003147	Number of Operating Rooms	2	
Health Service Area	003	Planning Service Area	167	Procedure Rooms	2
PRAIRIE SURGICENTER ASSOCIATES, LLC			Exam Rooms	1	
2020 WEST ILES AVENUE			Number of Recovery Stations Stage 1	5	
SPRINGFIELD, IL 62704			Number of Recovery Stations Stage 2	0	

Administrator Date
 PATTY WILLIAMS Completed
2/22/2012

Registered Agent

Property Owner

Type of Ownership

Sole Proprietorship

Legal Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St. John's Hospital	1
Memorial Medical Center	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	6.00
Certified Aides	0.00
Other Hlth. Profs.	2.00
Other Non-Hlth. Profs	2.00
TOTAL	11.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

FACILITY NOTES

10-079 3/21/2011
 Received permit to add orthopedics
 specialty to existing limited specialty
 ASTC.

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	43	49	92
45-64	349	520	869
65-74	425	668	1,093
75+ Yea	361	569	930
TOTAL	1,178	1,806	2,984

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	12	20	32
Medicare	843	1,184	2,027
Other Public	2	0	2
Insurance	313	586	899
Private Pay	8	16	24
Charity Care	0	0	0
TOTAL	1,178	1,806	2,984

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
36.9%	0.0%	0.0%	48.8%	14.3%	100.0%		0%
999,170	58	0	1,322,599	386,486	2,708,313	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1579	464.00	247.00	711.00	0.45
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	119	127.25	43.90	171.15	1.44
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1698	591.25	290.90	882.15	0.52

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	1	1222	102	201	0.16
Multi Ophthalmolog	1	64	17.75	27.5	0.43
Pain Management	0	0	0	0	0.00
TOTALS	2	1286	119.75	228.5	0.18

Reference Numbers	Facility Id	7002694	Number of Operating Rooms	5	
Health Service Area	003	Planning Service Area	167	Procedure Rooms	4
SPRINGFIELD CLINIC, LLP			Exam Rooms	13	
1025 SOUTH 6TH STREET			Number of Recovery Stations Stage 1	29	
SPRINGFIELD, IL 62794-9248			Number of Recovery Stations Stage 2	0	

Administrator	Date
RANDALL BRYANT	Completed
	2/27/2012

Registered Agent

Randall Bryant

Property Owner

Springfield Clinic, LLP

Legal Owner

Springfield Clinic, LLP

Type of Ownership

Limited Liability Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St. John's Hospital, Springfield	3
Memorial Medical Center, Springfield	12
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	6.00
Dir. of Nurses	1.00
Reg. Nurses	64.00
Certified Aides	0.00
Other Hlth. Profs.	14.00
Other Non-Hlth. Profs	20.00
TOTAL	106.00

DAYS AND HOURS OF OPERATION

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	354	315	669
15-44	993	1,433	2,426
45-64	3,337	4,262	7,599
65-74	1,686	2,234	3,920
75+ Yea	1,390	1,672	3,062
TOTAL	7,760	9,916	17,676

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	1	2	3
Medicare	2,706	3,532	6,238
Other Public	0	0	0
Insurance	5,017	6,212	11,229
Private Pay	36	170	206
Charity Care	0	0	0
TOTAL	7,760	9,916	17,676

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
19.3%	0.0%	0.0%	79.7%	0.9%	100.0%		0%
5,146,406	0	0	21,218,566	247,255	26,612,227	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	983	593.25	255.25	848.50	0.86
Laser Eye Surgery	308	1.50	51.50	53.00	0.17
Neurological	3	2.25	1.25	3.50	1.17
OB/Gynecology	336	152.25	83.00	235.25	0.70
Ophthalmology	2763	773.00	490.25	1263.25	0.46
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1710	985.75	410.00	1395.75	0.82
Otolaryngology	891	445.00	219.25	664.25	0.75
Pain Management	933	120.75	155.50	276.25	0.30
Plastic Surgery	649	533.75	135.75	669.50	1.03
Podiatry	203	171.75	47.75	219.50	1.08
Thoracic	0	0.00	0.00	0.00	0.00
Urology	257	78.75	61.00	139.75	0.54
TOTAL	9036	3,858.00	1,910.50	5768.50	0.64

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	4	8640	3082	1440.25	0.52
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	4	8640	3082	1440.25	0.52

Reference Numbers	Facility Id	7003123	Number of Operating Rooms	2	
Health Service Area	004	Planning Service Area	115	Procedure Rooms	0
ADVANCED EYE SURGERY AND LASER CENTER, LLC			Exam Rooms	0	
646 WEST PERSHING ROAD			Number of Recovery Stations Stage 1	2	
DECATUR, IL 62526			Number of Recovery Stations Stage 2	0	

Administrator	Date
Sushant Sinha	Completed
	2/13/2012

Registered Agent
SSMJ, LLC

Property Owner

Type of Ownership
Limited Liability Company (RA required)

Legal Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Decatur Memorial Hospital, Decatur, Illinois	2
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	0.00
Reg. Nurses	2.00
Certified Aides	0.00
Other Hlth. Profs.	1.00
Other Non-Hlth. Profs	1.00
TOTAL	5.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	10
Thursday	10
Friday	4
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	1	0	1
15-44	17	22	39
45-64	109	205	314
65-74	274	405	679
75+ Yea	319	472	791
TOTAL	720	1,104	1,824

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	552	880	1,432
Medicare	135	172	307
Other Public Insurance	6	20	26
Private Pay	25	20	45
Charity Care	0	0	0
TOTAL	720	1,104	1,824

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
74.3%	1.6%	1.2%	20.8%	2.2%	100.0%	0	0%
2,593,462	54,168	41,689	724,640	78,244	3,492,203	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY PREP and CLEAN-UP		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	700	116.75	224.50	341.25	0.49
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1124	843.00	562.00	1405.00	1.25
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1824	959.75	786.50	1746.25	0.96

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY PREP and CLEAN-UP		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7002249	Number of Operating Rooms	2	
Health Service Area	004	Planning Service Area	113	Procedure Rooms	0
BLOOMINGTON EYE INSTITUTE, LLC			Exam Rooms	0	
1008 N. CENTER ST.			Number of Recovery Stations Stage 1	2	
BLOOMINGTON, IL 61701			Number of Recovery Stations Stage 2	3	

Administrator TOM RESTIVO
 Date Completed 2/27/2012

Registered Agent
 Larry Hansen/ Locke, Lord, Bi

Property Owner
 Gailey Eye Institute Properties

Legal Owner
 Bloomington Eye Institute, LLC

Type of Ownership
 Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate BroMenn Regional Medical Center, Blooming	2
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.50
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	9.50
Certified Aides	1.00
Other Hlth. Profs.	4.25
Other Non-Hlth. Profs	5.25
TOTAL	21.50

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	0
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	16	19	35
15-44	35	35	70
45-64	402	525	927
65-74	616	982	1,598
75+ Yea	743	993	1,736
TOTAL	1,812	2,554	4,366

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	28	24	52
Medicare	1,189	1,805	2,994
Other Public	2	3	5
Insurance	583	703	1,286
Private Pay	10	19	29
Charity Care	0	0	0
TOTAL	1,812	2,554	4,366

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
57.8%	0.4%	0.2%	32.7%	9.0%	100.0%		0%
2,393,425	16,474	6,295	1,352,828	373,022	4,142,044	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	1358	52.50	45.50	98.00	0.07
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	3008	828.75	601.50	1430.25	0.48
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	4366	881.25	647.00	1528.25	0.35

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7002512	Number of Operating Rooms	4	
Health Service Area	004	Planning Service Area	113	Procedure Rooms	0
BLOOMINGTON/NORMAL HEALTHCARE SURGERY CENTER, LLC			Exam Rooms	0	
2100 FORT JESSE ROAD			Number of Recovery Stations Stage 1	8	
NORMAL, IL 61761			Number of Recovery Stations Stage 2	5	

Administrator	Date
BRENDA CYRULIK	Completed
	2/3/2012

Registered Agent
Sarah Chacko

Property Owner

Type of Ownership
Limited Liability Company (RA required)

Legal Owner
Dr Mike Emmerson
Dr Bennett Scaglia
Dr David Koch
Dr Edmund Ligman
Dr George O'Neil
Dr Jeffery Poulter
Dr John Han
Dr John Wieland
Dr Joseph Newcomer
Dr Larry Nord

HOSPITAL TRANSFER RELATIONSHIPS	
HOSPITAL NAME	NUMBER OF PATIENTS
St. Joseph Medical Center	2
Advocate BroMenn Regional Medical Center	2
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	0.00
Reg. Nurses	11.00
Certified Aides	0.00
Other Hlth. Profs.	5.00
Other Non-Hlth. Profs	6.00
TOTAL	23.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	127	44	171	Medicaid	71	137	208
15-44	293	670	963	Medicare	238	265	503
45-64	449	608	1,057	Other Public	0	0	0
65-74	144	149	293	Insurance	789	1,140	1,929
75+ Yea	118	95	213	Private Pay	33	24	57
TOTAL	1,131	1,566	2,697	Charity Care	0	0	0
				TOTAL	1,131	1,566	2,697

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR						Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense	Total Net Revenue
18.2%	4.5%	0.0%	77.0%	0.2%	100.0%		0%
2,864,075	717,031	0	12,148,976	37,584	15,767,666	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	2	1.00	1.00	2.00	1.00
Dermatology	225	117.00	146.50	263.50	1.17
Gastroenterology	22	8.00	10.00	18.00	0.82
General	215	83.00	104.25	187.25	0.87
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	174	49.00	61.25	110.25	0.63
OB/Gynecology	412	123.00	154.25	277.25	0.67
Ophthalmology	1	1.00	1.00	2.00	2.00
Oral/Maxillofacial	25	11.00	14.00	25.00	1.00
Orthopedic	494	305.00	384.00	689.00	1.39
Otolaryngology	47	16.00	21.00	37.00	0.79
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	190	198.00	252.00	450.00	2.37
Thoracic	1	1.00	1.00	2.00	2.00
Urology	889	255.00	321.00	576.00	0.65
TOTAL	2697	1,168.00	1,471.25	2639.25	0.98

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7002439	Number of Operating Rooms	3	
Health Service Area	004	Planning Service Area	183	Procedure Rooms	0
CARLE SURGICENTER			Exam Rooms	0	
2300 NORTH VERMILLION			Number of Recovery Stations Stage 1	4	
DANVILLE, IL 61832			Number of Recovery Stations Stage 2	8	

Administrator	Date
DALE KRYNAK	Completed
	3/8/2012

Registered Agent
James Leonard, MD

Property Owner
n/a

Legal Owner
Carle Foundation Hopsital

Type of Ownership
Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Carle Foundation Hospital	3
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.40
Physicians	1.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	7.00
Certified Aides	0.00
Other Hlth. Profs.	2.00
Other Non-Hlth. Profs	1.00
TOTAL	12.40

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	2	2	4
15-44	97	249	346
45-64	299	411	710
65-74	166	224	390
75+ Yea	126	138	264
TOTAL	690	1,024	1,714

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	110	163	273
Medicare	269	399	668
Other Public Insurance	7	10	17
Private Pay	41	61	102
Charity Care	0	0	0
TOTAL	690	1,024	1,714

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
39.0%	16.0%	1.0%	38.0%	6.0%	100.0%		0%
786,888	322,826	20,177	766,711	121,059	2,017,661	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	79	36.00	28.00	64.00	0.81
General	844	491.00	286.00	777.00	0.92
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	130	122.00	46.00	168.00	1.29
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	222	190.00	75.00	265.00	1.19
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	439	70.00	146.00	216.00	0.49
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1714	909.00	581.00	1490.00	0.87

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7002959	Number of Operating Rooms	5	
Health Service Area	004	Planning Service Area	019	Procedure Rooms	0
CHAMPAIGN SURGICENTER, LLC			Exam Rooms	0	
1702 S. MATTIS AVENUE			Number of Recovery Stations Stage 1	12	
CHAMPAIGN, IL 61821			Number of Recovery Stations Stage 2	6	

Administrator	Date
DALE KRYNAK	Completed
	3/8/2012

Registered Agent
James Leonard, MD

Property Owner
N/A

Legal Owner

Type of Ownership
Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Carle Foundation Hospital	5
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.60
Physicians	1.00
Nurse Anesthetists	4.00
Dir. of Nurses	1.00
Reg. Nurses	13.90
Certified Aides	1.00
Other Hlth. Profs.	0.00
Other Non-Hlth. Profs	1.00
TOTAL	22.50

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	346	211	557	Medicaid	249	240	489
15-44	606	712	1,318	Medicare	187	299	486
45-64	678	941	1,619	Other Public	0	0	0
65-74	167	264	431	Insurance	1,384	1,619	3,003
75+ Yea	124	123	247	Private Pay	101	93	194
TOTAL	1,921	2,251	4,172	Charity Care	0	0	0
				TOTAL	1,921	2,251	4,172

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR							Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS			
17.0%	9.0%	1.0%	71.0%	2.0%	100.0%		0%	
2,159,295	1,143,156	127,017	9,018,233	254,036	12,701,737	0		

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	1	1.00	2.00	3.00	3.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	62	82.00	27.00	109.00	1.76
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	181	155.00	67.00	222.00	1.23
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	14	12.00	6.00	18.00	1.29
Orthopedic	2344	2,375.00	879.00	3254.00	1.39
Otolaryngology	474	371.00	129.00	500.00	1.05
Pain Management	4	6.00	2.00	8.00	2.00
Plastic Surgery	166	354.00	61.00	415.00	2.50
Podiatry	700	578.00	264.00	842.00	1.20
Thoracic	0	0.00	0.00	0.00	0.00
Urology	226	193.00	80.00	273.00	1.21
TOTAL	4172	4,127.00	1,517.00	5644.00	1.35

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7002363	Number of Operating Rooms	3	
Health Service Area	004	Planning Service Area	183	Procedure Rooms	0
DANVILLE HEALTHCARE, LLC.			Exam Rooms	1	
26 W. NEWELL ROAD			Number of Recovery Stations Stage 1	7	
DANVILLE, IL 61834-7488			Number of Recovery Stations Stage 2	6	

Administrator	Date
D. SUE COOK, RN	Completed
	2/29/2012

Registered Agent
Thomas J. Pliura, M.D., J.D.

Property Owner
Thomas J. Pliura

Legal Owner
Thomas J. Pliura

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Provena United Samaritans Medical Center, Danville	2
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	10.00
Certified Aides	0.00
Other Hlth. Profs.	4.00
Other Non-Hlth. Profs	4.00
TOTAL	20.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	4	1	5
15-44	16	52	68
45-64	82	106	188
65-74	144	187	331
75+ Yea	161	254	415
TOTAL	407	600	1,007

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	27	55	82
Medicare	310	459	769
Other Public	0	2	2
Insurance	64	74	138
Private Pay	6	10	16
Charity Care	0	0	0
TOTAL	407	600	1,007

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
74.2%	4.6%	0.2%	20.2%	0.9%	100.0%		0%
780,558	48,274	1,857	212,240	9,396	1,052,325	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	4	2.00	3.50	5.50	1.38
Dermatology	23	21.00	12.50	33.50	1.46
Gastroenterology	69	54.00	45.00	99.00	1.43
General	4	5.00	4.00	9.00	2.25
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	25	26.00	21.25	47.25	1.89
OB/Gynecology	23	24.00	18.75	42.75	1.86
Ophthalmology	805	153.00	241.50	394.50	0.49
Oral/Maxillofacial	38	30.00	23.00	53.00	1.39
Orthopedic	14	13.00	11.00	24.00	1.71
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	2	3.00	2.00	5.00	2.50
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1007	331.00	382.50	713.50	0.71

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7002371	Number of Operating Rooms	2	
Health Service Area	004	Planning Service Area	183	Procedure Rooms	0
DANVILLE POLYCLINIC, LTD. ASTC			Exam Rooms	1	
707 NORTH LOGAN AVENUE			Number of Recovery Stations Stage 1	4	
DANVILLE, IL 61832-4360			Number of Recovery Stations Stage 2	4	

Administrator	Date
MELISSA A. EDINGTON	Completed
	3/14/2012

Registered Agent
Melissa A. Edington, Administr

Property Owner

Type of Ownership
Corporation (RA required)

Legal Owner

- Legett, John A, M.D.
- Bavishi, Bipin,B. M.D.
- Diokno, Rafael, M. M.D.
- Fabrizio, Joseph, M. , M.D.
- Goel, Naresh, C., M.D.
- Gotardo, Carlos, F. M.D.
- Amin, Shailesh R , M.D.
- Hsieh, Samuel H, M.D.
- Sekar, Venkat
- Lin, Wen-Hsin, M.D.

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Provena United Samaritans Center	2
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	1.00
Dir. of Nurses	1.00
Reg. Nurses	3.50
Certified Aides	0.00
Other Hlth. Profs.	2.00
Other Non-Hlth. Profs	2.00
TOTAL	10.50

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	45	30	75
15-44	190	294	484
45-64	527	600	1,127
65-74	353	233	586
75+ Yea	323	277	600
TOTAL	1,438	1,434	2,872

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	80	172	252
Medicare	693	623	1,316
Other Public	3	2	5
Insurance	619	620	1,239
Private Pay	43	17	60
Charity Care	0	0	0
TOTAL	1,438	1,434	2,872

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
46.4%	2.9%	0.5%	49.9%	0.2%	100.0%		0%
748,272	47,574	8,142	805,245	3,918	1,613,151	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	108	54.00	63.00	117.00	1.08
Gastroenterology	1296	324.00	756.00	1080.00	0.83
General	202	202.00	102.00	304.00	1.50
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	216	216.00	162.00	378.00	1.75
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	4	3.00	2.00	5.00	1.25
Otolaryngology	87	44.00	66.00	110.00	1.26
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	959	479.00	478.00	957.00	1.00
TOTAL	2872	1,322.00	1,629.00	2951.00	1.03

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7002983	Number of Operating Rooms	0	
Health Service Area	004	Planning Service Area	115	Procedure Rooms	2
DECATUR DIGESTIVE DISEASE CENTER			Exam Rooms	0	
#2 MEMORIAL DRIVE, PHYSICIAN PLZ WEST, STE 102			Number of Recovery Stations Stage 1	0	
DECATUR, IL 62526			Number of Recovery Stations Stage 2	4	

Administrator AMY SMITH
 Date Completed 2/23/2012

Registered Agent
 Gary Peacock

Property Owner
 Lillibridge Healthcare

Legal Owner

Type of Ownership
 Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Decatur Memorial Hospital	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.50
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	0.50
Reg. Nurses	4.00
Certified Aides	0.00
Other Hlth. Profs.	2.00
Other Non-Hlth. Profs	3.00
TOTAL	10.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	79	114	193
45-64	519	599	1,118
65-74	339	351	690
75+ Yea	204	277	481
TOTAL	1,141	1,341	2,482

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	1	1
Medicare	522	622	1,144
Other Public	0	0	0
Insurance	619	716	1,335
Private Pay	0	2	2
Charity Care	0	0	0
TOTAL	1,141	1,341	2,482

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
26.9%	0.1%	0.0%	72.8%	0.2%	100.0%		0%
426,712	1,125	0	1,154,218	2,631	1,584,686	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	2	2482	447	1067.5	0.43
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	2	2482	447	1067.5	0.43

Reference Numbers	Facility Id	7002637	Number of Operating Rooms	3	
Health Service Area	004	Planning Service Area	115	Procedure Rooms	1
DECATUR HEALTHCARE, LLC			Exam Rooms	0	
1770 EAST LAKE SHORE DRIVE			Number of Recovery Stations Stage 1	13	
DECATUR, IL 62521			Number of Recovery Stations Stage 2	3	

Administrator Date
 D. SUE COOK, RN Completed
2/29/2012

Registered Agent
 Thomas J. Pliura, M.D., J.D.

Property Owner
 St. Mary's Hospital

Legal Owner
 Timothy Bailey, MD
 Thomas J. Pliura, MD
 Robert Lee, MD

Type of Ownership
 Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS	
HOSPITAL NAME	NUMBER OF PATIENTS
St. Mary's Hospital, Decatur, IL	0
	0
	0
	0
	0
	0
And Others	0

STAFFING PATTERNS	
PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	10.00
Certified Aides	0.00
Other Hlth. Profs.	2.00
Other Non-Hlth. Profs	2.00
TOTAL	16.00

DAYS AND HOURS OF OPERATION	
Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	0
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	0	1	1
15-44	12	18	30
45-64	102	170	272
65-74	168	248	416
75+ Yea	171	288	459
TOTAL	453	725	1,178

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	24	44	68
Medicare	331	525	856
Other Public Insurance	2	0	2
Private Pay	12	16	28
Charity Care	1	2	3
TOTAL	453	725	1,178

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
53.7%	4.2%	0.4%	40.9%	0.9%	100.0%		0%
736,960	57,516	5,535	561,825	11,760	1,373,596	744	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	30	13.00	12.25	25.25	0.84
Dermatology	4	2.00	2.25	4.25	1.06
Gastroenterology	10	6.00	5.50	11.50	1.15
General	1	1.00	0.75	1.75	1.75
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	9	4.00	7.25	11.25	1.25
Ophthalmology	648	153.00	256.50	409.50	0.63
Oral/Maxillofacial	6	4.00	4.50	8.50	1.42
Orthopedic	1	1.00	1.00	2.00	2.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	709	184.00	290.00	474.00	0.67

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	1	469	47	170.5	0.36
Pain Management	0	0	0	0	0.00
TOTALS	1	469	47	170.5	0.36

Reference Numbers	Facility Id	7002413	Number of Operating Rooms	4	
Health Service Area	004	Planning Service Area	113	Procedure Rooms	5
EASTLAND MEDICAL PLAZA SURGICENTER, LLC			Exam Rooms	0	
1505 EASTLAND DRIVE			Number of Recovery Stations Stage 1	4	
BLOOMINGTON, IL 61701			Number of Recovery Stations Stage 2	21	

Administrator Date
 BRENDA CYRULIK Completed
2/14/2012

Registered Agent
 Stephen T. Moore

Property Owner
 OSF St Joseph Medical Center

Legal Owner

Type of Ownership
 Limited Liability Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
OSf St Joseph Medical Center Bloomington, IL 61701	26
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	0.00
Reg. Nurses	20.50
Certified Aides	0.00
Other Hlth. Profs.	15.00
Other Non-Hlth. Profs	9.00
TOTAL	45.50

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	242	166	408
15-44	535	941	1,476
45-64	1,316	1,750	3,066
65-74	637	801	1,438
75+ Yea	507	795	1,302
TOTAL	3,237	4,453	7,690

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	251	456	707
Medicare	816	1,235	2,051
Other Public Insurance	30	26	56
Private Pay	2,056	2,661	4,717
Charity Care	34	33	67
Charity Care	50	42	92
TOTAL	3,237	4,453	7,690

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
26.6%	8.3%	0.2%	64.1%	0.8%	100.0%		0%
8,974,611	2,808,051	56,194	21,626,206	262,266	33,727,328	40,705	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	55	21.00	11.00	32.00	0.58
Dermatology	400	228.00	80.00	308.00	0.77
Gastroenterology	0	0.00	0.00	0.00	0.00
General	515	292.00	103.00	395.00	0.77
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	8	1.00	0.20	1.20	0.15
Ophthalmology	1353	362.00	270.60	632.60	0.47
Oral/Maxillofacial	1402	267.00	280.40	547.40	0.39
Orthopedic	513	226.00	102.60	328.60	0.64
Otolaryngology	460	193.00	92.00	285.00	0.62
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	12	9.00	1.80	10.80	0.90
Thoracic	52	29.00	10.40	39.40	0.76
Urology	4	2.00	0.40	2.40	0.60
TOTAL	4774	1,630.00	952.40	2582.40	0.54

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	3	2387	869	1346.4	0.56
Laser Eye	1	233	185	191.8	0.82
Pain Management	1	296	47	106.2	0.36
TOTALS	5	2916	1101	1644.4	0.56

Reference Numbers	Facility Id	7003056	Number of Operating Rooms	0	
Health Service Area	004	Planning Service Area	113	Procedure Rooms	2
GASTROINTESTINAL INSTITUTE, LLC			Exam Rooms	0	
2200 JACOBSEN DRIVE, SUITE A			Number of Recovery Stations Stage 1	0	
NORMAL, IL 61761			Number of Recovery Stations Stage 2	8	

Administrator	Date
DIXIE SCHOONOVER	Completed
	2/29/2012

Registered Agent
Stephen Samuel Matter

Property Owner
Halstead Drive, LLC

Legal Owner

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St Joseph Medical Center	1
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	1.00
Dir. of Nurses	0.50
Reg. Nurses	4.50
Certified Aides	1.00
Other Hlth. Profs.	1.00
Other Non-Hlth. Profs	3.00
TOTAL	12.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	4	13	17
15-44	280	419	699
45-64	799	1,015	1,814
65-74	282	424	706
75+ Yea	182	296	478
TOTAL	1,547	2,167	3,714

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	34	57	91
Medicare	486	729	1,215
Other Public Insurance	45	28	73
Private Pay	972	1,342	2,314
Charity Care	8	7	15
Charity Care	2	4	6
TOTAL	1,547	2,167	3,714

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
30.0%	5.9%	3.2%	57.9%	3.0%	100.0%		1%
1,192,911	233,851	126,155	2,303,957	119,285	3,976,158	32,715	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	2	3714	742.8	656.14	0.38
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	2	3714	742.8	656.14	0.38

Reference Numbers	Facility Id	7003129	Number of Operating Rooms	2	
Health Service Area	004	Planning Service Area	113	Procedure Rooms	0
IRELAND GROVE CENTER FOR SURGERY			Exam Rooms	9	
3801 IRELAND GROVE ROAD			Number of Recovery Stations Stage 1	0	
BLOOMINGTON, IL 61704			Number of Recovery Stations Stage 2	0	

Administrator Date
 DEAN J. MICHAL Completed
2/15/2012

Registered Agent

William Kindorf

Property Owner

Ireland Grove Real Estate LLC

Legal Owner

Type of Ownership

Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Bromenn, Bloomington, IL	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	7.00
Certified Aides	4.00
Other Hlth. Profs.	0.00
Other Non-Hlth. Profs	2.00
TOTAL	15.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	283	221	504
15-44	440	481	921
45-64	493	630	1,123
65-74	109	173	282
75+ Yea	78	158	236
TOTAL	1,403	1,663	3,066

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	85	93	178
Medicare	190	376	566
Other Public Insurance	10	12	22
Private Pay	1,110	1,172	2,282
Charity Care	8	10	18
Charity Care	0	0	0
TOTAL	1,403	1,663	3,066

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
14.5%	4.3%	0.8%	80.3%	0.2%	100.0%		0%
3,967,621	1,172,806	212,210	22,014,447	48,633	27,415,718	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	34	33.00	17.00	50.00	1.47
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	791	588.50	395.50	984.00	1.24
Otolaryngology	1037	505.00	346.00	851.00	0.82
Pain Management	1028	145.00	171.00	316.00	0.31
Plastic Surgery	174	92.25	87.00	179.25	1.03
Podiatry	2	0.75	1.00	1.75	0.88
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3066	1,364.50	1,017.50	2382.00	0.78

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7003145	Number of Operating Rooms	2	
Health Service Area	004	Planning Service Area	019	Procedure Rooms	0
OLYMPIAN SURGICAL SUITES, LLC			Exam Rooms	0	
1002 WEST INTERSTATE DRIVE			Number of Recovery Stations Stage 1	4	
CHAMPAIGN, IL 61822			Number of Recovery Stations Stage 2	4	

Administrator	Date
JULIE ROOT	Completed
	2/2/2012

Registered Agent
Douglas Gordon

Property Owner

Type of Ownership
Limited Liability Company (RA required)

Legal Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Provena Covenant Medical Center	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	0.00
Reg. Nurses	1.50
Certified Aides	0.00
Other Hlth. Profs.	1.50
Other Non-Hlth. Profs	0.00
TOTAL	4.00

DAYS AND HOURS OF OPERATION

Monday	4
Tuesday	8
Wednesday	0
Thursday	8
Friday	0
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	0	0	0	Medicaid	0	0	0
15-44	14	74	88	Medicare	0	0	0
45-64	13	79	92	Other Public	0	0	0
65-74	0	3	3	Insurance	23	127	150
75+ Yea	0	0	0	Private Pay	3	28	31
TOTAL	27	156	183	Charity Care	1	1	2
				TOTAL	27	156	183

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR							Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS			
0.0%	0.0%	0.0%	62.5%	37.5%	100.0%			
0	0	0	607,811	364,134	971,945	21,800	2%	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	177	221.25	88.50	309.75	1.75
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	6	10.25	6.00	16.25	2.71
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	183	231.50	94.50	326.00	1.78

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7002710	Number of Operating Rooms	0	
Health Service Area	004	Planning Service Area	113	Procedure Rooms	3
PRAIRIELAND OUTPATIENT DIAGNOSTIC CENTER, LLC			Exam Rooms	1	
1302 FRANKLIN AVENUE, SUITE 1000			Number of Recovery Stations Stage 1	0	
NORMAL, IL 61761			Number of Recovery Stations Stage 2	10	

Administrator S. PAUL SHAFFER
 Date Completed 2/3/2012

Registered Agent
 Scott Becker

Property Owner
 Advocate/BroMenn Foundation

Legal Owner
 Thomas DeWeert, M.D.
 Philip Koszyk, M.D.
 Kenneth Schoenig, M.D.
 Herbert Wisner, M.D.
 BroMenn Healthcare

Type of Ownership
 Limited Liability Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate/BroMenn Regional Medical Center, Normal I	12
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.25
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	5.85
Certified Aides	0.00
Other Hlth. Profs.	3.60
Other Non-Hlth. Profs	5.50
TOTAL	16.20

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	243	445	688
45-64	834	982	1,816
65-74	347	398	745
75+ Yea	191	261	452
TOTAL	1,615	2,086	3,701

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	34	82	116
Medicare	512	626	1,138
Other Public Insurance	9	3	12
Private Pay	1,044	1,364	2,408
Charity Care	7	4	11
Charity Care	9	7	16
TOTAL	1,615	2,086	3,701

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
7.5%	0.5%	0.2%	83.7%	8.2%	100.0%		0%
337,500	21,093	6,965	3,783,407	368,580	4,517,545	16,688	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	3	3701	1233	3509.75	0.95
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	3	3701	1233	3509.75	0.95

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	214	164	378
15-44	787	968	1,755
45-64	996	1,324	2,320
65-74	233	399	632
75+ Yea	197	364	561
TOTAL	2,427	3,219	5,646

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	148	307	455
Medicare	387	695	1,082
Other Public Insurance	8	19	27
Private Pay	1,839	2,064	3,903
Charity Care	30	126	156
Charity Care	15	8	23
TOTAL	2,427	3,219	5,646

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
4.5%	1.3%	0.3%	83.9%	10.1%	100.0%		1%
638,300	177,592	39,377	11,851,777	1,426,355	14,133,401	194,068	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	129	96.75	96.75	193.50	1.50
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	136	102.00	102.00	204.00	1.50
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	2318	1,738.50	1,738.50	3477.00	1.50
Otolaryngology	511	255.50	383.25	638.75	1.25
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	230	345.00	172.50	517.50	2.25
Podiatry	495	495.00	371.25	866.25	1.75
Thoracic	0	0.00	0.00	0.00	0.00
Urology	28	42.00	21.00	63.00	2.25
TOTAL	3847	3,074.75	2,885.25	5960.00	1.55

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	1	1799	449.75	1349.25	0.75
TOTALS	1	1799	449.75	1349.25	0.75

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	2	2	4
15-44	48	81	129
45-64	206	182	388
65-74	167	246	413
75+ Yea	151	239	390
TOTAL	574	750	1,324

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	10	56	66
Medicare	351	493	844
Other Public	0	2	2
Insurance	204	193	397
Private Pay	9	6	15
Charity Care	0	0	0
TOTAL	574	750	1,324

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
47.9%	1.6%	0.0%	49.5%	1.1%	100.0%		0%
762,834	25,225	0	788,064	16,902	1,593,024	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	37	19.00	21.50	40.50	1.09
Dermatology	135	47.00	53.25	100.25	0.74
Gastroenterology	0	0.00	0.00	0.00	0.00
General	99	53.00	67.50	120.50	1.22
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	2	1.00	1.50	2.50	1.25
OB/Gynecology	1	1.00	1.00	2.00	2.00
Ophthalmology	661	154.00	195.75	349.75	0.53
Oral/Maxillofacial	92	18.00	39.00	57.00	0.62
Orthopedic	22	12.00	14.00	26.00	1.18
Otolaryngology	1	0.25	0.75	1.00	1.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	33	36.00	23.00	59.00	1.79
Thoracic	4	2.00	2.75	4.75	1.19
Urology	3	2.00	1.50	3.50	1.17
TOTAL	1090	345.25	421.50	766.75	0.70

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	1	234	113	260	1.11
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	1	234	113	260	1.11

Reference Numbers	Facility Id	7001852	Number of Operating Rooms	1	
Health Service Area	005	Planning Service Area	003	Procedure Rooms	1
COMMUNITY HEALTH AND EMERGENCY SERVICES			Exam Rooms	0	
13245 KESSLER RD P O BOX 233			Number of Recovery Stations Stage 1	0	
CAIRO, IL 62914-0233			Number of Recovery Stations Stage 2	0	

Administrator Date
 FREDERICK L. BERNSTEIN Completed
2/28/2012

Registered Agent

Property Owner

Type of Ownership
 Other For Profit Ownership

Legal Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Missouri Delta, Sikeston, MO	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	2.00
Nurse Anesthetists	1.00
Dir. of Nurses	1.00
Reg. Nurses	2.00
Certified Aides	0.00
Other Hlth. Profs.	3.00
Other Non-Hlth. Profs	1.00
TOTAL	11.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	0
Saturday	0
Sunday	0

FACILITY NOTES

Community Health and Emergency Services Abulatory Surgical Treatment Center did not have any surgeries for 2011.

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	0	0	0
45-64	0	0	0
65-74	0	0	0
75+ Yea	0	0	0
TOTAL	0	0	0

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	0	0	0
Private Pay	0	0	0
Charity Care	0	0	0
TOTAL	0	0	0

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	100.0%	0.0%	100.0%		0%
0	0	0	1,093	0	1,093	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Multi	1	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	1	0	0	0	0.00

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	4	4	8
15-44	105	135	240
45-64	269	309	578
65-74	122	156	278
75+ Yea	85	131	216
TOTAL	585	735	1,320

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	7	36	43
Medicare	214	298	512
Other Public Insurance	8	0	8
Private Pay	353	400	753
Charity Care	3	1	4
Charity Care	0	0	0
TOTAL	585	735	1,320

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
7.8%	0.1%	0.2%	88.5%	3.4%	100.0%		0%
339,356	4,710	8,491	3,828,919	144,991	4,326,467	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	432	246.00	108.00	354.00	0.82
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	64	43.00	15.00	58.00	0.91
Ophthalmology	160	76.00	39.00	115.00	0.72
Oral/Maxillofacial	17	20.00	4.00	24.00	1.41
Orthopedic	279	274.00	92.00	366.00	1.31
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	338	74.00	56.00	130.00	0.38
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	20	15.00	4.00	19.00	0.95
Thoracic	0	0.00	0.00	0.00	0.00
Urology	10	7.00	2.00	9.00	0.90
TOTAL	1320	755.00	320.00	1075.00	0.81

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7003143	Number of Operating Rooms	2	
Health Service Area	005	Planning Service Area	081	Procedure Rooms	0
MARION EYE SURGERY CENTER			Exam Rooms	1	
2900 BROADWAY, SUITE B			Number of Recovery Stations Stage 1	1	
MT. VERNON, IL 62864			Number of Recovery Stations Stage 2	4	

Administrator	Date
MISTY STEWART	Completed
	2/9/2012

Registered Agent
Maqbool Ahmad, MD

Property Owner

Legal Owner

Type of Ownership

Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
ST MARY'S GOOD SAMARITAN, MT. VERNON, IL	2
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	5.00
Nurse Anesthetists	2.00
Dir. of Nurses	0.00
Reg. Nurses	8.00
Certified Aides	0.00
Other Hlth. Profs.	5.00
Other Non-Hlth. Profs	1.00
TOTAL	22.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	2	1	3
15-44	68	59	127
45-64	434	597	1,031
65-74	600	911	1,511
75+ Yea	486	566	1,052
TOTAL	1,590	2,134	3,724

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	91	204	295
Medicare	1,104	1,501	2,605
Other Public Insurance	41	29	70
Private Pay	280	309	589
Charity Care	74	91	165
Charity Care	0	0	0
TOTAL	1,590	2,134	3,724

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
77.3%	8.4%	2.2%	11.6%	0.5%	100.0%		0%
11,526,774	1,257,261	321,874	1,722,770	78,731	14,907,410	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	78	6.50	26.00	32.50	0.42
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	3646	996.00	1,216.00	2212.00	0.61
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3724	1,002.50	1,242.00	2244.50	0.60

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7002801	Number of Operating Rooms	4	
Health Service Area	005	Planning Service Area	199	Procedure Rooms	0
MARION HEALTHCARE, LLC			Exam Rooms	0	
3003 CIVIC CIRCLE BOULEVARD			Number of Recovery Stations Stage 1	6	
MARION, IL 62959			Number of Recovery Stations Stage 2	5	

Administrator	Date
Jennifer Van Meter	Completed
	2/29/2012

Registered Agent
Thomas J. Pliura, M.D., J.D.

Property Owner
Marion HealthCare Real Estate Co.

Legal Owner
Jeffery Deacon, D.P.M.
Charles Voss, M.D.
Christopher C. Moore, D.P.M.

Clay Demattei, M.D.
David Mann, M.D.
David R. Sullivan, D.P.M.
Dennon Davis, M.D.
Alberto D. Cuartas, M.D.
Jack Thomas Sandford, M.D.
William R. Adams, D.P.M.

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Heartland Regional Medical Center, Marion, IL	0
	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	3.00
Dir. of Nurses	1.00
Reg. Nurses	18.00
Certified Aides	0.00
Other Hlth. Profs.	5.00
Other Non-Hlth. Profs	7.00
TOTAL	35.00

DAYS AND HOURS OF OPERATION

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	5
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	130	65	195	Medicaid	261	589	850
15-44	219	589	808	Medicare	878	1,038	1,916
45-64	431	497	928	Other Public	4	15	19
65-74	446	521	967	Insurance	371	426	797
75+ Yea	304	414	718	Private Pay	16	18	34
TOTAL	1,530	2,086	3,616	Charity Care	0	0	0
				TOTAL	1,530	2,086	3,616

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR						Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense	Total Net Revenue
24.7%	7.8%	1.8%	65.2%	0.5%	100.0%		0%
1,606,755	508,023	118,788	4,239,280	33,655	6,506,501	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	29	8.00	15.25	23.25	0.80
Dermatology	78	39.00	35.50	74.50	0.96
Gastroenterology	1561	422.00	858.75	1280.75	0.82
General	259	89.00	168.50	257.50	0.99
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	23	11.00	15.00	26.00	1.13
OB/Gynecology	215	73.00	139.75	212.75	0.99
Ophthalmology	303	83.00	121.50	204.50	0.67
Oral/Maxillofacial	476	50.00	239.00	289.00	0.61
Orthopedic	39	22.00	35.75	57.75	1.48
Otolaryngology	172	70.00	111.50	181.50	1.06
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	100	147.00	80.00	227.00	2.27
Thoracic	60	12.00	39.00	51.00	0.85
Urology	301	98.00	180.75	278.75	0.93
TOTAL	3616	1,124.00	2,040.25	3164.25	0.88

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7001241	Number of Operating Rooms	2	
Health Service Area	005	Planning Service Area	199	Procedure Rooms	0
MARION SURGERY CENTER LTD.			Exam Rooms	0	
806 NORTH TREAS			Number of Recovery Stations Stage 1	2	
MARION, IL 62959			Number of Recovery Stations Stage 2	2	

Administrator Date
 LINDA K. BICKERS Completed
2/15/2012

Registered Agent
 Ronald E. Osman

Property Owner

Type of Ownership
 Limited Partnership (RA required)

Legal Owner
 Marion Surgery Center Ltd
 Marion Holdings LLC

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Heartland Regional Medical Center, Marion, IL	1
Harrisburg Medical Center, Harrisburg, IL	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	1.00
Dir. of Nurses	1.00
Reg. Nurses	7.00
Certified Aides	0.00
Other Hlth. Profs.	3.00
Other Non-Hlth. Profs	3.00
TOTAL	17.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	19	24	43	Medicaid	1	0	1
15-44	60	106	166	Medicare	310	548	858
45-64	198	298	496	Other Public	0	0	0
65-74	127	264	391	Insurance	214	310	524
75+ Yea	133	175	308	Private Pay	9	9	18
TOTAL	537	867	1,404	Charity Care	3	0	3
				TOTAL	537	867	1,404

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR							Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS			
35.7%	0.1%	0.0%	62.4%	1.9%	100.0%		1%	
461,845	839	0	807,969	24,482	1,295,135	9,313		

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	2	2.00	2.00	4.00	2.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	61	30.50	35.25	65.75	1.08
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	196	53.00	64.75	117.75	0.60
Oral/Maxillofacial	45	67.00	42.50	109.50	2.43
Orthopedic	32	3.00	6.00	9.00	0.28
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	1023	164.00	328.00	492.00	0.48
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	45	64.00	48.00	112.00	2.49
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1404	383.50	526.50	910.00	0.65

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7002900	Number of Operating Rooms	0	
Health Service Area	005	Planning Service Area	199	Procedure Rooms	1
PAIN CARE SURGERY			Exam Rooms	3	
108 AIRWAY DRIVE			Number of Recovery Stations Stage 1	0	
MARION, IL 62959			Number of Recovery Stations Stage 2	4	

Administrator LAXMAIAH MANCHIKANTI
 Date Completed 2/14/2012

Registered Agent
 LAXMAIAH MANCHIKANTI MD

Property Owner

Type of Ownership
 Corporation (RA required)

Legal Owner
 Laxmaiah Manchikanti, M.D.

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
HEARTLAND REGIONAL MEDICAL CENTER	1
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	0.00
Reg. Nurses	1.00
Certified Aides	0.00
Other Hlth. Profs.	0.00
Other Non-Hlth. Profs	1.00
TOTAL	2.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	0
Wednesday	9
Thursday	0
Friday	0
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	260	547	807
45-64	364	571	935
65-74	55	78	133
75+ Yea	31	44	75
TOTAL	710	1,240	1,950

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	326	693	1,019
Medicare	279	387	666
Other Public Insurance	15	10	25
Private Pay	89	149	238
Charity Care	1	1	2
Charity Care	0	0	0
TOTAL	710	1,240	1,950

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
22.8%	47.2%	0.7%	26.9%	2.5%	100.0%		0%
215,381	446,690	6,175	254,398	23,960	946,603	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	1	1950	348	609	0.31
TOTALS	1	1950	348	609	0.31

Reference Numbers	Facility Id	7003128	Number of Operating Rooms	2	
Health Service Area	005	Planning Service Area	077	Procedure Rooms	1
PHYSICIANS' SURGERY CENTER, LLC			Exam Rooms	0	
2601 WEST MAIN STREET			Number of Recovery Stations Stage 1	5	
CARBONDALE, IL 62901-1034			Number of Recovery Stations Stage 2	0	

Administrator	Date
STEPHEN RENFRO	Completed
	2/27/2012

Registered Agent
William F. Sherwood

Property Owner
Southern Illinois HealthCare

Legal Owner

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Carbondale Memorial Hospital	2
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	9.00
Certified Aides	0.00
Other Hlth. Profs.	7.00
Other Non-Hlth. Profs	3.00
TOTAL	20.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	10
Wednesday	11
Thursday	10
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	50	34	84	Medicaid	189	390	579
15-44	230	550	780	Medicare	331	415	746
45-64	424	630	1,054	Other Public	0	0	0
65-74	316	361	677	Insurance	665	987	1,652
75+ Yea	182	228	410	Private Pay	14	7	21
TOTAL	1,202	1,803	3,005	Charity Care	3	4	7
				TOTAL	1,202	1,803	3,005

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR						Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense	Total Net Revenue
36.7%	12.3%	0.1%	50.2%	0.6%	100.0%		0%
3,911,418	1,313,498	15,623	5,346,757	58,608	10,645,904	8,429	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	408	316.00	88.25	404.25	0.99
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	227	155.25	68.25	223.50	0.98
Ophthalmology	597	199.00	59.50	258.50	0.43
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	100	75.00	18.25	93.25	0.93
Pain Management	488	150.00	57.00	207.00	0.42
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	527	264.75	88.00	352.75	0.67
TOTAL	2347	1,160.00	379.25	1539.25	0.66

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	1	658	403.75	153.25	0.85
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	1	658	403.75	153.25	0.85

Reference Numbers	Facility Id	7002421	Number of Operating Rooms	3	
Health Service Area	005	Planning Service Area	199	Procedure Rooms	0
SOUTHERN ILLINOIS ORTHOPEDIC CENTER, LLC			Exam Rooms	1	
510 LINCOLN DRIVE			Number of Recovery Stations Stage 1	4	
HERRIN, IL 62948-3738			Number of Recovery Stations Stage 2	6	

Administrator Date
 GREG THOMPSON Completed
 3/7/2012

Registered Agent
 Richard Morgan, MD

Property Owner

Type of Ownership
 Limited Liability Company (RA required)

Legal Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	14.50
Certified Aides	0.00
Other Hlth. Profs.	8.00
Other Non-Hlth. Profs	5.50
TOTAL	31.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	49	50	99
15-44	497	386	883
45-64	530	565	1,095
65-74	133	183	316
75+ Yea	60	98	158
TOTAL	1,269	1,282	2,551

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	143	214	357
Medicare	207	324	531
Other Public Insurance	44	13	57
Private Pay	837	708	1,545
Charity Care	33	17	50
	5	6	11
TOTAL	1,269	1,282	2,551

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
5.3%	3.3%	0.3%	87.1%	4.0%	100.0%		0%
568,167	352,524	34,029	9,253,109	421,055	10,628,883	14,862	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	2551	1,833.00	1,200.00	3033.00	1.19
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2551	1,833.00	1,200.00	3033.00	1.19

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7001969	Number of Operating Rooms	4	
Health Service Area	006	Planning Service Area	030	Procedure Rooms	0
25 EAST SAME DAY SURGERY			Exam Rooms	0	
25 EAST WASHINGTON, SUITE 300			Number of Recovery Stations Stage 1	12	
CHICAGO, IL 60602-1708			Number of Recovery Stations Stage 2	0	

Administrator	Date
KIM ZIDONIS	Completed
	2/21/2012

Registered Agent
CT CORPPORATION

Property Owner
ASPIRE PROPRTY

Legal Owner
Same Day Surgery, LLC

Type of Ownership

Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
UNIVERSITY OF CHICAGO HOSPITAL	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	5.00
Certified Aides	0.00
Other Hlth. Profs.	0.00
Other Non-Hlth. Profs	2.00
TOTAL	9.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	6	15	21
15-44	178	411	589
45-64	299	469	768
65-74	174	299	473
75+ Yea	140	221	361
TOTAL	797	1,415	2,212

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	37	84	121
Medicare	265	431	696
Other Public	2	2	4
Insurance	433	669	1,102
Private Pay	60	229	289
Charity Care	0	0	0
TOTAL	797	1,415	2,212

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
32.4%	5.5%	1.0%	48.1%	13.0%	100.0%		0%
1,442,348	244,843	44,517	2,141,264	578,720	4,451,692	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	2	1.00	1.00	2.00	1.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	101	69.75	42.25	112.00	1.11
Ophthalmology	1211	630.00	504.75	1134.75	0.94
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	189	226.50	78.75	305.25	1.62
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	171	58.00	71.25	129.25	0.76
Plastic Surgery	286	615.75	119.50	735.25	2.57
Podiatry	250	263.75	104.25	368.00	1.47
Thoracic	0	0.00	0.00	0.00	0.00
Urology	2	2.00	1.00	3.00	1.50
TOTAL	2212	1,866.75	922.75	2789.50	1.26

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7002256	Number of Operating Rooms	3	
Health Service Area	006	Planning Service Area	030	Procedure Rooms	0
ADVANCED AMBULATORY SURGICAL CENTER			Exam Rooms	0	
2333 NORTH HARLEM AVENUE			Number of Recovery Stations Stage 1	5	
CHICAGO, IL 60707			Number of Recovery Stations Stage 2	2	

Administrator Date
 DR. SEVERKO HRYWNAK Completed
3/1/2012

Registered Agent
 ROBERT POLOVIN

Property Owner
 2333 N. HARLEM LINIMITED PARTNERSHIP

Legal Owner
 advanced Ambulatory

Type of Ownership
 Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
GOTLIEB MEMORIAL HOSPITAL, MELROSE PARK	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	1.00
Dir. of Nurses	1.00
Reg. Nurses	3.00
Certified Aides	0.00
Other Hlth. Profs.	6.00
Other Non-Hlth. Profs	9.00
TOTAL	22.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	8
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	5	6	11
15-44	241	259	500
45-64	240	294	534
65-74	7	20	27
75+ Yea	2	1	3
TOTAL	495	580	1,075

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	3	3
Other Public	0	0	0
Insurance	463	548	1,011
Private Pay	32	28	60
Charity Care	0	1	1
TOTAL	495	580	1,075

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	98.8%	1.2%	100.0%		0%
0	0	0	6,331,464	78,000	6,409,464	15,000	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	1	2.00	0.00	2.00	2.00
Dermatology	19	14.00	7.00	21.00	1.11
Gastroenterology	34	17.00	12.00	29.00	0.85
General	15	16.00	7.00	23.00	1.53
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	2	1.00	1.30	2.30	1.15
Oral/Maxillofacial	3	1.00	2.00	3.00	1.00
Orthopedic	178	202.00	84.00	286.00	1.61
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	575	192.00	104.00	296.00	0.51
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	248	304.00	97.00	401.00	1.62
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1075	749.00	314.30	1063.30	0.99

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7000789	Number of Operating Rooms	2	
Health Service Area	006	Planning Service Area	030	Procedure Rooms	0
ALBANY MEDICAL SURGICAL CENTER			Exam Rooms	3	
5086 N. ELSTON AVENUE			Number of Recovery Stations Stage 1	1	
CHICAGO, IL 60630			Number of Recovery Stations Stage 2	1	

Administrator	Date
DIANA MARACICH	Completed
	2/23/2012

Registered Agent

Property Owner

Walter Dragosz

Type of Ownership

Sole Proprietorship

Legal Owner

Albany Medical Corporation

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Northwestern Memorial Hospital	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	3.00
Nurse Anesthetists	1.00
Dir. of Nurses	1.00
Reg. Nurses	3.00
Certified Aides	4.00
Other Hlth. Profs.	4.00
Other Non-Hlth. Profs	29.00
TOTAL	46.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	8
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	0	22	22
15-44	0	3,817	3,817
45-64	0	6	6
65-74	0	0	0
75+ Yea	0	0	0
TOTAL	0	3,845	3,845

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public Insurance	0	0	0
Private Pay	0	1,311	1,311
Charity Care	0	2,534	2,534
TOTAL	0	3,845	3,845

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	46.5%	53.5%	100.0%	0	0%
0	0	0	1,768,530	2,034,620	3,803,150	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	3845	961.00	1,282.00	2243.00	0.58
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3845	961.00	1,282.00	2243.00	0.58

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7000037	Number of Operating Rooms	2	
Health Service Area	006	Planning Service Area	030	Procedure Rooms	0
AMERICAN WOMEN'S MEDICAL GROUP DBA WESTERN DIVERSE			Exam Rooms	2	
2744 N. WESTERN AVENUE			Number of Recovery Stations Stage 1	8	
CHICAGO, IL 60647			Number of Recovery Stations Stage 2	2	

Administrator RENLIN XIA M.D.
 Date Completed 2/28/2012

Registered Agent
 Vedder Price

Property Owner
 Renlin Xia, M.D.

Legal Owner
 Jan Barton M.D.

Type of Ownership
 Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Norwegian Hospital	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	2.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	1.00
Certified Aides	0.00
Other Hlth. Profs.	1.00
Other Non-Hlth. Profs	6.00
TOTAL	12.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	0
Wednesday	10
Thursday	0
Friday	10
Saturday	7
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	0	6	6
15-44	0	1,849	1,849
45-64	2	14	16
65-74	0	0	0
75+ Yea	0	0	0
TOTAL	2	1,869	1,871

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	15	15
Medicare	0	0	0
Other Public	0	0	0
Insurance	2	131	133
Private Pay	0	1,723	1,723
Charity Care	0	0	0
TOTAL	2	1,869	1,871

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	29.2%	70.8%	100.0%	0	0%
0	0	0	337,137	818,455	1,155,592	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	2	1.00	1.50	2.50	1.25
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	1868	934.00	971.00	1905.00	1.02
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	1	0.50	0.50	1.00	1.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1871	935.50	973.00	1908.50	1.02

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7003131	Number of Operating Rooms	4	
Health Service Area	006	Planning Service Area	030	Procedure Rooms	0
BELMONT/HARLEM SURGERY CENTER, LLC			Exam Rooms	0	
3101 NORTH HARLEM AVENUE			Number of Recovery Stations Stage 1	5	
CHICAGO, IL 60634			Number of Recovery Stations Stage 2	8	

Administrator	Date
FAITH MCHALE	Completed
	2/29/2012

Registered Agent

Nancy Armatas

Property Owner

Resurrection Services

Legal Owner

Type of Ownership

Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Resurrection Medical Center, Chicago	0
Our Lady of Resurrection	1
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	4.50
Certified Aides	2.00
Other Hlth. Profs.	2.50
Other Non-Hlth. Profs	3.00
TOTAL	13.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	31	29	60
15-44	160	92	252
45-64	296	320	616
65-74	196	258	454
75+ Yea	233	399	632
TOTAL	916	1,098	2,014

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	43	52	95
Medicare	304	505	809
Other Public	0	0	0
Insurance	459	413	872
Private Pay	110	128	238
Charity Care	0	0	0
TOTAL	916	1,098	2,014

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
23.9%	0.7%	0.0%	59.9%	15.5%	100.0%		0%
815,435	23,472	1,309	2,045,061	529,516	3,414,793	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	184	92.00	59.00	151.00	0.82
General	3	2.50	1.25	3.75	1.25
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1070	830.00	259.00	1089.00	1.02
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	300	390.00	123.00	513.00	1.71
Otolaryngology	76	44.75	24.50	69.25	0.91
Pain Management	224	112.00	36.00	148.00	0.66
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	136	136.00	55.75	191.75	1.41
Thoracic	0	0.00	0.00	0.00	0.00
Urology	21	14.00	10.00	24.00	1.14
TOTAL	2014	1,621.25	568.50	2189.75	1.09

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	1	1	2	Medicaid	29	67	96
15-44	242	214	456	Medicare	113	195	308
45-64	361	259	620	Other Public	0	0	0
65-74	70	222	292	Insurance	555	507	1,062
75+ Yea	43	89	132	Private Pay	18	15	33
TOTAL	717	785	1,502	Charity Care	2	1	3
				TOTAL	717	785	1,502

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR							Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS			
0.0%	0.0%	0.0%	41.9%	58.1%	100.0%		0%	
0	0	0	1,318,682	1,831,094	3,149,776	0		

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	5	9.00	3.75	12.75	2.55
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	79	41.50	25.50	67.00	0.85
General	45	44.00	31.00	75.00	1.67
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	7	9.50	6.25	15.75	2.25
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	85	7.75	42.25	50.00	0.59
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	1169	512.75	206.00	718.75	0.61
Plastic Surgery	27	16.25	13.25	29.50	1.09
Podiatry	83	67.25	37.00	104.25	1.26
Thoracic	0	0.00	0.00	0.00	0.00
Urology	2	1.50	1.25	2.75	1.38
TOTAL	1502	709.50	366.25	1075.75	0.72

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7002827	Number of Operating Rooms	3	
Health Service Area	006	Planning Service Area	030	Procedure Rooms	0
FULLERTON SURGERY CENTER			Exam Rooms	1	
4849 WEST FULLERTON			Number of Recovery Stations Stage 1	6	
CHICAGO, IL 60639			Number of Recovery Stations Stage 2	3	

Administrator	Date
SALAM OKASHA	Completed
	2/29/2012

Registered Agent

Property Owner
NASER RUSTOM

Legal Owner

Type of Ownership

Sole Proprietorship

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
ST. ELIZABETH HOSPITAL, CHICAGO IL	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	4.00
Certified Aides	0.00
Other Hlth. Profs.	2.00
Other Non-Hlth. Profs	5.00
TOTAL	14.00

DAYS AND HOURS OF OPERATION

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	12
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	409	295	704
45-64	402	348	750
65-74	40	39	79
75+ Yea	11	15	26
TOTAL	862	697	1,559

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	54	76	130
Other Public	0	0	0
Insurance	771	603	1,374
Private Pay	34	16	50
Charity Care	3	2	5
TOTAL	862	697	1,559

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
1.5%	0.0%	0.0%	96.7%	1.8%	100.0%		1%
67,519	0	0	4,241,430	78,154	4,387,103	60,000	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	233	116.00	46.00	162.00	0.70
General	52	52.00	16.00	68.00	1.31
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	1	2.00	1.00	3.00	3.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	74	74.00	74.00	148.00	2.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	1148	524.00	230.00	754.00	0.66
Plastic Surgery	1	1.00	1.00	2.00	2.00
Podiatry	34	25.00	10.00	35.00	1.03
Thoracic	0	0.00	0.00	0.00	0.00
Urology	16	5.00	6.00	11.00	0.69
TOTAL	1559	799.00	384.00	1183.00	0.76

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7003150	Number of Operating Rooms	2	
Health Service Area	006	Planning Service Area	030	Procedure Rooms	2
GOLD COAST SURGICENTER, LLC			Exam Rooms	4	
845 N. MICHIGAN AVE., #985W			Number of Recovery Stations Stage 1	5	
CHICAGO, IL 60611-2201			Number of Recovery Stations Stage 2	8	

Administrator _____ Date _____
 EDWARD ORTIZ _____ Completed _____
 _____ 2/29/2012

Registered Agent
 HAROLD ROSEN

Property Owner
 WATER TOWER, LLC

Legal Owner

Type of Ownership
 Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
NORTHWESTERN MEMORIAL HOSPITAL	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	5.00
Certified Aides	0.00
Other Hlth. Profs.	4.00
Other Non-Hlth. Profs	5.00
TOTAL	16.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	10
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	157	405	562
45-64	89	108	197
65-74	2	15	17
75+ Yea	1	1	2
TOTAL	249	529	778

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	165	151	316
Private Pay	84	378	462
Charity Care	0	0	0
TOTAL	249	529	778

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	71.7%	28.3%	100.0%		0%
0	0	0	1,848,944	727,987	2,576,931	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	4	2.00	2.00	4.00	1.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	16	18.50	8.00	26.50	1.66
OB/Gynecology	13	18.75	6.00	24.75	1.90
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	43	54.50	20.00	74.50	1.73
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	463	920.50	196.50	1117.00	2.41
Podiatry	3	3.00	1.50	4.50	1.50
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	542	1,017.25	234.00	1251.25	2.31

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	2	236	59.25	263.25	1.12
TOTALS	2	236	59.25	263.25	1.12

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	0	3	3	Medicaid	0	0	0
15-44	95	160	255	Medicare	3	2	5
45-64	122	152	274	Other Public	0	0	0
65-74	10	15	25	Insurance	174	252	426
75+ Yea	2	1	3	Private Pay	39	56	95
TOTAL	229	331	560	Charity Care	13	21	34
				TOTAL	229	331	560

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR							Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS			
1.0%	0.0%	0.0%	77.0%	22.0%	100.0%		4%	
21,686	0	0	1,669,793	477,083	2,168,562	91,800		

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	98	32.25	49.00	81.25	0.83
General	82	42.00	55.00	97.00	1.18
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	114	141.50	113.00	254.50	2.23
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	143	71.00	38.00	109.00	0.76
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	98	180.00	80.00	260.00	2.65
Thoracic	0	0.00	0.00	0.00	0.00
Urology	20	15.00	14.00	29.00	1.45
TOTAL	555	481.75	349.00	830.75	1.50

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
Podiatry	1	5	1.75	6.75	1.35
TOTALS	1	5	1.75	6.75	1.35

Reference Numbers	Facility Id	7003126	Number of Operating Rooms	0	
Health Service Area	006	Planning Service Area	030	Procedure Rooms	1
HISPANIC AMERICAN ENDOSCOPY CENTER			Exam Rooms	0	
3536 WEST FULLERTON AVENUE			Number of Recovery Stations Stage 1	2	
CHICAGO, IL 60647			Number of Recovery Stations Stage 2	2	

Administrator Date
 RAMON A GARCIA MD Completed
2/29/2012

Registered Agent

Kara Friedman

Property Owner

Garcia Properties

Legal Owner

Type of Ownership

Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Norwegian American Hospital	1
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	3.00
Certified Aides	3.00
Other Hlth. Profs.	0.00
Other Non-Hlth. Profs	1.00
TOTAL	10.00

DAYS AND HOURS OF OPERATION

Monday	7
Tuesday	7
Wednesday	7
Thursday	7
Friday	0
Saturday	7
Sunday	5

FACILITY NOTES

10-088 5/10/2011
 Facility received permit to add urology
 as a surgical specialty.

Name Change 10/12/2009
 Formerly "Chicago Endoscopy Center
 LLC"

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	124	83	207
45-64	171	130	301
65-74	61	109	170
75+ Yea	11	21	32
TOTAL	367	343	710

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	108	131	239
Other Public Insurance	0	0	0
Private Pay	89	55	144
Charity Care	3	2	5
TOTAL	367	343	710

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
10.0%	0.0%	0.0%	69.0%	20.9%	100.0%		1%
54,204	0	0	373,172	113,200	540,576	3,600	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Multi Gastroenterolo	0.5	664	185	319	0.48
Multi Urology	0.5	46	13	31	0.67
Pain Management	0	0	0	0	0.00
TOTALS	1	710	198	350	0.49

Reference Numbers	Facility Id	7002884	Number of Operating Rooms	1	
Health Service Area	006	Planning Service Area	030	Procedure Rooms	0
HYDE PARK SURGERY CENTER, LLC			Exam Rooms	0	
1644 E. 53RD STREET			Number of Recovery Stations Stage 1	1	
CHICAGO, IL 60615			Number of Recovery Stations Stage 2	1	

Administrator	Date
FORTUNEE MASSUDA	Completed
	2/21/2012

Registered Agent

David B. Sosin

Property Owner

Legal Owner

Type of Ownership

Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
MERCY HOSPITAL AND MEDICAL CENTER CHICAGO	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	0.25
Reg. Nurses	1.60
Certified Aides	0.00
Other Hlth. Profs.	2.50
Other Non-Hlth. Profs	0.00
TOTAL	4.35

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	0	2	2	Medicaid	10	36	46
15-44	20	48	68	Medicare	117	246	363
45-64	53	130	183	Other Public	0	0	0
65-74	62	103	165	Insurance	58	134	192
75+ Yea	53	136	189	Private Pay	0	0	0
TOTAL	188	419	607	Charity Care	3	3	6
				TOTAL	188	419	607

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR							Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS			
27.7%	2.0%	0.0%	70.3%	0.0%	100.0%		5%	
250,161	18,335	0	635,074	0	903,570	42,024		

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	361	361.00	270.75	631.75	1.75
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	133	53.25	36.88	90.13	0.68
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	113	169.50	123.12	292.62	2.59
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	607	583.75	430.75	1014.50	1.67

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7002975	Number of Operating Rooms	2	
Health Service Area	006	Planning Service Area	030	Procedure Rooms	0
LAKESHORE SURGERY CENTER			Exam Rooms	1	
7200 N. WESTERN AVENUE			Number of Recovery Stations Stage 1	6	
CHICAGO, IL 60645-1812			Number of Recovery Stations Stage 2	0	

Administrator	Date
YVETTE BARNABAS	Completed
	2/15/2012

Registered Agent
Thomas Conley

Property Owner
Raghu Nayak

Legal Owner

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St. Francis Hospital	1
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	2.00
Certified Aides	1.00
Other Hlth. Profs.	2.00
Other Non-Hlth. Profs	7.00
TOTAL	14.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	9
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	391	233	624
45-64	335	270	605
65-74	16	8	24
75+ Yea	0	0	0
TOTAL	742	511	1,253

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	606	413	1,019
Private Pay	136	98	234
Charity Care	0	0	0
TOTAL	742	511	1,253

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	95.0%	5.0%	100.0%		0%
0	0	0	6,159,783	324,190	6,483,973	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	152	76.00	46.00	122.00	0.80
General	43	43.00	13.50	56.50	1.31
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	80	120.00	32.00	152.00	1.90
Ophthalmology	1	1.00	0.50	1.50	1.50
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	392	588.00	157.00	745.00	1.90
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	413	206.50	83.00	289.50	0.70
Plastic Surgery	3	3.00	1.00	4.00	1.33
Podiatry	12	12.00	3.50	15.50	1.29
Thoracic	0	0.00	0.00	0.00	0.00
Urology	157	157.00	63.00	220.00	1.40
TOTAL	1253	1,206.50	399.50	1606.00	1.28

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7002678	Number of Operating Rooms	1	
Health Service Area	006	Planning Service Area	030	Procedure Rooms	0
NOVAMED SURGERY CENTER OF CHICAGO NORTSHORE			Exam Rooms	1	
3034 WEST PETERSON AVE.			Number of Recovery Stations Stage 1	1	
CHICAGO, IL 60659-3729			Number of Recovery Stations Stage 2	0	

Administrator	Date
MAUREEN CLAUSEN	Completed
	2/23/2012

Registered Agent

John Lawrence

Property Owner

Melvyn Gerstein, MD

Legal Owner

Type of Ownership

Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Swedish Covenant Hospital Chicago	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	0.00
Reg. Nurses	1.00
Certified Aides	0.00
Other Hlth. Profs.	4.00
Other Non-Hlth. Profs	1.00
TOTAL	7.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	0	0	0	Medicaid	114	176	290
15-44	45	56	101	Medicare	697	1,114	1,811
45-64	349	364	713	Other Public	0	0	0
65-74	422	627	1,049	Insurance	320	315	635
75+ Yea	378	617	995	Private Pay	63	59	122
TOTAL	1,194	1,664	2,858	Charity Care	0	0	0
				TOTAL	1,194	1,664	2,858

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR							Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS			
63.5%	10.1%	0.0%	22.1%	4.3%	100.0%		0%	
2,287,751	362,266	0	797,275	153,427	3,600,719	0		

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	144	24.00	24.00	48.00	0.33
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	2705	901.75	631.50	1533.25	0.57
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	9	3.00	3.00	6.00	0.67
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2858	928.75	658.50	1587.25	0.56

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7002918	Number of Operating Rooms	2	
Health Service Area	006	Planning Service Area	030	Procedure Rooms	2
PETERSON MEDICAL SURGI-CENTER			Exam Rooms	0	
2300 WEST PETERSON AVENUE			Number of Recovery Stations Stage 1	6	
CHICAGO, IL 60659			Number of Recovery Stations Stage 2	0	

Administrator TESS SAGAIDORO
 Date Completed 2/28/2012

Registered Agent

Property Owner
 Senno, Aref M.D.

Legal Owner

Type of Ownership
 Sole Proprietorship

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Swedish Covenant Hospital, Chicago	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	1.00
Certified Aides	1.00
Other Hlth. Profs.	2.00
Other Non-Hlth. Profs	1.00
TOTAL	7.00

DAYS AND HOURS OF OPERATION

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	12
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	0	0	0	Medicaid	0	0	0
15-44	107	77	184	Medicare	0	0	0
45-64	100	111	211	Other Public	0	0	0
65-74	7	4	11	Insurance	198	181	379
75+ Yea	1	0	1	Private Pay	17	11	28
TOTAL	215	192	407	Charity Care	0	0	0
				TOTAL	215	192	407

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR							Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS			
0.0%	0.0%	0.0%	99.0%	1.0%	100.0%			
0	0	0	3,178,086	33,150	3,211,236	0	0%	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	52	44.75	52.00	96.75	1.86
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	2	4.25	2.00	6.25	3.13
OB/Gynecology	1	0.25	1.00	1.25	1.25
Ophthalmology	2	1.25	2.00	3.25	1.63
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	160	151.00	160.00	311.00	1.94
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	24	35.75	24.00	59.75	2.49
Thoracic	0	0.00	0.00	0.00	0.00
Urology	4	1.25	4.00	5.25	1.31
TOTAL	245	238.50	245.00	483.50	1.97

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	1	16	9.75	17.75	1.11
Laser Eye	0	0	0	0	0.00
Pain Management	1	146	18.25	91.75	0.63
TOTALS	2	162	28	109.5	0.68

Reference Numbers	Facility Id	7002090	Number of Operating Rooms	4	
Health Service Area	006	Planning Service Area	030	Procedure Rooms	0
RIVER NORTH SAME DAY SURGERY CENTER			Exam Rooms	0	
ONE E. ERIE ST., #300			Number of Recovery Stations Stage 1	12	
CHICAGO, IL 60611-2737			Number of Recovery Stations Stage 2	0	

Administrator Nancy Franke
 Date Completed 2/22/2012

Registered Agent
 CT Corporation System

Property Owner
 Ontario Property

Legal Owner
 Richard Makowiec, MD
 Northwestern Surgical Group LLC
 Michael Epstein, MD
 Joel Brasch, MD
 Gordon Siegel, MD
 Charles Carroll, MD
 Brian Hartigan, MD
 Alicia Stovell, MD

Type of Ownership
 Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Illinois Masonic	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	6.00
Certified Aides	1.00
Other Hlth. Profs.	4.00
Other Non-Hlth. Profs	4.40
TOTAL	17.40

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	7	8	15
15-44	598	1,234	1,832
45-64	516	614	1,130
65-74	146	127	273
75+ Yea	43	44	87
TOTAL	1,310	2,027	3,337

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	12	9	21
Medicare	129	150	279
Other Public Insurance	1	2	3
Private Pay	1,130	1,568	2,698
Charity Care	34	297	331
Charity Care	4	1	5
TOTAL	1,310	2,027	3,337

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
3.1%	0.1%	0.1%	92.4%	4.3%	100.0%		0%
361,597	15,505	9,765	10,944,358	507,215	11,838,440	10,537	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	838	419.00	419.00	838.00	1.00
Ophthalmology	8	2.00	3.28	5.28	0.66
Oral/Maxillofacial	7	7.00	3.50	10.50	1.50
Orthopedic	1869	2,336.25	1,401.75	3738.00	2.00
Otolaryngology	36	27.00	18.00	45.00	1.25
Pain Management	284	71.00	90.88	161.88	0.57
Plastic Surgery	285	570.00	285.00	855.00	3.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	10	5.00	5.00	10.00	1.00
TOTAL	3337	3,437.25	2,226.41	5663.66	1.70

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7002280	Number of Operating Rooms	2	
Health Service Area	006	Planning Service Area	030	Procedure Rooms	0
ROGERS PARK ONE DAY SURGERY CENTER			Exam Rooms	1	
7616 NORTH PAULINA			Number of Recovery Stations Stage 1	9	
CHICAGO, IL 60626			Number of Recovery Stations Stage 2	0	

Administrator	Date
PHILIPPE ESPINOSA	Completed
	2/14/2012

Registered Agent

Thomas Conley

Property Owner

Raghu Nayak

Legal Owner

Raghu Nayak

Type of Ownership

Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St. Francis Hospital, Evanston IL	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	2.00
Certified Aides	0.00
Other Hlth. Profs.	3.00
Other Non-Hlth. Profs	4.00
TOTAL	11.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	9
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	0	1	1
15-44	375	227	602
45-64	302	239	541
65-74	14	15	29
75+ Yea	0	0	0
TOTAL	691	482	1,173

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	530	356	886
Private Pay	161	126	287
Charity Care	0	0	0
TOTAL	691	482	1,173

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	95.0%	5.0%	100.0%		0%
0	0	0	3,292,647	173,290	3,465,937	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	212	106.00	64.00	170.00	0.80
General	38	19.00	11.50	30.50	0.80
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	33	33.00	13.50	46.50	1.41
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	189	283.50	76.00	359.50	1.90
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	615	307.50	184.50	492.00	0.80
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	69	69.00	28.00	97.00	1.41
Thoracic	0	0.00	0.00	0.00	0.00
Urology	17	17.00	7.00	24.00	1.41
TOTAL	1173	835.00	384.50	1219.50	1.04

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7001753	Number of Operating Rooms	4	
Health Service Area	006	Planning Service Area	030	Procedure Rooms	0
RUSH SURGICENTER - PROFESSIONAL BUILDING			Exam Rooms	0	
1725 W. HARRISON, SUITE 556			Number of Recovery Stations Stage 1	16	
CHICAGO, IL 60612			Number of Recovery Stations Stage 2	0	

Administrator	Date
BARBARA L RAMSEY	Completed
	2/29/2012

Registered Agent
Max D Brown JD

Property Owner
RUMC

Legal Owner
H Najafi

A Ivankovich

A Shoelson

C Bradley

C Podromos

C Serry

D Monson

D Pessis

Dentaid

A Chaviano

Type of Ownership
Limited Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Rush University Medical Center (RUMC)	12
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	0.00
Reg. Nurses	23.00
Certified Aides	0.00
Other Hlth. Profs.	10.00
Other Non-Hlth. Profs	12.00
TOTAL	46.00

DAYS AND HOURS OF OPERATION

Monday	13
Tuesday	13
Wednesday	13
Thursday	13
Friday	13
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	47	28	75	Medicaid	0	0	0
15-44	1,083	1,022	2,105	Medicare	637	755	1,392
45-64	1,036	1,392	2,428	Other Public	0	0	0
65-74	265	469	734	Insurance	1,899	2,374	4,273
75+ Yea	113	265	378	Private Pay	8	47	55
TOTAL	2,544	3,176	5,720	Charity Care	0	0	0
				TOTAL	2,544	3,176	5,720

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR						Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense	Total Net Revenue
5.6%	0.0%	0.0%	93.5%	0.9%	100.0%		0%
876,212	0	0	14,708,800	148,942	15,733,954	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	134	114.00	100.00	214.00	1.60
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	40	21.00	30.00	51.00	1.28
Ophthalmology	57	15.00	43.00	58.00	1.02
Oral/Maxillofacial	3	5.00	2.00	7.00	2.33
Orthopedic	2880	2,551.00	2,160.00	4711.00	1.64
Otolaryngology	2	1.00	1.00	2.00	1.00
Pain Management	2389	344.00	1,792.00	2136.00	0.89
Plastic Surgery	86	90.00	65.00	155.00	1.80
Podiatry	57	58.00	43.00	101.00	1.77
Thoracic	0	0.00	0.00	0.00	0.00
Urology	72	66.00	54.00	120.00	1.67
TOTAL	5720	3,265.00	4,290.00	7555.00	1.32

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7002645	Number of Operating Rooms	4	
Health Service Area	006	Planning Service Area	030	Procedure Rooms	1
SIX CORNERS SAME DAY SURGERY, LLC			Exam Rooms	3	
4211 N CICERO AVE STE 400			Number of Recovery Stations Stage 1	6	
CHICAGO, IL 60641			Number of Recovery Stations Stage 2	6	

Administrator	Date
S. GEORGE ELIAS, MD	Completed
	2/29/2012

Registered Agent
S. George Elias MD

Property Owner
4211 N Cicero LLC

Legal Owner

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Swedish Covenant Hospital	0
Our Lady of the Resurrection	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	2.00
Certified Aides	0.00
Other Hlth. Profs.	4.00
Other Non-Hlth. Profs	6.00
TOTAL	15.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	0
Wednesday	10
Thursday	0
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	37	26	63
45-64	68	41	109
65-74	0	5	5
75+ Yea	2	0	2
TOTAL	107	72	179

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	104	72	176
Private Pay	3	0	3
Charity Care	0	0	0
TOTAL	107	72	179

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	94.7%	5.3%	100.0%		0%
0	0	0	1,707,656	95,434	1,803,090	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	36	51.30	33.20	84.50	2.35
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	143	62.50	38.60	101.10	0.71
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	179	113.80	71.80	185.60	1.04

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	1	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	1	0	0	0	0.00

Reference Numbers	Facility Id	7003072	Number of Operating Rooms	1	
Health Service Area	006	Planning Service Area	030	Procedure Rooms	0
SURGICORE			Exam Rooms	0	
10547 S. EWING AVENUE			Number of Recovery Stations Stage 1	1	
CHICAGO, IL 60617			Number of Recovery Stations Stage 2	0	

Administrator	Date
MICHAEL A WOOD, D.P.M.	Completed
	3/1/2012

Registered Agent

John Roberts

Property Owner

Michael A Wood

Legal Owner

Type of Ownership

Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St. Margaret Mercy Hospital Hammond Indiana	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	1.00
Certified Aides	0.00
Other Hlth. Profs.	2.00
Other Non-Hlth. Profs	0.00
TOTAL	5.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	4
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	10	3	13
15-44	47	129	176
45-64	74	121	195
65-74	6	21	27
75+ Yea	5	12	17
TOTAL	142	286	428

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	11	33	44
Other Public Insurance	0	0	0
Private Pay	131	253	384
Charity Care	0	0	0
TOTAL	142	286	428

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
11.8%	0.0%	0.0%	88.2%	0.0%	100.0%		0%
221,192	0	0	1,650,192	0	1,871,384	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	428	642.00	107.00	749.00	1.75
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	428	642.00	107.00	749.00	1.75

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7002272	Number of Operating Rooms	4	
Health Service Area	006	Planning Service Area	030	Procedure Rooms	0
THE SURGERY CENTER AT 900 N. MICHIGAN AVENUE, LLC			Exam Rooms	2	
60 E. DELAWARE PLACE, 15TH FLOOR			Number of Recovery Stations Stage 1	12	
CHICAGO, IL 60611-1425			Number of Recovery Stations Stage 2	12	

Administrator	Date
GUIITA GRIFFITHS	Completed
	2/29/2012

Registered Agent
Scott Becker, Esq., McQuire Wo

Property Owner
JMB Urban Realty

Legal Owner
Steven Stryker, M.D.

Robert Kelsey, M.D.

Nanette Rumsey, M.D

Lauren Streicher, M.D

Karen Kramer, M.D

900 N Equity Holdings LLC

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Northwestern Memorial Hospital	3
Childrens Memorial	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	11.00
Certified Aides	0.00
Other Hlth. Profs.	9.00
Other Non-Hlth. Profs	12.00
TOTAL	34.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	12	13	25	Medicaid	0	0	0
15-44	601	3,068	3,669	Medicare	166	216	382
45-64	465	1,164	1,629	Other Public	0	0	0
65-74	117	186	303	Insurance	838	2,500	3,338
75+ Yea	56	87	143	Private Pay	245	1,788	2,033
TOTAL	1,251	4,518	5,769	Charity Care	2	14	16
				TOTAL	1,251	4,518	5,769

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR						Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense	Total Net Revenue
2.9%	0.0%	0.0%	73.4%	23.7%	100.0%		0%
325,166	0	0	8,287,438	2,678,836	11,291,440	17,811	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	573	190.25	95.50	285.75	0.50
General	1665	585.25	698.00	1283.25	0.77
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	1337	337.50	559.75	897.25	0.67
Ophthalmology	334	282.50	111.00	393.50	1.18
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	490	812.25	163.00	975.25	1.99
Pain Management	225	36.25	37.50	73.75	0.33
Plastic Surgery	1066	1,695.50	446.50	2142.00	2.01
Podiatry	2	1.75	1.00	2.75	1.38
Thoracic	0	0.00	0.00	0.00	0.00
Urology	77	142.25	32.25	174.50	2.27
TOTAL	5769	4,083.50	2,144.50	6228.00	1.08

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7002140	Number of Operating Rooms	2	
Health Service Area	007	Planning Service Area	043	Procedure Rooms	0
ADVANTAGE HEALTH CARE, LTD.			Exam Rooms	1	
203 E. IRVING PARK ROAD			Number of Recovery Stations Stage 1	8	
WOOD DALE, IL 60191			Number of Recovery Stations Stage 2	0	

Administrator	Date
AIMEE DILLARD	Completed
	2/29/2012

Registered Agent
Joseph Horowitz

Property Owner
Arizona-Illinois, LP

Legal Owner
AMUCARE HEALTH CENTER, LTD.
ACCLAIM HEALTH CENTER, LTD.

Type of Ownership
Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Northwest community Hospital, Arlington Hts II	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	1.00
Certified Aides	0.00
Other Hlth. Profs.	5.00
Other Non-Hlth. Profs	3.00
TOTAL	12.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	0	1	1	Medicaid	0	0	0
15-44	0	335	335	Medicare	0	0	0
45-64	0	2	2	Other Public	0	0	0
65-74	0	0	0	Insurance	0	115	115
75+ Yea	0	0	0	Private Pay	0	221	221
TOTAL	0	338	338	Charity Care	0	2	2
				TOTAL	0	338	338

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR							Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS			
0.0%	0.0%	0.0%	74.2%	25.8%	100.0%			
0	0	0	275,097	95,734	370,831	9,356	3%	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	338	253.50	338.00	591.50	1.75
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	338	253.50	338.00	591.50	1.75

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7003140	Number of Operating Rooms	4	
Health Service Area	007	Planning Service Area	043	Procedure Rooms	0
AIDEN CENTER FOR DAY SURGERY, LLC			Exam Rooms	0	
1580 WEST LAKE STREET			Number of Recovery Stations Stage 1	6	
ADDISON, IL 60101			Number of Recovery Stations Stage 2	5	

Administrator	Date
Ali Nili	Completed
	3/6/2012

Registered Agent

Paul A. Gilman

Property Owner

Legal Owner

Type of Ownership

Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Alexian Brothers Medical Center, Elk Grove Village	1
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Dir. of Nurses	0.33
Reg. Nurses	4.00
Certified Aides	2.00
Other Hlth. Profs.	1.00
Other Non-Hlth. Profs	4.00
TOTAL	13.33

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	9	15	24
15-44	66	235	301
45-64	134	350	484
65-74	47	72	119
75+ Yea	29	49	78
TOTAL	285	721	1,006

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	19	24	43
Medicare	75	127	202
Other Public	0	0	0
Insurance	181	547	728
Private Pay	10	23	33
Charity Care	0	0	0
TOTAL	285	721	1,006

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
4.0%	0.0%	0.0%	89.6%	6.4%	100.0%		0%
168,617	0	0	3,810,945	273,153	4,252,715	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	456	306.00	107.00	413.00	0.91
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	147	176.00	86.25	262.25	1.78
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	56	13.25	14.25	27.50	0.49
Plastic Surgery	29	50.75	14.50	65.25	2.25
Podiatry	318	375.75	93.25	469.00	1.47
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1006	921.75	315.25	1237.00	1.23

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7002082	Number of Operating Rooms	3	
Health Service Area	007	Planning Service Area	043	Procedure Rooms	0
AMBULATORY SURGICENTER OF DOWNERS GROVE			Exam Rooms	1	
4333 MAIN STREET			Number of Recovery Stations Stage 1	6	
DOWNERS GROVE, IL 60515			Number of Recovery Stations Stage 2	4	

Administrator Date
 INGA FERDKOFF Completed
2/21/2012

Registered Agent
 AMOS E. MADANES, M.D.

Property Owner
 CHESTNUT MNGMT

Legal Owner

Type of Ownership
 Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
GOOD SAMARITAN HOSPITAL DOWNERS GROVE	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	0.00
Reg. Nurses	3.00
Certified Aides	1.00
Other Hlth. Profs.	3.00
Other Non-Hlth. Profs	6.00
TOTAL	14.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	3	1,174	1,177
45-64	0	58	58
65-74	0	0	0
75+ Yea	0	0	0
TOTAL	3	1,232	1,235

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	0	0	0
Other Public	0	0	0
Insurance	3	1,106	1,109
Private Pay	0	126	126
Charity Care	0	0	0
TOTAL	3	1,232	1,235

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	87.2%	12.8%	100.0%		0%
0	0	0	2,165,484	316,752	2,482,236	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	1232	1,540.00	431.20	1971.20	1.60
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	3	3.75	1.05	4.80	1.60
TOTAL	1235	1,543.75	432.25	1976.00	1.60

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7003138	Number of Operating Rooms	4	
Health Service Area	007	Planning Service Area	031	Procedure Rooms	0
ASHTON CENTER FOR DAY SURGERY			Exam Rooms	0	
1800 MCDONOUGH RD., STE . 100			Number of Recovery Stations Stage 1	4	
HOFFMAN ESTATES, IL 60192			Number of Recovery Stations Stage 2	10	

Administrator Ali Nili
 Date Completed 3/6/2012

Registered Agent
 Paul A. Gilman

Property Owner

Type of Ownership
 Limited Liability Company (RA required)

Legal Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St. Alexius Medical Center, Hoffman Estates	1
Northwest Community Hospital, Schaumburg	1
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.50
Nurse Anesthetists	0.00
Dir. of Nurses	0.33
Reg. Nurses	6.20
Certified Aides	0.50
Other Hlth. Profs.	0.40
Other Non-Hlth. Profs	3.00
TOTAL	11.93

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	0	1	1
15-44	201	170	371
45-64	317	284	601
65-74	71	129	200
75+ Yea	49	71	120
TOTAL	638	655	1,293

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	131	223	354
Other Public	0	0	0
Insurance	479	403	882
Private Pay	28	29	57
Charity Care	0	0	0
TOTAL	638	655	1,293

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
9.7%	0.0%	0.0%	87.2%	3.1%	100.0%		0%
366,972	142	0	3,292,645	117,336	3,777,095	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	103	85.00	26.00	111.00	1.08
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	12	11.25	2.75	14.00	1.17
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	1142	270.25	290.50	560.75	0.49
Plastic Surgery	13	22.75	6.50	29.25	2.25
Podiatry	23	27.25	6.75	34.00	1.48
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1293	416.50	332.50	749.00	0.58

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7003098	Number of Operating Rooms	2	
Health Service Area	007	Planning Service Area	043	Procedure Rooms	0
CHICAGO PROSTATE CANCER SURGERY CENTER			Exam Rooms	0	
815 PASQUEINELLI DRIVE			Number of Recovery Stations Stage 1	3	
WESTMONT, IL 60559			Number of Recovery Stations Stage 2	6	

Administrator JENNIFER BROUCEK
 Date Completed 2/3/2012

Registered Agent
 Jennifer T. Broucek

Property Owner
 Quasar, LLC

Legal Owner

Type of Ownership
 Limited Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Adventist Hinsdale Hospital	2
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	3.00
Certified Aides	0.00
Other Hlth. Profs.	1.00
Other Non-Hlth. Profs	1.00
TOTAL	7.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	0	0	0	Medicaid	0	0	0
15-44	2	0	2	Medicare	473	0	473
45-64	450	0	450	Other Public	1	0	1
65-74	439	0	439	Insurance	573	0	573
75+ Yea	157	0	157	Private Pay	1	0	1
TOTAL	1,048	0	1,048	Charity Care	0	0	0
				TOTAL	1,048	0	1,048

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR						Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense	Total Net Revenue
13.9%	0.0%	0.0%	83.5%	2.6%	100.0%		0%
538,352	0	0	3,229,640	98,913	3,866,906	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	1048	524.00	524.00	1048.00	1.00
TOTAL	1048	524.00	524.00	1048.00	1.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id 7001555	Number of Operating Rooms	3
Health Service Area 007	Planning Service Area 031	Procedure Rooms	0
CHILDREN'S OUTPATIENT SERVICES AT WESTCHESTER		Exam Rooms	0
2301 ENTERPRISE DRIVE		Number of Recovery Stations Stage 1	4
WESTCHESTER, IL 60154		Number of Recovery Stations Stage 2	8

Administrator KRISTEN DICICCO
 Date Completed 2/29/2012

Registered Agent

Property Owner

Legal Owner

Park West Realty
 Children's Memorial Medical Center

Type of Ownership

Other Not For Profit Ownership

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
LaGrange Memorial Hospital	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	13.80
Certified Aides	0.00
Other Hlth. Profs.	3.00
Other Non-Hlth. Profs.	0.00
TOTAL	17.80

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	1,115	731	1,846	Medicaid	166	120	286
15-44	54	44	98	Medicare	1	0	1
45-64	0	0	0	Other Public	16	3	19
65-74	0	0	0	Insurance	978	647	1,625
75+ Yea	0	0	0	Private Pay	0	1	1
TOTAL	1,169	775	1,944	Charity Care	8	4	12
				TOTAL	1,169	775	1,944

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR						Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense	Total Net Revenue
0.0%	6.6%	0.3%	92.6%	0.5%	100.0%		0%
1,542	539,608	26,963	7,579,597	41,300	8,189,010	37,298	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	559	374.45	233.75	608.20	1.09
Gastroenterology	64	31.41	27.08	58.49	0.91
General	41	20.07	17.08	37.15	0.91
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	18	11.68	6.25	17.93	1.00
Oral/Maxillofacial	17	34.03	7.50	41.53	2.44
Orthopedic	54	74.15	22.91	97.06	1.80
Otolaryngology	571	360.94	237.85	598.79	1.05
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	99	114.81	41.25	156.06	1.58
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	521	717.77	217.08	934.85	1.79
TOTAL	1944	1,739.31	810.75	2550.06	1.31

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7001357	Number of Operating Rooms	2	
Health Service Area	007	Planning Service Area	031	Procedure Rooms	0
DIMENSIONS MEDICAL CENTER, LTD			Exam Rooms	0	
1455 GOLF ROAD, SUITE 108			Number of Recovery Stations Stage 1	8	
DES PLAINES, IL 60016-2237			Number of Recovery Stations Stage 2	0	

Administrator Nancy Nelson
 Date Completed 2/29/2012

Registered Agent
 Joseph Horowitz

Property Owner
 Levin Associates

Legal Owner
 Dimensions Medical Ctr. Ltd.

Type of Ownership
 Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Gottlieb Memorial Hospital, Chicago Il	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	2.00
Certified Aides	0.00
Other Hlth. Profs.	6.00
Other Non-Hlth. Profs	9.00
TOTAL	20.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	0
Thursday	8
Friday	8
Saturday	8
Sunday	0

FACILITY NOTES

11-067 12/6/2011
 Permit to discontinue a multiple specialty ambulatory surgical treatment center with 2 operating rooms.

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	0	0	0	Medicaid	0	0	0
15-44	46	1,011	1,057	Medicare	0	0	0
45-64	7	7	14	Other Public	0	0	0
65-74	0	0	0	Insurance	52	401	453
75+ Yea	0	0	0	Private Pay	0	601	601
TOTAL	53	1,018	1,071	Charity Care	1	16	17
				TOTAL	53	1,018	1,071

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR							Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS			
0.0%	0.0%	0.0%	76.8%	23.2%	100.0%			
0	0	0	952,975	287,329	1,240,304	38,001	3%	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	1018	763.50	1,018.00	1781.50	1.75
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	53	39.75	53.00	92.75	1.75
TOTAL	1071	803.25	1,071.00	1874.25	1.75

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7003023	Number of Operating Rooms	5	
Health Service Area	007	Planning Service Area	043	Procedure Rooms	2
DMG SURGICAL CENTER, LLC			Exam Rooms	0	
2725 S. TECHNOLOGY DRIVE			Number of Recovery Stations Stage 1	8	
LOMBARD, IL 60148			Number of Recovery Stations Stage 2	9	

Administrator	Date
DENNIS FINE	Completed
	2/29/2012

Registered Agent

Nancy Kinsley

Property Owner

DMG Realestate Holding

Legal Owner

Type of Ownership

Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Edward Hospital, Naperville, IL	0
Central DuPage Hospital, Winfield, IL	2
Good Samaritan Hospital, Downers Grove, IL	8
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	30.00
Certified Aides	3.00
Other Hlth. Profs.	14.00
Other Non-Hlth. Profs	5.00
TOTAL	54.00

DAYS AND HOURS OF OPERATION

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	601	312	913	Medicaid	0	0	0
15-44	1,176	1,336	2,512	Medicare	963	1,040	2,003
45-64	3,078	3,165	6,243	Other Public	0	0	0
65-74	900	879	1,779	Insurance	5,052	4,942	9,994
75+ Yea	359	412	771	Private Pay	99	122	221
TOTAL	6,114	6,104	12,218	Charity Care	0	0	0
				TOTAL	6,114	6,104	12,218

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR						Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense	Total Net Revenue
22.1%	0.0%	0.0%	76.8%	1.2%	100.0%		0%
4,248,395	0	0	14,788,295	225,898	19,262,589	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	15	31.50	3.75	35.25	2.35
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	790	332.75	197.50	530.25	0.67
General	891	833.00	223.00	1056.00	1.19
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	101	74.75	25.50	100.25	0.99
Ophthalmology	1150	572.25	287.50	859.75	0.75
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1084	1,034.00	271.00	1305.00	1.20
Otolaryngology	1209	1,745.25	302.25	2047.50	1.69
Pain Management	259	37.25	64.75	102.00	0.39
Plastic Surgery	511	531.50	127.50	659.00	1.29
Podiatry	399	524.25	99.75	624.00	1.56
Thoracic	0	0.00	0.00	0.00	0.00
Urology	954	1,102.50	238.50	1341.00	1.41
TOTAL	7363	6,819.00	1,841.00	8660.00	1.18

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	2	4855	2043.5	3157.25	0.65
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	2	4855	2043.5	3157.25	0.65

Reference Numbers	Facility Id	7003121	Number of Operating Rooms	3	
Health Service Area	007	Planning Service Area	043	Procedure Rooms	1
DUPAGE EYE SURGERY CENTER, LLC			Exam Rooms	1	
2015 NORTH MAIN STREET			Number of Recovery Stations Stage 1	0	
WHEATON, IL 60187			Number of Recovery Stations Stage 2	6	

Administrator	Date
CHARLES S. SANDOR	Completed
	2/14/2012

Registered Agent
Charles S. Sandor, MD

Property Owner
2015 Realty

Legal Owner

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
CENTRAL DUPAGE HOSPITAL, WINFIELD	2
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	1.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	9.00
Certified Aides	0.00
Other Hlth. Profs.	4.00
Other Non-Hlth. Profs	4.00
TOTAL	19.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	2
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	0	1	1	Medicaid	42	52	94
15-44	86	59	145	Medicare	1,460	2,131	3,591
45-64	796	729	1,525	Other Public	5	0	5
65-74	815	1,138	1,953	Insurance	958	957	1,915
75+ Yea	858	1,299	2,157	Private Pay	60	56	116
TOTAL	2,555	3,226	5,781	Charity Care	30	30	60
				TOTAL	2,555	3,226	5,781

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR						Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS		
62.0%	1.6%	0.1%	34.3%	1.9%	100.0%		1%
12,479,248	326,473	17,095	6,910,424	390,648	20,123,887	107,969	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	4681	1,259.25	468.50	1727.75	0.37
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	4681	1,259.25	468.50	1727.75	0.37

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	1	1100	55	164.9	0.15
Pain Management	0	0	0	0	0.00
TOTALS	1	1100	55	164.9	0.15

Reference Numbers	Facility Id	7003064	Number of Operating Rooms	4	
Health Service Area	007	Planning Service Area	043	Procedure Rooms	0
DUPAGE ORTHOPAEDIC SURGERY CENTER, LLC.			Exam Rooms	0	
27650 FERRY ROAD SUITE 140			Number of Recovery Stations Stage 1	0	
WARRENVILLE, IL 60555			Number of Recovery Stations Stage 2	0	

Administrator Date
 BARBARA J. KIEL Completed
2/28/2012

Registered Agent
 William A. Kindorf c/o Tressl

Property Owner
 Cornerstone Medical Development

Legal Owner

Type of Ownership
 Limited Liability Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Central DuPage Hospital	2
Edward Hospital	2
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	9.00
Certified Aides	0.00
Other Hlth. Profs.	8.00
Other Non-Hlth. Profs	3.00
TOTAL	22.00

DAYS AND HOURS OF OPERATION

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	48	36	84
15-44	633	392	1,025
45-64	715	861	1,576
65-74	189	357	546
75+ Yea	149	309	458
TOTAL	1,734	1,955	3,689

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	16	25	41
Medicare	284	563	847
Other Public Insurance	0	0	0
Private Pay	1,422	1,356	2,778
Charity Care	9	9	18
Charity Care	3	2	5
TOTAL	1,734	1,955	3,689

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
3.1%	0.1%	0.0%	96.6%	0.2%	100.0%		0%
416,851	16,779	0	12,981,904	23,421	13,438,955	40,648	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	2306	1,466.75	587.75	2054.50	0.89
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	1383	301.25	161.25	462.50	0.33
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3689	1,768.00	749.00	2517.00	0.68

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7003154	Number of Operating Rooms	1	
Health Service Area	007	Planning Service Area	043	Procedure Rooms	0
ELMHURST MEDICAL & SURGICAL CENTER P.C.			Exam Rooms	0	
340 WEST BUTTERFIELD RD, SUITE 1B			Number of Recovery Stations Stage 1	1	
ELMHURST, IL 60126			Number of Recovery Stations Stage 2	2	

Administrator ESTHER H. LYON
 Date Completed 2/28/2012

Registered Agent

Property Owner

Type of Ownership

Sole Proprietorship

Legal Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Elmhurst Memorial Hospital	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	0.00
Certified Aides	0.00
Other Hlth. Profs.	1.00
Other Non-Hlth. Profs	0.00
TOTAL	4.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	0
Wednesday	0
Thursday	0
Friday	0
Saturday	0
Sunday	0

FACILITY NOTES

04-090 11/10/2011
 Facility licensed for operation.

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	9	16	25
45-64	6	19	25
65-74	1	3	4
75+ Yea	0	0	0
TOTAL	16	38	54

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	2	0	2
Other Public Insurance	0	0	0
Private Pay	14	38	52
Charity Care	0	0	0
TOTAL	16	38	54

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	100.0%	0.0%	100.0%		0%
0	0	0	25,548	0	25,548	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	54	108.00	27.00	135.00	2.50
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	54	108.00	27.00	135.00	2.50

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7002330	Number of Operating Rooms	4	
Health Service Area	007	Planning Service Area	043	Procedure Rooms	4
ELMHURST OUTPATIENT SURGERY CENTER, LLC			Exam Rooms	0	
1200 S. YORK ROAD, SUITE 1400			Number of Recovery Stations Stage 1	18	
ELMHURST, IL 60126-6533			Number of Recovery Stations Stage 2	0	

Administrator Date
 TINA MENTZ Completed
3/4/2012

Registered Agent

Carol Hogan

Property Owner

Elmhurst Memorial Hospital

Type of Ownership

Limited Liability Company (RA required)

Legal Owner

- Flood, DPM, Michael T.
- Arenson, DPM, Donald J.
- Kondelis, M.D. Nicholas P.
- Kisielius, M. D., Petras V.
- Kinzler, M.D., Gordon
- Keen, M. D., Richard R.
- Kassa, M.D., Christine
- Kalsi, M. D., Charanjit K.
- Kaczor, M.D., Janet M.
- Hui, M. D., Peter W.

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Elmhurst Memorial Hospital	1
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	19.95
Certified Aides	1.70
Other Hlth. Profs.	9.30
Other Non-Hlth. Profs	14.95
TOTAL	47.90

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	124	104	228
15-44	727	866	1,593
45-64	1,279	1,600	2,879
65-74	690	931	1,621
75+ Yea	683	1,044	1,727
TOTAL	3,503	4,545	8,048

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	1,221	1,888	3,109
Other Public	1	4	5
Insurance	2,219	2,495	4,714
Private Pay	61	157	218
Charity Care	1	1	2
TOTAL	3,503	4,545	8,048

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
33.6%	0.0%	0.1%	61.1%	5.2%	100.0%		0%
11,755,734	0	33,672	21,364,324	1,806,405	34,960,134	11,734	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	816	565.00	204.00	769.00	0.94
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	58	18.50	14.50	33.00	0.57
Ophthalmology	408	268.00	102.00	370.00	0.91
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	706	452.75	176.50	629.25	0.89
Otolaryngology	596	240.00	149.00	389.00	0.65
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	188	281.00	47.00	328.00	1.74
Podiatry	499	360.75	124.75	485.50	0.97
Thoracic	0	0.00	0.00	0.00	0.00
Urology	231	82.50	57.75	140.25	0.61
TOTAL	3502	2,268.50	875.50	3144.00	0.90

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	1	552	182.75	320.75	0.58
Laser Eye	0	0	0	0	0.00
Multi Ophthalmolog	2	1511	563	940.75	0.62
Pain Management	1	2483	387	1007.75	0.41
TOTALS	4	4546	1132.75	1136.5	0.50

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	7	4	11
15-44	38	115	153
45-64	81	130	211
65-74	55	118	173
75+ Yea	93	156	249
TOTAL	274	523	797

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	15	74	89
Medicare	133	226	359
Other Public	0	0	0
Insurance	117	177	294
Private Pay	9	46	55
Charity Care	0	0	0
TOTAL	274	523	797

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
47.2%	11.2%	0.0%	34.8%	6.8%	100.0%		0%
548,385	130,125	0	404,317	79,005	1,161,832	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	38	37.50	16.00	53.50	1.41
Ophthalmology	495	311.50	206.25	517.75	1.05
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	47	89.00	19.75	108.75	2.31
Podiatry	188	230.75	78.50	309.25	1.64
Thoracic	0	0.00	0.00	0.00	0.00
Urology	29	15.50	12.25	27.75	0.96
TOTAL	797	684.25	332.75	1017.00	1.28

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7002942	Number of Operating Rooms	2	
Health Service Area	007	Planning Service Area	043	Procedure Rooms	1
EYE SURGERY CENTER OF HINSDALE, LLC			Exam Rooms	0	
950 NORTH YORK ROAD, STE 203			Number of Recovery Stations Stage 1	0	
HINSDALE, IL 60521			Number of Recovery Stations Stage 2	4	

Administrator	Date
BRIAN D. SMITH M.D.	Completed
	4/3/2012

Registered Agent

Brian D Smith

Property Owner

North York Road LLC

Legal Owner

Type of Ownership

Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Hinsdale Hospital, Hinsdale, IL	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.20
Dir. of Nurses	1.00
Reg. Nurses	1.00
Certified Aides	0.00
Other Hlth. Profs.	0.00
Other Non-Hlth. Profs	1.50
TOTAL	3.70

DAYS AND HOURS OF OPERATION

Monday	4
Tuesday	4
Wednesday	10
Thursday	0
Friday	5
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	29	16	45
45-64	125	175	300
65-74	212	395	607
75+ Yea	339	552	891
TOTAL	705	1,138	1,843

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	411	738	1,149
Other Public Insurance	0	0	0
Private Pay	136	194	330
Charity Care	5	7	12
TOTAL	705	1,138	1,843

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
33.4%	0.0%	0.0%	49.2%	17.4%	100.0%		0%
734,781	0	0	1,081,971	381,451	2,198,204	7,300	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1523	507.67	512.66	1020.33	0.67
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1523	507.67	512.66	1020.33	0.67

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	1	320	52.33	105.67	0.33
Pain Management	0	0	0	0	0.00
TOTALS	1	320	52.33	105.67	0.33

Reference Numbers	Facility Id	7003137	Number of Operating Rooms	3	
Health Service Area	007	Planning Service Area	031	Procedure Rooms	2
FRANCISCAN ST. JAMES SURGERY CENTER			Exam Rooms	0	
333 DIXIE HIGHWAY			Number of Recovery Stations Stage 1	8	
CHICAGO HEIGHTS, IL 60411			Number of Recovery Stations Stage 2	10	

Administrator SETH WARREN
 Date Completed 3/12/2012

Registered Agent

Property Owner

Type of Ownership
 Church Related Not For Profit

Legal Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Franciscan St. James Health, Chicago Heights	7
University of Chicago Hospitals, Chicago	1
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	2.00
Nurse Anesthetists	1.00
Dir. of Nurses	1.00
Reg. Nurses	14.00
Certified Aides	6.00
Other Hlth. Profs.	2.00
Other Non-Hlth. Profs	3.00
TOTAL	30.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	57	38	95
15-44	274	399	673
45-64	904	1,287	2,191
65-74	459	541	1,000
75+ Yea	367	442	809
TOTAL	2,061	2,707	4,768

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	7	11	18
Medicare	766	986	1,752
Other Public Insurance	10	18	28
Private Pay	1,269	1,682	2,951
Charity Care	8	4	12
Charity Care	1	6	7
TOTAL	2,061	2,707	4,768

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
23.9%	0.1%	0.5%	75.4%	0.1%	100.0%		0%
2,294,186	13,253	46,334	7,219,832	6,288	9,579,893	5,105	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	395	304.25	27.00	331.25	0.84
Gastroenterology	0	0.00	0.00	0.00	0.00
General	338	234.00	23.00	257.00	0.76
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	128	106.50	9.00	115.50	0.90
Ophthalmology	605	436.50	41.00	477.50	0.79
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	774	927.50	52.00	979.50	1.27
Otolaryngology	133	121.50	9.50	131.00	0.98
Pain Management	339	68.25	23.00	91.25	0.27
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	117	98.00	8.00	106.00	0.91
Thoracic	0	0.00	0.00	0.00	0.00
Urology	209	116.25	14.00	130.25	0.62
TOTAL	3038	2,412.75	206.50	2619.25	0.86

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	2	1730	846.75	962.25	0.56
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	2	1730	846.75	962.25	0.56

Reference Numbers	Facility Id	7002231	Number of Operating Rooms	5	
Health Service Area	007	Planning Service Area	031	Procedure Rooms	3
GOLF SURGICAL CENTER, LLC			Exam Rooms	0	
8901 GOLF ROAD			Number of Recovery Stations Stage 1	7	
DES PLAINES, IL 60016-1425			Number of Recovery Stations Stage 2	19	

Administrator	Date
NICHOLAS LYGIZOS, MD	Completed
	1/31/2012

Registered Agent
CORPORATE CREATIONS INT

Property Owner
ACC GOLF ROAD, LLC

Legal Owner
ASTC SERVICES, LTD
ADVOCATE NETWORK SERVICES

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
ADVOCATE LUTHERAN GENERAL HOSPITAL	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	12.60
Certified Aides	0.00
Other Hlth. Profs.	4.56
Other Non-Hlth. Profs	6.16
TOTAL	24.32

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	392	248	640	Medicaid	36	34	70
15-44	486	447	933	Medicare	859	1,456	2,315
45-64	682	806	1,488	Other Public	2	3	5
65-74	417	666	1,083	Insurance	1,665	1,668	3,333
75+ Yea	585	996	1,581	Private Pay	0	2	2
TOTAL	2,562	3,163	5,725	Charity Care	0	0	0
				TOTAL	2,562	3,163	5,725

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR						Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense	Total Net Revenue
23.9%	0.3%	0.2%	74.4%	1.2%	100.0%		0%
2,315,934	27,539	23,735	7,205,457	117,994	9,690,659	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	162	115.00	40.50	155.50	0.96
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1890	1,163.00	472.50	1635.50	0.87
Oral/Maxillofacial	73	90.00	18.00	108.00	1.48
Orthopedic	957	1,121.00	398.00	1519.00	1.59
Otolaryngology	903	689.00	227.00	916.00	1.01
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	41	25.00	11.00	36.00	0.88
Podiatry	119	171.00	30.00	201.00	1.69
Thoracic	0	0.00	0.00	0.00	0.00
Urology	76	81.00	19.00	100.00	1.32
TOTAL	4221	3,455.00	1,216.00	4671.00	1.11

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	1	243	140	202	0.83
Laser Eye	1	788	75	205	0.26
Multi General	1	473	277	434	0.92
Pain Management	0	0	0	0	0.00
TOTALS	3	1504	492	841	0.56

Reference Numbers	Facility Id	7002314	Number of Operating Rooms	4	
Health Service Area	007	Planning Service Area	043	Procedure Rooms	1
HINSDALE SURGICAL CENTER			Exam Rooms	0	
908 N. ELM STREET, SUITE 401			Number of Recovery Stations Stage 1	8	
HINSDALE, IL 60521			Number of Recovery Stations Stage 2	19	

Administrator Janice Cavanaugh
 Date Completed 2/22/2012

Registered Agent
 CT Corporation System

Property Owner
 PHT

Legal Owner
 THERE ARE NO OTHER OWNER WHO OWN MORE

Type of Ownership
 Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Hinsdale Hospital	9
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	26.00
Certified Aides	1.00
Other Hlth. Profs.	8.00
Other Non-Hlth. Profs	9.00
TOTAL	46.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	126	108	234	Medicaid	63	106	169
15-44	486	731	1,217	Medicare	821	1,530	2,351
45-64	938	1,409	2,347	Other Public	0	3	3
65-74	441	677	1,118	Insurance	1,460	1,947	3,407
75+ Yea	476	856	1,332	Private Pay	123	195	318
TOTAL	2,467	3,781	6,248	Charity Care	0	0	0
				TOTAL	2,467	3,781	6,248

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR						Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense	Total Net Revenue
22.7%	0.8%	0.0%	73.6%	2.8%	100.0%		0%
2,142,201	79,235	4,256	6,941,422	265,303	9,432,417	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	202	196.00	85.00	281.00	1.39
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	212	161.00	88.00	249.00	1.17
Ophthalmology	1956	1,377.00	587.00	1964.00	1.00
Oral/Maxillofacial	29	33.00	12.00	45.00	1.55
Orthopedic	132	155.00	55.00	210.00	1.59
Otolaryngology	532	702.00	222.00	924.00	1.74
Pain Management	2254	636.00	413.00	1049.00	0.47
Plastic Surgery	339	528.00	142.00	670.00	1.98
Podiatry	129	175.00	54.00	229.00	1.78
Thoracic	0	0.00	0.00	0.00	0.00
Urology	272	319.00	113.00	432.00	1.59
TOTAL	6057	4,282.00	1,771.00	6053.00	1.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	1	191	95.5	159.5	0.84
Pain Management	0	0	0	0	0.00
TOTALS	1	191	95.5	159.5	0.84

Reference Numbers	Facility Id	7003122	Number of Operating Rooms	3	
Health Service Area	007	Planning Service Area	031	Procedure Rooms	1
HOFFMAN ESTATES SURGERY CENTER, LLC			Exam Rooms	0	
1555 BARRINGTON RD. DOB 3 SUITE 0400			Number of Recovery Stations Stage 1	4	
HOFFMAN ESTATES, IL 60169			Number of Recovery Stations Stage 2	10	

Administrator ANNAMARIE C. YORK
 Date Completed 3/8/2012

Registered Agent
 Illinois Corproation Service C

Property Owner

Type of Ownership
 Limited Liability Company (RA required)

Legal Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St. Alexius Medical Center	2
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	10.00
Certified Aides	4.00
Other Hlth. Profs.	5.00
Other Non-Hlth. Profs	5.00
TOTAL	26.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	81	51	132
15-44	301	394	695
45-64	770	959	1,729
65-74	584	779	1,363
75+ Yea	390	650	1,040
TOTAL	2,126	2,833	4,959

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	825	1,287	2,112
Other Public	0	0	0
Insurance	1,251	1,488	2,739
Private Pay	42	51	93
Charity Care	8	7	15
TOTAL	2,126	2,833	4,959

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
37.6%	0.0%	0.0%	60.4%	2.0%	100.0%		0%
13,795,130	0	0	22,192,288	725,121	36,712,538	13,990	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	114	32.75	85.50	118.25	1.04
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	103	47.75	77.25	125.00	1.21
Ophthalmology	2441	866.25	1,830.25	2696.50	1.10
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	528	275.50	396.00	671.50	1.27
Otolaryngology	94	34.50	58.75	93.25	0.99
Pain Management	226	40.75	79.50	120.25	0.53
Plastic Surgery	32	24.75	24.00	48.75	1.52
Podiatry	295	270.00	221.25	491.25	1.67
Thoracic	0	0.00	0.00	0.00	0.00
Urology	35	23.75	28.75	52.50	1.50
TOTAL	3868	1,616.00	2,801.25	4417.25	1.14

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	1	1091	358.5	903.7	0.83
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	1	1091	358.5	903.7	0.83

Reference Numbers	Facility Id	7003118	Number of Operating Rooms	4	
Health Service Area	007	Planning Service Area	031	Procedure Rooms	1
ILLINOIS SPORTS MEDICINE & ORTHOPEDIC SURGERY CENT			Exam Rooms	0	
9000 WAUKEGAN ROAD, SUITE 120			Number of Recovery Stations Stage 1	8	
MORTON GROVE, IL 60053			Number of Recovery Stations Stage 2	8	

Administrator	Date
LAWRENCE J. PARRISH	Completed
	2/7/2012

Registered Agent
David Raab, MD

Property Owner
9000 Waukegan LLC

Legal Owner

Type of Ownership

Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate Lutheran General Hospital	7
Northshore Univ. Health Sytem - Evanston Hospital	1
Northshore Univ. Health Sytem - Glenbrook Hospital	1
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	12.00
Certified Aides	2.50
Other Hlth. Profs.	6.00
Other Non-Hlth. Profs	4.00
TOTAL	26.50

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	10	10	20
15-44	436	384	820
45-64	645	878	1,523
65-74	339	434	773
75+ Yea	275	439	714
TOTAL	1,705	2,145	3,850

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	1	1
Medicare	510	844	1,354
Other Public	3	6	9
Insurance	1,181	1,287	2,468
Private Pay	11	7	18
Charity Care	0	0	0
TOTAL	1,705	2,145	3,850

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
10.6%	0.0%	0.4%	88.3%	0.8%	100.0%		0%
989,264	564	37,316	8,256,478	70,271	9,353,893	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1840	2,208.00	460.00	2668.00	1.45
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	353	424.00	88.00	512.00	1.45
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2193	2,632.00	548.00	3180.00	1.45

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	1	1657	552	828	0.50
TOTALS	1	1657	552	828	0.50

Reference Numbers	Facility Id	7001043	Number of Operating Rooms	4	
Health Service Area	007	Planning Service Area	031	Procedure Rooms	0
INGALLS SAME DAY SURGERY CENTER			Exam Rooms	0	
6701 W. 159TH STREET			Number of Recovery Stations Stage 1	12	
TINLEY PARK, IL 60477			Number of Recovery Stations Stage 2	4	

Administrator	Date
MARGARET VORRIER, RN	Completed
	3/9/2012

Registered Agent
Dorothy Grzadzinski

Property Owner
Ingalls Health Ventures

Legal Owner
Ingalls Health System

Type of Ownership
Limited Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Ingalls Memorial Hospital	2
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	0.00
Reg. Nurses	11.30
Certified Aides	0.00
Other Hlth. Profs.	2.60
Other Non-Hlth. Profs	6.20
TOTAL	21.10

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	53	44	97
15-44	366	440	806
45-64	590	646	1,236
65-74	315	324	639
75+ Yea	224	477	701
TOTAL	1,548	1,931	3,479

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	405	685	1,090
Other Public	0	0	0
Insurance	1,118	1,091	2,209
Private Pay	24	152	176
Charity Care	1	3	4
TOTAL	1,548	1,931	3,479

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
33.0%	0.0%	0.0%	48.1%	18.9%	100.0%		0%
1,537,075	0	0	2,242,639	878,276	4,657,990	8,789	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	6	4.50	4.00	8.50	1.42
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	114	83.00	80.00	163.00	1.43
Ophthalmology	984	566.50	689.00	1255.50	1.28
Oral/Maxillofacial	35	33.75	24.50	58.25	1.66
Orthopedic	528	577.75	422.25	1000.00	1.89
Otolaryngology	260	246.75	182.00	428.75	1.65
Pain Management	133	35.25	44.50	79.75	0.60
Plastic Surgery	196	371.50	91.50	463.00	2.36
Podiatry	270	304.00	76.00	380.00	1.41
Thoracic	0	0.00	0.00	0.00	0.00
Urology	953	796.75	317.50	1114.25	1.17
TOTAL	3479	3,019.75	1,931.25	4951.00	1.42

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7002744	Number of Operating Rooms	2	
Health Service Area	007	Planning Service Area	031	Procedure Rooms	2
JUSTICE MED-SURG CENTER			Exam Rooms	1	
9050 WEST 81ST STREET			Number of Recovery Stations Stage 1	8	
JUSTICE, IL 60458			Number of Recovery Stations Stage 2	0	

Administrator Date
 JAMES GIANFRANCISCO, M. Completed
2/7/2012

Registered Agent
 Phillip Guastella

Property Owner
 First Step Holdings LLC

Legal Owner

Type of Ownership
 Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
	5
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	4.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	14.00
Certified Aides	0.00
Other Hlth. Profs.	0.00
Other Non-Hlth. Profs	7.00
TOTAL	27.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	0	0	0	Medicaid	0	0	0
15-44	112	139	251	Medicare	232	292	524
45-64	321	380	701	Other Public	2	0	2
65-74	158	167	325	Insurance	433	525	958
75+ Yea	95	149	244	Private Pay	19	18	37
TOTAL	686	835	1,521	Charity Care	0	0	0
				TOTAL	686	835	1,521

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR						Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense	Total Net Revenue
7.2%	0.0%	0.8%	91.1%	0.9%	100.0%		0%
278,063	0	28,974	3,516,972	35,531	3,859,540	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	515	373.45	158.25	531.70	1.03
General	21	10.70	8.75	19.45	0.93
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	232	57.25	36.75	94.00	0.41
Plastic Surgery	16	9.50	6.75	16.25	1.02
Podiatry	222	289.00	101.25	390.25	1.76
Thoracic	0	0.00	0.00	0.00	0.00
Urology	24	7.00	4.75	11.75	0.49
TOTAL	1030	746.90	316.50	1063.40	1.03

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	2	491	503.5	955.75	1.95
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	2	491	503.5	955.75	1.95

Reference Numbers	Facility Id	7002181	Number of Operating Rooms	3	
Health Service Area	007	Planning Service Area	043	Procedure Rooms	0
LOYOLA AMBULATORY SURGERY CENTER AT OAKBROOK			Exam Rooms	4	
1 SO. 224 SUMMIT, SUITE 201			Number of Recovery Stations Stage 1	6	
OAKBROOK TERRACE, IL 60181			Number of Recovery Stations Stage 2	3	

Administrator Julie Bell
 Date Completed 2/23/2012

Registered Agent
 CT Corportation System

Property Owner
 Health Care Properties

Legal Owner
 Loyola Ambulatory Surgery
 Center at Oakbrook, L.P.

Type of Ownership
 Limited Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Loyola University Medical Center	0
Transfer agreements	0
Loyola University Medical Center	1
Gottlieb Memorial Hospital	0
Good Samaritan Hospital	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	7.00
Certified Aides	0.00
Other Hlth. Profs.	4.00
Other Non-Hlth. Profs	4.00
TOTAL	17.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	127	59	186	Medicaid	174	177	351
15-44	320	403	723	Medicare	165	251	416
45-64	391	541	932	Other Public	3	4	7
65-74	111	143	254	Insurance	634	739	1,373
75+ Yea	70	74	144	Private Pay	43	49	92
TOTAL	1,019	1,220	2,239	Charity Care	0	0	0
				TOTAL	1,019	1,220	2,239

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR							Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS			
8.7%	4.1%	0.0%	73.3%	13.9%	100.0%		0%	
447,108	210,589	0	3,768,150	715,790	5,141,637	0		

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	173	147.00	86.50	233.50	1.35
Gastroenterology	5	4.00	2.50	6.50	1.30
General	114	144.00	57.00	201.00	1.76
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	24	3.00	12.00	15.00	0.63
Ophthalmology	6	11.00	3.00	14.00	2.33
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1119	903.00	559.50	1462.50	1.31
Otolaryngology	27	96.00	27.00	123.00	4.56
Pain Management	443	124.00	221.50	345.50	0.78
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	327	330.00	163.50	493.50	1.51
Thoracic	0	0.00	0.00	0.00	0.00
Urology	1	1.00	0.50	1.50	1.50
TOTAL	2239	1,763.00	1,133.00	2896.00	1.29

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	928	589	1,517	Medicaid	642	577	1,219
15-44	568	753	1,321	Medicare	594	781	1,375
45-64	645	916	1,561	Other Public	4	4	8
65-74	340	413	753	Insurance	1,453	1,579	3,032
75+ Yea	273	334	607	Private Pay	26	16	42
TOTAL	2,754	3,005	5,759	Charity Care	35	48	83
				TOTAL	2,754	3,005	5,759

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR						Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS		
17.1%	7.3%	13.5%	59.1%	3.0%	100.0%		1%
2,241,000	954,000	1,775,000	7,760,000	394,000	13,124,000	142,275	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	1220	1,186.75	487.80	1674.55	1.37
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	9	8.00	3.50	11.50	1.28
OB/Gynecology	469	435.00	188.00	623.00	1.33
Ophthalmology	1125	1,166.25	450.20	1616.45	1.44
Oral/Maxillofacial	35	147.00	14.00	161.00	4.60
Orthopedic	659	977.00	263.60	1240.60	1.88
Otolaryngology	1104	1,381.75	441.80	1823.55	1.65
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	233	261.50	93.00	354.50	1.52
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	5	8.00	2.00	10.00	2.00
Urology	900	1,055.00	359.80	1414.80	1.57
TOTAL	5759	6,626.25	2,303.70	8929.95	1.55

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7001076	Number of Operating Rooms	5	
Health Service Area	007	Planning Service Area	043	Procedure Rooms	0
MIDWEST CENTER FOR DAY SURGERY			Exam Rooms	5	
3811 HIGHLAND AVENUE			Number of Recovery Stations Stage 1	8	
DOWNERS GROVE, IL 60515-9901			Number of Recovery Stations Stage 2	8	

Administrator	Date
RONALD LADNIAK	Completed
	2/29/2012

Registered Agent

Ronald Ladniak

Property Owner

Downers Grove Surgery Center

Legal Owner

Midwest Center for Day Surgery

Type of Ownership

Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate Good Samaritan, Downers Grove	12
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	0.00
Reg. Nurses	10.87
Certified Aides	0.00
Other Hlth. Profs.	4.36
Other Non-Hlth. Profs	5.50
TOTAL	20.73

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	43	45	88
15-44	256	435	691
45-64	643	853	1,496
65-74	255	362	617
75+ Yea	206	317	523
TOTAL	1,403	2,012	3,415

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	404	602	1,006
Other Public	2	3	5
Insurance	982	1,318	2,300
Private Pay	15	89	104
Charity Care	0	0	0
TOTAL	1,403	2,012	3,415

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
25.2%	0.0%	0.3%	53.2%	21.3%	100.0%		0%
1,022,978	0	10,217	2,159,273	865,297	4,057,765	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	1	1.00	0.50	1.50	1.50
Dermatology	270	468.00	234.00	702.00	2.60
Gastroenterology	648	315.00	157.50	472.50	0.73
General	61	61.00	30.50	91.50	1.50
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	24	15.00	7.50	22.50	0.94
OB/Gynecology	139	105.00	52.50	157.50	1.13
Ophthalmology	1260	589.00	294.50	883.50	0.70
Oral/Maxillofacial	491	288.00	144.00	432.00	0.88
Orthopedic	71	74.00	37.00	111.00	1.56
Otolaryngology	382	439.00	219.50	658.50	1.72
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	67	88.00	44.00	132.00	1.97
Thoracic	1	1.00	0.50	1.50	1.50
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3415	2,444.00	1,222.00	3666.00	1.07

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7003127	Number of Operating Rooms	0	
Health Service Area	007	Planning Service Area	031	Procedure Rooms	2
MIDWEST ENDOSCOPY CENTER			Exam Rooms	0	
1243 RICKERT DRIVE			Number of Recovery Stations Stage 1	0	
NAPERVILLE, IL 60540			Number of Recovery Stations Stage 2	6	

Administrator	Date
SANDEE BERNKLAU	Completed
	2/23/2012

Registered Agent
Marvin Kamensky

Property Owner

Type of Ownership
Limited Liability Company (RA required)

Legal Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Edward hospital	9
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	7.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	11.00
Certified Aides	0.00
Other Hlth. Profs.	4.00
Other Non-Hlth. Profs	1.00
TOTAL	25.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	2	1	3
15-44	511	769	1,280
45-64	1,504	1,827	3,331
65-74	409	457	866
75+ Yea	75	97	172
TOTAL	2,501	3,151	5,652

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	4	0	4
Medicare	402	548	950
Other Public	0	0	0
Insurance	2,091	2,599	4,690
Private Pay	4	4	8
Charity Care	0	0	0
TOTAL	2,501	3,151	5,652

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
8.1%	0.0%	0.0%	91.8%	0.1%	100.0%		0%
405,943	0	0	4,589,679	6,636	5,002,258	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	2	5652	1882	6121	1.08
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	2	5652	1882	6121	1.08

Reference Numbers	Facility Id	7001399	Number of Operating Rooms	2	
Health Service Area	007	Planning Service Area	031	Procedure Rooms	1
MIDWEST EYE CENTER, S.C.			Exam Rooms	1	
1700 E. WEST ROAD			Number of Recovery Stations Stage 1	1	
CALUMET CITY, IL 60409			Number of Recovery Stations Stage 2	4	

Administrator	Date
MARLENE RINELLA	Completed
	2/28/2012

Registered Agent

Alan Wischover

Property Owner

Midwest Property Enterprise LLC

Legal Owner

Type of Ownership

Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate Trinity Hospital Chicago	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	1.00
Certified Aides	2.00
Other Hlth. Profs.	3.00
Other Non-Hlth. Profs	0.00
TOTAL	9.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	10
Wednesday	8
Thursday	10
Friday	4
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	5	6	11
15-44	32	31	63
45-64	192	264	456
65-74	187	282	469
75+ Yea	174	300	474
TOTAL	590	883	1,473

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	78	120	198
Medicare	305	515	820
Other Public	0	0	0
Insurance	200	229	429
Private Pay	7	16	23
Charity Care	0	3	3
TOTAL	590	883	1,473

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
46.9%	5.9%	1.5%	44.7%	1.0%	100.0%		1%
810,249	102,687	25,891	772,709	17,547	1,729,083	9,500	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	822	462.00	428.00	890.00	1.08
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	20	30.00	10.00	40.00	2.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	842	492.00	438.00	930.00	1.10

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	1	631	157.75	420.75	0.67
Pain Management	0	0	0	0	0.00
TOTALS	1	631	157.75	420.75	0.67

Reference Numbers	Facility Id	7001787	Number of Operating Rooms	4	
Health Service Area	007	Planning Service Area	043	Procedure Rooms	1
NAPERVILLE SURGICAL CENTRE			Exam Rooms	6	
1263 RICKERT DRIVE			Number of Recovery Stations Stage 1	8	
NAPERVILLE, IL 60540-0954			Number of Recovery Stations Stage 2	8	

Administrator	Date
RONALD LADNIAK	Completed
	2/29/2012

Registered Agent

Ronald Ladniak

Property Owner

Legal Owner

Naperville Surgical Centre

Type of Ownership

Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Edward Hospital, Naperville, IL	6
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	0.00
Reg. Nurses	6.13
Certified Aides	0.00
Other Hlth. Profs.	2.32
Other Non-Hlth. Profs	4.05
TOTAL	12.50

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	71	55	126	Medicaid	0	0	0
15-44	218	214	432	Medicare	216	351	567
45-64	300	477	777	Other Public	5	3	8
65-74	136	224	360	Insurance	619	748	1,367
75+ Yea	124	163	287	Private Pay	9	31	40
TOTAL	849	1,133	1,982	Charity Care	0	0	0
				TOTAL	849	1,133	1,982

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR						Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense	Total Net Revenue
18.4%	0.0%	0.3%	79.1%	2.2%	100.0%		0%
598,061	0	10,297	2,569,384	71,480	3,249,222	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	93	123.00	61.50	184.50	1.98
Gastroenterology	0	0.00	0.00	0.00	0.00
General	15	21.00	10.50	31.50	2.10
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	192	123.00	61.50	184.50	0.96
OB/Gynecology	5	3.00	1.50	4.50	0.90
Ophthalmology	625	391.00	195.50	586.50	0.94
Oral/Maxillofacial	3	5.00	2.50	7.50	2.50
Orthopedic	849	909.00	454.50	1363.50	1.61
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	195	264.00	132.00	396.00	2.03
Thoracic	0	0.00	0.00	0.00	0.00
Urology	5	4.00	2.00	6.00	1.20
TOTAL	1982	1,843.00	921.50	2764.50	1.39

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	1	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	1	0	0	0	0.00

Reference Numbers	Facility Id	7003130	Number of Operating Rooms	3	
Health Service Area	007	Planning Service Area	031	Procedure Rooms	0
NORTH SHORE SURGICAL CENTER			Exam Rooms	0	
3725 WEST TOUHY			Number of Recovery Stations Stage 1	3	
LINCOLNWOOD, IL 60712			Number of Recovery Stations Stage 2	9	

Administrator _____ Date _____
 GARY RIPPBERGER Completed
 2/21/2012

Registered Agent
 CT CORP SYSTEM

Property Owner
 HENRY PROESEL

Legal Owner

Type of Ownership
 Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
ST. FRANCIS - EVANSTON	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	5.00
Certified Aides	0.00
Other Hlth. Profs.	4.00
Other Non-Hlth. Profs	2.00
TOTAL	13.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	4	11	15
15-44	79	114	193
45-64	194	256	450
65-74	154	300	454
75+ Yea	205	425	630
TOTAL	636	1,106	1,742

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	6	22	28
Medicare	298	649	947
Other Public	0	1	1
Insurance	319	423	742
Private Pay	13	11	24
Charity Care	0	0	0
TOTAL	636	1,106	1,742

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
55.4%	1.5%	0.1%	41.9%	1.2%	100.0%		0%
8,608,772	226,791	10,448	6,513,472	178,694	15,538,177	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	103	40.75	42.75	83.50	0.81
General	50	59.50	20.75	80.25	1.61
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	19	20.00	7.75	27.75	1.46
Ophthalmology	1247	776.00	519.50	1295.50	1.04
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	2	1.50	1.00	2.50	1.25
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	22	9.50	9.00	18.50	0.84
Plastic Surgery	8	10.00	3.25	13.25	1.66
Podiatry	280	274.25	116.50	390.75	1.40
Thoracic	0	0.00	0.00	0.00	0.00
Urology	11	7.00	4.75	11.75	1.07
TOTAL	1742	1,198.50	725.25	1923.75	1.10

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7001209	Number of Operating Rooms	10	
Health Service Area	007	Planning Service Area	031	Procedure Rooms	0
NORTHWEST COMMUNITY DAY SURGERY CENTER			Exam Rooms	0	
675 W. KIRCHOFF ROAD			Number of Recovery Stations Stage 1	11	
ARLINGTON HEIGHTS, IL 60005-2392			Number of Recovery Stations Stage 2	10	

Administrator ROXANNE MATIAS
 Date Completed 2/22/2012

Registered Agent
 Bruce Crowther

Property Owner
 N/A

Legal Owner
 Northwest Community Healthcare

Type of Ownership
 Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Northwest Community Hospital, Arlington Heights, I	30
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	38.70
Certified Aides	2.00
Other Hlth. Profs.	10.00
Other Non-Hlth. Profs	11.00
TOTAL	63.70

DAYS AND HOURS OF OPERATION

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	228	140	368	Medicaid	88	248	336
15-44	721	1,475	2,196	Medicare	921	1,473	2,394
45-64	1,046	1,826	2,872	Other Public	0	0	0
65-74	500	786	1,286	Insurance	1,931	3,201	5,132
75+ Yea	490	744	1,234	Private Pay	8	9	17
TOTAL	2,985	4,971	7,956	Charity Care	37	40	77
				TOTAL	2,985	4,971	7,956

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR						Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense	Total Net Revenue
14.9%	1.3%	0.0%	82.4%	1.4%	100.0%		1%
2,280,858	198,098	0	12,613,072	209,549	15,301,577	95,707	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	1303	1,228.00	369.00	1597.00	1.23
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	1586	1,115.00	403.00	1518.00	0.96
Ophthalmology	1750	901.00	340.00	1241.00	0.71
Oral/Maxillofacial	10	15.00	4.00	19.00	1.90
Orthopedic	2381	3,037.00	1,099.00	4136.00	1.74
Otolaryngology	527	616.00	170.00	786.00	1.49
Pain Management	68	35.00	17.00	52.00	0.76
Plastic Surgery	55	100.00	20.00	120.00	2.18
Podiatry	236	308.00	90.00	398.00	1.69
Thoracic	0	0.00	0.00	0.00	0.00
Urology	40	35.00	11.00	46.00	1.15
TOTAL	7956	7,390.00	2,523.00	9913.00	1.25

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7000920	Number of Operating Rooms	4	
Health Service Area	007	Planning Service Area	031	Procedure Rooms	0
NORTHWEST SURGICARE			Exam Rooms	0	
1100 W. CENTRAL ROAD Suite L-4			Number of Recovery Stations Stage 1	6	
ARLINGTON HEIGHTS, IL 60005-2493			Number of Recovery Stations Stage 2	8	

Administrator KAROLYNN WELU-KUECKER
 Date Completed 2/7/2012

Registered Agent
 CT Corporation System

Property Owner
 Gref

Legal Owner
 Northwest Surgicare Ltd.
 HealthSouth Corporation

Type of Ownership
 Limited Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Northwest Community Hospital	1
Alexian Brothers Medical Center	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	11.50
Certified Aides	0.00
Other Hlth. Profs.	2.60
Other Non-Hlth. Profs	7.60
TOTAL	23.70

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	24	31	55
15-44	174	298	472
45-64	366	442	808
65-74	363	583	946
75+ Yea	360	652	1,012
TOTAL	1,287	2,006	3,293

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	658	1,168	1,826
Other Public	0	0	0
Insurance	551	711	1,262
Private Pay	66	110	176
Charity Care	12	17	29
TOTAL	1,287	2,006	3,293

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
29.8%	0.0%	0.0%	64.5%	5.7%	100.0%		0%
1,405,145	0	0	3,038,842	269,346	4,713,333	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	410	126.00	205.00	331.00	0.81
General	30	13.80	15.00	28.80	0.96
Laser Eye Surgery	181	91.00	91.00	182.00	1.01
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	167	67.00	83.50	150.50	0.90
Ophthalmology	2043	745.00	1,021.50	1766.50	0.86
Oral/Maxillofacial	11	3.19	5.50	8.69	0.79
Orthopedic	25	17.95	12.50	30.45	1.22
Otolaryngology	22	13.00	11.00	24.00	1.09
Pain Management	9	4.50	4.50	9.00	1.00
Plastic Surgery	224	149.00	112.00	261.00	1.17
Podiatry	112	66.00	56.00	122.00	1.09
Thoracic	0	0.00	0.00	0.00	0.00
Urology	59	29.50	29.50	59.00	1.00
TOTAL	3293	1,325.94	1,647.00	2972.94	0.90

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7002843	Number of Operating Rooms	4	
Health Service Area	007	Planning Service Area	031	Procedure Rooms	0
NOVAMED CENTER FOR RECONSTRUCTIVE SURGERY			Exam Rooms	0	
6309 WEST 95TH STREET			Number of Recovery Stations Stage 1	14	
OAK LAWN, IL 60453			Number of Recovery Stations Stage 2	0	

Administrator Date
 JO ANN DEPERGOLA R.N. Completed
 2/22/2012

Registered Agent
 John Lawrence

Property Owner

Type of Ownership
 Limited Liability Partnership (RA required)

Legal Owner
 NovaMed Acquisition Company, Inc.
 Dr. James Schlenker

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Little Company of Mary Evergreen park Illinois	1
Palao Community Hospital Palos Heights, Illinois	1
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	0.00
Reg. Nurses	7.00
Certified Aides	2.00
Other Hlth. Profs.	8.00
Other Non-Hlth. Profs	0.00
TOTAL	18.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	4
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	7	7	14	Medicaid	29	41	70
15-44	210	129	339	Medicare	637	1,048	1,685
45-64	400	543	943	Other Public	0	0	0
65-74	313	499	812	Insurance	568	645	1,213
75+ Yea	404	681	1,085	Private Pay	100	125	225
TOTAL	1,334	1,859	3,193	Charity Care	0	0	0
				TOTAL	1,334	1,859	3,193

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR						Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense	Total Net Revenue
32.2%	1.0%	1.0%	61.0%	4.8%	100.0%		0%
1,633,533	51,699	49,686	3,091,382	242,201	5,068,501	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1865	466.50	311.00	777.50	0.42
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	659	517.50	345.00	862.50	1.31
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	598	198.25	100.00	298.25	0.50
Plastic Surgery	59	59.00	30.00	89.00	1.51
Podiatry	12	18.00	8.00	26.00	2.17
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3193	1,259.25	794.00	2053.25	0.64

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7002561	Number of Operating Rooms	2	
Health Service Area	007	Planning Service Area	031	Procedure Rooms	0
NOVAMED SURGERY CENTER OF RIVER FOREST, LLC			Exam Rooms	2	
7427 WEST LAKE STREET			Number of Recovery Stations Stage 1	2	
RIVER FOREST, IL 60305-1817			Number of Recovery Stations Stage 2	2	

Administrator Kelly Spillane, RN
 Date Completed 2/23/2012

Registered Agent
 John Lawrence

Property Owner
 HSK Partnership

Legal Owner

Type of Ownership
 Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
West Suburban Hospital, Oak Park, IL	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	1.00
Certified Aides	0.00
Other Hlth. Profs.	1.00
Other Non-Hlth. Profs	1.00
TOTAL	5.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	10
Thursday	10
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	0	0	0	Medicaid	10	17	27
15-44	25	17	42	Medicare	385	651	1,036
45-64	161	174	335	Other Public	20	41	61
65-74	191	296	487	Insurance	157	155	312
75+ Yea	251	436	687	Private Pay	48	52	100
TOTAL	628	923	1,551	Charity Care	8	7	15
				TOTAL	628	923	1,551

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR							Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS			
71.4%	1.9%	0.0%	21.4%	5.3%	100.0%		3%	
1,411,973	38,304	0	423,658	104,268	1,978,203	53,686		

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	130	65.00	32.50	97.50	0.75
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1401	462.25	350.00	812.25	0.58
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	20	50.00	12.00	62.00	3.10
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1551	577.25	394.50	971.75	0.63

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7001548	Number of Operating Rooms	4	
Health Service Area	007	Planning Service Area	043	Procedure Rooms	0
OAK BROOK SURGICAL CENTRE, THE			Exam Rooms	1	
2425 W. 22ND STREET, STE. 101			Number of Recovery Stations Stage 1	8	
OAKBROOK, IL 60523			Number of Recovery Stations Stage 2	8	

Administrator	Date
Ali Nili	Completed
	3/6/2012

Registered Agent
Paul A. Gilman

Property Owner

Type of Ownership
Corporation (RA required)

Legal Owner
Dr. K. Jafari, MD.

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Good Samaritan Hospital, Downers Grove	5
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	2.00
Nurse Anesthetists	0.00
Dir. of Nurses	0.33
Reg. Nurses	13.00
Certified Aides	5.00
Other Hlth. Profs.	5.00
Other Non-Hlth. Profs	9.00
TOTAL	35.33

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	7
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	77	68	145
15-44	401	1,102	1,503
45-64	443	943	1,386
65-74	94	192	286
75+ Yea	63	122	185
TOTAL	1,078	2,427	3,505

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	3	15	18
Medicare	133	328	461
Other Public Insurance	0	0	0
Private Pay	846	1,768	2,614
Charity Care	96	316	412
Charity Care	0	0	0
TOTAL	1,078	2,427	3,505

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
2.5%	0.1%	0.0%	88.8%	8.7%	100.0%		0%
448,376	20,829	0	16,203,034	1,584,413	18,256,652	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	111	285.50	32.25	317.75	2.86
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	150	53.00	38.00	91.00	0.61
OB/Gynecology	629	752.75	369.50	1122.25	1.78
Ophthalmology	60	56.50	14.25	70.75	1.18
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	205	238.25	59.50	297.75	1.45
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	1087	257.25	276.50	533.75	0.49
Plastic Surgery	315	551.25	157.50	708.75	2.25
Podiatry	889	1,047.50	260.75	1308.25	1.47
Thoracic	0	0.00	0.00	0.00	0.00
Urology	59	64.25	14.00	78.25	1.33
TOTAL	3505	3,306.25	1,222.25	4528.50	1.29

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7002603	Number of Operating Rooms	0	
Health Service Area	007	Planning Service Area	031	Procedure Rooms	2
OAK LAWN ENDOSCOPY			Exam Rooms	0	
9921 SOUTHWEST HIGHWAY			Number of Recovery Stations Stage 1	6	
OAK LAWN, IL 60453-3767			Number of Recovery Stations Stage 2	2	

Administrator	Date
WAYNE LUE, MD	Completed
	2/20/2012

Registered Agent

Steven Harris

Property Owner

Type of Ownership

Limited Liability Company (RA required)

Legal Owner

- Vincent Muscarello,MD
- Thomas Arndt,MD
- Stephen Sittler,MD
- Samir Patel,MD
- Jeffrey Port,MD
- Douglas Lee,MD
- Charles Berkelhammer,MD
- Brian Blumenstein,MD

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate Christ Medical Center	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	0.00
Reg. Nurses	6.00
Certified Aides	0.00
Other Hlth. Profs.	0.00
Other Non-Hlth. Profs	2.00
TOTAL	8.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	8
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	0	2	2
15-44	330	441	771
45-64	1,152	1,656	2,808
65-74	328	520	848
75+ Yea	158	242	400
TOTAL	1,968	2,861	4,829

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	3	3
Medicare	401	641	1,042
Other Public	0	0	0
Insurance	1,486	2,140	3,626
Private Pay	79	76	155
Charity Care	2	1	3
TOTAL	1,968	2,861	4,829

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
12.3%	0.0%	0.0%	79.1%	8.6%	100.0%		0%
394,762	283	0	2,543,422	278,181	3,216,649	1,200	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	2	4829	2209	3817	0.79
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	2	4829	2209	3817	0.79

Reference Numbers	Facility Id	7002553	Number of Operating Rooms	5	
Health Service Area	007	Planning Service Area	031	Procedure Rooms	0
ORLAND PARK SURGICAL CENTER, LLC			Exam Rooms	0	
9550 WEST 167TH STREET			Number of Recovery Stations Stage 1	0	
ORLAND PARK, IL 60467			Number of Recovery Stations Stage 2	0	

Administrator	Date
Erika Horstmann	Completed
	2/27/2012

Registered Agent
BRIDGET GIBBONS

Property Owner
Advocate Medical Group

Legal Owner
Silver Cross Hospital
Scott Glaser MD
Phillip Kooiker MD

Parkview Musculoskel
Neeraj Jain MD
Midwest Physicians Group
Kevin O'Connor DPM
Jerry Chow MD
Henry Fuentes
Eligius Lelis MD

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
SILVER CROSS HOSPITAL NEW LENOX IL	0
SOUTH SUBURBAN HOSPITAL	1
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	9.80
Certified Aides	0.50
Other Hlth. Profs.	3.00
Other Non-Hlth. Profs	4.00
TOTAL	18.30

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	33	20	53
15-44	270	303	573
45-64	630	766	1,396
65-74	240	392	632
75+ Yea	133	323	456
TOTAL	1,306	1,804	3,110

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	27	33	60
Medicare	414	801	1,215
Other Public	1	6	7
Insurance	856	958	1,814
Private Pay	8	4	12
Charity Care	0	2	2
TOTAL	1,306	1,804	3,110

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
26.8%	0.7%	0.0%	72.5%	0.0%	100.0%		0%
959,558	26,290	0	2,600,518	0	3,586,366	11,924	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	786	334.00	393.00	727.00	0.92
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	11	4.25	5.50	9.75	0.89
Ophthalmology	543	124.25	271.50	395.75	0.73
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	465	259.75	232.50	492.25	1.06
Otolaryngology	48	20.00	24.00	44.00	0.92
Pain Management	1159	136.50	579.50	716.00	0.62
Plastic Surgery	69	20.75	34.50	55.25	0.80
Podiatry	3	2.50	1.50	4.00	1.33
Thoracic	0	0.00	0.00	0.00	0.00
Urology	26	13.00	13.00	26.00	1.00
TOTAL	3110	915.00	1,555.00	2470.00	0.79

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7002470	Number of Operating Rooms	3	
Health Service Area	007	Planning Service Area	031	Procedure Rooms	2
PALOS SURGICENTER, LLC			Exam Rooms	0	
7340 W. COLLEGE DRIVE			Number of Recovery Stations Stage 1	6	
PALOS HEIGHTS, IL 60463			Number of Recovery Stations Stage 2	6	

Administrator	Date
THOMAS HOLECEK	Completed
	2/20/2012

Registered Agent
The St. George Corp

Property Owner

Type of Ownership
Corporation (RA required)

Legal Owner
ST. GEORGE CORP

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Palos Community Hospital	7
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	17.00
Certified Aides	1.00
Other Hlth. Profs.	11.00
Other Non-Hlth. Profs	8.00
TOTAL	40.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	8	3	11	Medicaid	0	0	0
15-44	275	224	499	Medicare	894	1,516	2,410
45-64	706	836	1,542	Other Public	0	0	0
65-74	401	671	1,072	Insurance	992	1,055	2,047
75+ Yea	504	840	1,344	Private Pay	8	3	11
TOTAL	1,894	2,574	4,468	Charity Care	0	0	0
				TOTAL	1,894	2,574	4,468

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR						Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense	Total Net Revenue
28.5%	0.0%	0.0%	71.2%	0.3%	100.0%		0%
1,706,387	0	0	4,261,995	20,696	5,989,077	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	42	2.15	4.30	6.45	0.15
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1242	310.15	99.51	409.66	0.33
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	480	480.15	200.30	680.45	1.42
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	1328	332.15	132.30	464.45	0.35
Plastic Surgery	155	155.15	30.30	185.45	1.20
Podiatry	43	43.15	12.30	55.45	1.29
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3290	1,322.90	479.01	1801.91	0.55

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	2	1178	589.15	745.6	0.63
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	2	1178	589.15	745.6	0.63

Reference Numbers	Facility Id	7003080	Number of Operating Rooms	3	
Health Service Area	007	Planning Service Area	031	Procedure Rooms	1
RAVINE WAY SURGERY CENTER, LLC			Exam Rooms	0	
2350 RAVINE WAY, Suite 500			Number of Recovery Stations Stage 1	6	
GLENVIEW, IL 60025			Number of Recovery Stations Stage 2	8	

Administrator	Date
MELODY WINTER-JABECK	Completed
	2/24/2012

Registered Agent
CT Corporation System

Property Owner
Glenview Ravine Way, LLC

Legal Owner

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
NorthShore University Health Systems	9
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	10.21
Certified Aides	0.00
Other Hlth. Profs.	4.00
Other Non-Hlth. Profs	4.80
TOTAL	21.01

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	5	6	11	Medicaid	2	4	6
15-44	339	215	554	Medicare	117	182	299
45-64	400	465	865	Other Public	1	2	3
65-74	107	139	246	Insurance	766	712	1,478
75+ Yea	40	83	123	Private Pay	5	8	13
TOTAL	891	908	1,799	Charity Care	0	0	0
				TOTAL	891	908	1,799

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR						Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense	Total Net Revenue
10.1%	0.3%	0.2%	88.6%	0.8%	100.0%		0%
2,956,944	87,666	56,573	25,807,929	227,391	29,136,504	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1799	2,292.00	432.00	2724.00	1.51
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1799	2,292.00	432.00	2724.00	1.51

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	1	0	0	0	0.00
TOTALS	1	0	0	0	0.00

Reference Numbers	Facility Id	7001803	Number of Operating Rooms	3	
Health Service Area	007	Planning Service Area	031	Procedure Rooms	0
REGENERATIVE SURGICAL CENTER			Exam Rooms	3	
1455 GOLF ROAD			Number of Recovery Stations Stage 1	5	
DES PLAINES, IL 60016-1253			Number of Recovery Stations Stage 2	4	

Administrator Date
 LOWELL SCOTT WEIL SR Completed
2/28/2012

Registered Agent
 Lowell Scott Weil Sr

Property Owner
 Kerry Levin

Legal Owner
 Wendy Benton-Weil
 Lowell Weil Jr., DPM
 Lowell Scott Weil, DPM

Type of Ownership
 Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Northwest Community Hospital, Arlington Heights, I	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	2.00
Certified Aides	0.00
Other Hlth. Profs.	1.00
Other Non-Hlth. Profs	5.00
TOTAL	11.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	5
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	8	20	28	Medicaid	9	24	33
15-44	78	215	293	Medicare	47	133	180
45-64	95	381	476	Other Public	0	0	0
65-74	32	109	141	Insurance	165	601	766
75+ Yea	14	39	53	Private Pay	6	6	12
TOTAL	227	764	991	Charity Care	0	0	0
				TOTAL	227	764	991

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR							Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS			
12.2%	0.8%	0.5%	72.1%	14.4%	100.0%		0%	
253,804	16,974	11,120	1,501,347	300,208	2,083,453	0		

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	67	56.75	27.75	84.50	1.26
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	924	556.50	385.00	941.50	1.02
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	991	613.25	412.75	1026.00	1.04

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7003159	Number of Operating Rooms	3	
Health Service Area	007	Planning Service Area	031	Procedure Rooms	0
SOUTHWESTERN MEDICAL CENTER, LLC			Exam Rooms	1	
7456 SOUTH STATE ROAD, 3RD FLOOR			Number of Recovery Stations Stage 1	22	
BEDFORD PARK, IL 60638			Number of Recovery Stations Stage 2	22	

Administrator _____ Date _____
 KENNY BOZORGI, M.D., CAS Completed
 2/28/2012

Registered Agent
 McGuire Woods, LLP

Property Owner
 Bedford Med, LLC

Legal Owner

Type of Ownership
 Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Little Company of Mary, Evergreen Park	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	3.00
Certified Aides	3.00
Other Hlth. Profs.	2.50
Other Non-Hlth. Profs	4.00
TOTAL	14.50

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	4
Sunday	0

FACILITY NOTES

07-090 6/28/2011
 Replacement facility licensed in a
 different city and HSA.

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	3	5	8
15-44	93	232	325
45-64	252	437	689
65-74	229	519	748
75+ Yea	358	694	1,052
TOTAL	935	1,887	2,822

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	16	78	94
Medicare	485	1,000	1,485
Other Public Insurance	38	111	149
Private Pay	14	7	21
Charity Care	3	1	4
TOTAL	935	1,887	2,822

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
40.7%	0.1%	0.0%	58.2%	1.0%	100.0%		0%
1,399,459	2,316	0	2,000,425	36,006	3,438,206	4,572	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	102	25.50	56.50	82.00	0.80
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	131	102.50	72.75	175.25	1.34
Ophthalmology	1802	982.50	637.50	1620.00	0.90
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	283	189.25	156.75	346.00	1.22
Otolaryngology	1	3.00	1.00	4.00	4.00
Pain Management	408	111.25	136.00	247.25	0.61
Plastic Surgery	3	2.75	2.75	5.50	1.83
Podiatry	78	112.50	43.25	155.75	2.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	14	7.00	8.00	15.00	1.07
TOTAL	2822	1,536.25	1,114.50	2650.75	0.94

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	222	343	565	Medicaid	42	63	105
15-44	743	922	1,665	Medicare	710	1,262	1,972
45-64	922	1,143	2,065	Other Public	110	120	230
65-74	542	870	1,412	Insurance	1,609	2,041	3,650
75+ Yea	279	462	741	Private Pay	210	220	430
TOTAL	2,708	3,740	6,448	Charity Care	27	34	61
				TOTAL	2,708	3,740	6,448

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR						Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense	Total Net Revenue
6.9%	0.2%	1.0%	86.2%	5.7%	100.0%		0%
788,000	21,000	115,000	9,792,009	645,000	11,361,009	30,000	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	64	68.50	10.00	78.50	1.23
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	287	170.50	41.50	212.00	0.74
Ophthalmology	1453	767.50	196.25	963.75	0.66
Oral/Maxillofacial	25	28.50	3.25	31.75	1.27
Orthopedic	424	559.75	80.75	640.50	1.51
Otolaryngology	1012	799.50	174.00	973.50	0.96
Pain Management	942	500.75	152.50	653.25	0.69
Plastic Surgery	295	603.50	48.75	652.25	2.21
Podiatry	388	418.50	67.50	486.00	1.25
Thoracic	0	0.00	0.00	0.00	0.00
Urology	64	45.75	11.25	57.00	0.89
TOTAL	4954	3,962.75	785.75	4748.50	0.96

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	3	1410	740.25	214	954.25
Laser Eye	1	84	47.25	14	61.25
Pain Management	0	0	0	0	0.00
TOTALS	4	1494	787.5	228	1015.5

Reference Numbers	Facility Id	7002892	Number of Operating Rooms	0	
Health Service Area	007	Planning Service Area	031	Procedure Rooms	3
THE GLEN ENDOSCOPY CENTER			Exam Rooms	0	
2551 COMPASS ROAD, SUITE 115			Number of Recovery Stations Stage 1	6	
GLENVIEW, IL 60026			Number of Recovery Stations Stage 2	0	

Administrator	Date
RONALD BLOOM, MD	Completed
	2/28/2012

Registered Agent
Jeffrey M. Jacobs, MD

Property Owner
aug Five, L.P. c/o Titan Development Company

Legal Owner
W. Reid Glaws

Ronald Bloom

Leela Prasad

Karen Sable

John Vainder

Jeffrey Jacobs

Jan Faibisoff

Douglas Adler

Alan Shapiro

And Others

Type of Ownership

Limited Liability Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Glenbrook Hospital, Glenview	2
Luthern General, Park Ridge	2
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	3.00
Certified Aides	0.00
Other Hlth. Profs.	3.00
Other Non-Hlth. Profs	2.00
TOTAL	9.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	0	0	0	Medicaid	13	27	40
15-44	196	270	466	Medicare	493	659	1,152
45-64	968	1,119	2,087	Other Public	0	0	0
65-74	380	456	836	Insurance	1,234	1,403	2,637
75+ Yea	210	259	469	Private Pay	14	15	29
TOTAL	1,754	2,104	3,858	Charity Care	0	0	0
				TOTAL	1,754	2,104	3,858

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR						Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense	Total Net Revenue
30.9%	1.2%	0.0%	51.3%	16.6%	100.0%		0%
1,086,559	43,561	0	1,800,745	582,099	3,512,964	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		PREP and CLEAN-UP TIME (HOURS)	TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)			
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	3	3858	2656	624	3280	0.85
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	3	3858	2656	624	3280	0.85

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	341	227	568
15-44	428	677	1,105
45-64	651	958	1,609
65-74	262	385	647
75+ Yea	234	357	591
TOTAL	1,916	2,604	4,520

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	386	647	1,033
Other Public	1	3	4
Insurance	1,498	1,902	3,400
Private Pay	31	52	83
Charity Care	0	0	0
TOTAL	1,916	2,604	4,520

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
65.8%	0.0%	0.1%	31.2%	3.0%	100.0%		0%
4,303,050	0	3,958	2,038,089	196,160	6,541,257	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	6	4.00	2.00	6.00	1.00
Dermatology	285	391.00	195.50	586.50	2.06
Gastroenterology	0	0.00	0.00	0.00	0.00
General	219	212.00	106.00	318.00	1.45
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	597	311.00	155.50	466.50	0.78
OB/Gynecology	321	257.00	128.50	385.50	1.20
Ophthalmology	1008	665.00	332.50	997.50	0.99
Oral/Maxillofacial	411	440.00	220.00	660.00	1.61
Orthopedic	777	803.00	401.50	1204.50	1.55
Otolaryngology	240	126.00	63.00	189.00	0.79
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	137	193.00	96.50	289.50	2.11
Thoracic	4	4.00	2.00	6.00	1.50
Urology	23	19.00	9.50	28.50	1.24
TOTAL	4028	3,425.00	1,712.50	5137.50	1.28

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	1	492	384	576	1.17
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	1	492	384	576	1.17

Reference Numbers	Facility Id	7003158	Number of Operating Rooms	1	
Health Service Area	007	Planning Service Area	031	Procedure Rooms	0
UNITED UROLOGY CENTERS, LLC			Exam Rooms	0	
120 NORTH LA GRANGE ROAD			Number of Recovery Stations Stage 1	2	
LA GRANGE, IL 60525			Number of Recovery Stations Stage 2	2	

Administrator	Date
F.Bruce Cohen	Completed
	2/24/2012

Registered Agent

Property Owner
Kidney Stone Real Estate

Legal Owner

Type of Ownership
Other Not For Profit Ownership

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
LaGrange Memorial Hospital	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	0.00
Reg. Nurses	3.00
Certified Aides	2.00
Other Hlth. Profs.	2.00
Other Non-Hlth. Profs	2.00
TOTAL	10.00

DAYS AND HOURS OF OPERATION

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	5
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	0	0	0	Medicaid	1	5	6
15-44	59	52	111	Medicare	21	10	31
45-64	124	104	228	Other Public	0	0	0
65-74	37	14	51	Insurance	200	154	354
75+ Yea	18	11	29	Private Pay	15	11	26
TOTAL	238	181	419	Charity Care	1	1	2
				TOTAL	238	181	419

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR						Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense	Total Net Revenue
2.3%	0.0%	0.0%	84.1%	13.6%	100.0%		0%
30,108	0	0	1,079,000	174,246	1,283,354	597	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	419	628.50	209.50	838.00	2.00
TOTAL	419	628.50	209.50	838.00	2.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7002587	Number of Operating Rooms	4	
Health Service Area	007	Planning Service Area	043	Procedure Rooms	0
WESTMONT SURGERY CENTER			Exam Rooms	6	
530 NORTH CASS AVENUE			Number of Recovery Stations Stage 1	8	
WESTMONT, IL 60559-9952			Number of Recovery Stations Stage 2	8	

Administrator	Date
RONALD LADNIAK	Completed
	2/29/2012

Registered Agent

Ronald Ladniak

Property Owner

GM Property

Legal Owner

Westmont Surgery Center dba Salt Creek Surgery Cen

Type of Ownership

Limited Liability Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Good Samaritan Hospital, Downers Grove, IL	2
Hinsdale Hospital, Hinsdale, IL	2
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	0.00
Reg. Nurses	14.00
Certified Aides	1.00
Other Hlth. Profs.	3.15
Other Non-Hlth. Profs	5.00
TOTAL	23.15

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	51	58	109
15-44	635	401	1,036
45-64	803	921	1,724
65-74	182	295	477
75+ Yea	122	235	357
TOTAL	1,793	1,910	3,703

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	271	527	798
Other Public	3	7	10
Insurance	1,511	1,372	2,883
Private Pay	8	4	12
Charity Care	0	0	0
TOTAL	1,793	1,910	3,703

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
9.2%	0.0%	0.2%	90.1%	0.5%	100.0%		0%
604,151	0	11,786	5,882,228	33,622	6,531,787	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	77	44.00	22.00	66.00	0.86
Gastroenterology	0	0.00	0.00	0.00	0.00
General	5	1.00	0.50	1.50	0.30
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	1535	471.00	235.50	706.50	0.46
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1877	1,750.00	875.00	2625.00	1.40
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	209	203.00	101.50	304.50	1.46
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3703	2,469.00	1,234.50	3703.50	1.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7002579	Number of Operating Rooms	3	
Health Service Area	008	Planning Service Area	097	Procedure Rooms	1
ALGONQUIN ROAD SURGERY CENTER, LLC			Exam Rooms	0	
2550 ALGONQUIN ROAD			Number of Recovery Stations Stage 1	6	
LAKE IN THE HILLS, IL 60156			Number of Recovery Stations Stage 2	6	

Administrator Lori Callahan
 Date Completed 3/1/2012

Registered Agent
 Lori Callahan

Property Owner
 ARSC Real Estate Holdings LLC

Legal Owner
 SHERMAN HOSPITAL
 CENTEGRA HEALTH
 ARSC PHYSICIAN HOLDINGS

Type of Ownership
 Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Sherman Hospital, Elgin	4
Centegra Memorial Hospital, Woodstock	0
Centegra NIMC, McHenry	0
St. Joseph Hospital, Elgin	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	0.00
Reg. Nurses	9.60
Certified Aides	0.00
Other Hlth. Profs.	1.00
Other Non-Hlth. Profs	5.00
TOTAL	16.60

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	116	108	224
15-44	376	457	833
45-64	457	634	1,091
65-74	155	214	369
75+ Yea	108	115	223
TOTAL	1,212	1,528	2,740

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	14	12	26
Medicare	227	292	519
Other Public	0	0	0
Insurance	959	1,191	2,150
Private Pay	12	33	45
Charity Care	0	0	0
TOTAL	1,212	1,528	2,740

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
10.5%	0.0%	0.0%	88.7%	0.8%	100.0%		0%
643,424	1	0	5,441,129	48,983	6,133,537	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	125	54.10	37.60	91.70	0.73
Ophthalmology	21	17.00	6.40	23.40	1.11
Oral/Maxillofacial	25	16.40	7.60	24.00	0.96
Orthopedic	1090	474.00	327.00	801.00	0.73
Otolaryngology	310	138.00	93.00	231.00	0.75
Pain Management	312	62.40	93.60	156.00	0.50
Plastic Surgery	30	25.50	9.00	34.50	1.15
Podiatry	112	65.60	33.60	99.20	0.89
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2025	853.00	607.80	1460.80	0.72

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	1	715	285.4	392.6	0.55
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	1	715	285.4	392.6	0.55

Reference Numbers	Facility Id	7002611	Number of Operating Rooms	2	
Health Service Area	008	Planning Service Area	089	Procedure Rooms	0
CASTLE SURGICENTER, LLC			Exam Rooms	0	
2111 OGDEN AVENUE			Number of Recovery Stations Stage 1	3	
AURORA, IL 60504-7597			Number of Recovery Stations Stage 2	7	

Administrator	Date
DONNA L. WILSON	Completed
	2/17/2012

Registered Agent
Suresh Velagapudi

Property Owner
TPSS, LLC

Legal Owner
Thomas R. Huberty M.D.
Thomas J. McGivney M.D.
Suresh Velagapudi M.D.
Steven A. Marciniak M.D.
Scott M. O'Connor M.D.
Paul F. Witt M.D.

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Rush-Copley Medical Center	1
Provena Mercy Medical Center	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.50
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	5.00
Certified Aides	0.00
Other Hlth. Profs.	1.00
Other Non-Hlth. Profs	1.50
TOTAL	9.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	12	6	18
15-44	204	163	367
45-64	270	265	535
65-74	101	147	248
75+ Yea	71	168	239
TOTAL	658	749	1,407

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	1	2	3
Medicare	171	334	505
Other Public Insurance	0	0	0
Private Pay	482	413	895
Charity Care	1	0	1
Charity Care	3	0	3
TOTAL	658	749	1,407

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
6.0%	0.1%	0.0%	93.6%	0.3%	100.0%		0%
202,636	2,022	0	3,148,655	11,583	3,364,895	1,500	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	719	720.00	374.00	1094.00	1.52
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	637	306.50	210.00	516.50	0.81
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	51	65.00	38.00	103.00	2.02
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1407	1,091.50	622.00	1713.50	1.22

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7001779	Number of Operating Rooms	4	
Health Service Area	008	Planning Service Area	089	Procedure Rooms	6
DREYER AMBULATORY SURGERY CENTER			Exam Rooms	0	
1221 N. HIGHLAND AVENUE			Number of Recovery Stations Stage 1	5	
AURORA, IL 60506			Number of Recovery Stations Stage 2	27	

Administrator DONNA COOPER
 Date Completed 2/28/2012

Registered Agent

Property Owner

Legal Owner

Provena Medical Center
 Dreyer Clinic, Inc.

Type of Ownership

Other Not For Profit Ownership

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Provena Mercy Medical Center	8
Rush Copley	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	3.00
Reg. Nurses	25.00
Certified Aides	4.30
Other Hlth. Profs.	11.10
Other Non-Hlth. Profs	11.50
TOTAL	55.90

DAYS AND HOURS OF OPERATION

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	335	240	575
15-44	739	871	1,610
45-64	2,076	2,412	4,488
65-74	983	1,092	2,075
75+ Yea	598	822	1,420
TOTAL	4,731	5,437	10,168

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	1,381	1,841	3,222
Other Public	3,343	3,588	6,931
Insurance	0	0	0
Private Pay	7	8	15
Charity Care	0	0	0
TOTAL	4,731	5,437	10,168

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
17.7%	0.0%	0.0%	82.2%	0.1%	100.0%		0%
1,918,542	0	0	8,915,116	9,812	10,843,470	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	540	305.00	217.75	522.75	0.97
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	13	4.75	5.75	10.50	0.81
Ophthalmology	842	212.00	166.25	378.25	0.45
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	651	392.25	296.50	688.75	1.06
Otolaryngology	878	310.50	277.50	588.00	0.67
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	133	93.25	48.00	141.25	1.06
Thoracic	27	9.25	7.50	16.75	0.62
Urology	218	95.50	92.00	187.50	0.86
TOTAL	3302	1,422.50	1,111.25	2533.75	0.77

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	4	5408	3003	1059.75	0.75
Laser Eye	1	150	13.25	13.25	0.09
Pain Management	1	1308	273.25	273.25	0.21
TOTALS	6	6866	3289.5	1059.75	0.63

Reference Numbers	Facility Id	7003015	Number of Operating Rooms	0	
Health Service Area	008	Planning Service Area	089	Procedure Rooms	2
ELGIN GASTROENTEROLOGY ENDOSCOPY CENTER, LLC			Exam Rooms	0	
745 FLETCHER DRIVE, 2ND FLR.			Number of Recovery Stations Stage 1	8	
ELGIN, IL 60123			Number of Recovery Stations Stage 2	0	

Administrator JOANN DEMUTH
 Date Completed 2/29/2012

Registered Agent
 Lawrence Kosinski

Property Owner

Type of Ownership
 Limited Liability Company (RA required)

Legal Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Provena Saint Joseph Elgin, Illinois 60123	0
Sherman Elgin, Illinois 69123	2
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	6.40
Certified Aides	0.00
Other Hlth. Profs.	3.20
Other Non-Hlth. Profs	1.00
TOTAL	12.60

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	0	0	0	Medicaid	0	0	0
15-44	222	244	466	Medicare	426	457	883
45-64	891	887	1,778	Other Public	0	0	0
65-74	348	363	711	Insurance	1,139	1,132	2,271
75+ Yea	137	132	269	Private Pay	32	35	67
TOTAL	1,598	1,626	3,224	Charity Care	1	2	3
				TOTAL	1,598	1,626	3,224

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR							Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS			
10.3%	0.0%	0.0%	89.4%	0.3%	100.0%		0%	
312,148	0	0	2,711,892	7,982	3,032,022	2,998		

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	2	3224	2418	3761	1.17
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	2	3224	2418	3761	1.17

Reference Numbers	Facility Id	7002165	Number of Operating Rooms	4	
Health Service Area	008	Planning Service Area	089	Procedure Rooms	0
FOX VALLEY ORTHOPAEDIC INSTITUTE			Exam Rooms	0	
2525 KANEVILLE ROAD			Number of Recovery Stations Stage 1	7	
GENEVA, IL 60134			Number of Recovery Stations Stage 2	7	

Administrator	Date
MARY O'BRIEN, MBA, CMPE	Completed
	2/10/2012

Registered Agent
Fox Valley Orthopaedic Associa

Property Owner
Kaneville Road Joint Venture

Legal Owner
Timothy S. Petsche, MD
Thomas A. Atkins, MD
Rodney W. Rieger, MD
Laura M. Lemke, MD
Kevan E. Ketterling, MD
Jeffrey W. Grosskopf, MD
Eric K. Bartel, MD
David R. Morawski, MD
Craig M. Torosian, MD
Craig A. Popp, MD

Type of Ownership
Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Delnor Community Hospital	4
	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	0.00
Reg. Nurses	13.00
Certified Aides	0.00
Other Hlth. Profs.	5.50
Other Non-Hlth. Profs	4.00
TOTAL	23.50

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	33	47	80
15-44	418	303	721
45-64	646	659	1,305
65-74	157	243	400
75+ Yea	107	184	291
TOTAL	1,361	1,436	2,797

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	92	99	191
Other Public	1	5	6
Insurance	1,182	1,239	2,421
Private Pay	77	83	160
Charity Care	9	10	19
TOTAL	1,361	1,436	2,797

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
6.9%	0.0%	0.0%	87.3%	5.8%	100.0%		1%
424,127	0	1,333	5,393,348	355,615	6,174,423	43,969	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1883	2,824.50	640.25	3464.75	1.84
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	914	301.50	228.25	529.75	0.58
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2797	3,126.00	868.50	3994.50	1.43

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7003031	Number of Operating Rooms	1	
Health Service Area	008	Planning Service Area	097	Procedure Rooms	0
GRAND OAKS SURGICAL CENTER, S.C.			Exam Rooms	0	
1800 HOLLISTER DRIVE			Number of Recovery Stations Stage 1	2	
LIBERTYVILLE, IL 60048			Number of Recovery Stations Stage 2	1	

Administrator Date
 LINDA BUTLER Completed
2/22/2012

Registered Agent
 Erica Heyl

Property Owner
 Hollister Incorporated

Legal Owner

Type of Ownership
 Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate Condell Medical Center Liberty	0
Vista Medical Center Waukegan, IL	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	0.00
Reg. Nurses	0.00
Certified Aides	0.00
Other Hlth. Profs.	1.00
Other Non-Hlth. Profs	0.00
TOTAL	2.00

DAYS AND HOURS OF OPERATION

Monday	6
Tuesday	6
Wednesday	0
Thursday	6
Friday	0
Saturday	0
Sunday	0

FACILITY NOTES

03-054 3/16/2011
 Facility licensed for operation.

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	0	0	0	Medicaid	0	0	0
15-44	19	54	73	Medicare	0	0	0
45-64	23	119	142	Other Public	0	0	0
65-74	2	1	3	Insurance	41	165	206
75+ Yea	0	0	0	Private Pay	0	0	0
TOTAL	44	174	218	Charity Care	3	9	12
				TOTAL	44	174	218

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR							Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS			
0.0%	0.0%	0.0%	100.0%	0.0%	100.0%		5%	
0	0	0	1,081,893	0	1,081,893	54,200		

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	218	119.75	101.50	221.25	1.01
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	218	119.75	101.50	221.25	1.01

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7001795	Number of Operating Rooms	3	
Health Service Area	008	Planning Service Area	097	Procedure Rooms	0
HAWTHORN SURGERY CENTER			Exam Rooms	4	
1900 HOLLISTER DRIVE, STE. 100			Number of Recovery Stations Stage 1	3	
LIBERTYVILLE, IL 60048			Number of Recovery Stations Stage 2	6	

Administrator	Date
JULIE BELL, RN	Completed
	2/23/2012

Registered Agent

CT Corporation

Property Owner

Hollister/LJ Sheridan

Legal Owner

OrthoPod, LLC.

HealthSouth Corporation

Type of Ownership

Limited Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
ADVOCATE CONDELL MEDICAL CENTER	1
NORTHWESTERN LAKE FOREST HOSPITAL	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	11.00
Certified Aides	0.00
Other Hlth. Profs.	3.00
Other Non-Hlth. Profs	4.00
TOTAL	20.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	59	43	102	Medicaid	0	0	0
15-44	604	455	1,059	Medicare	121	173	294
45-64	709	854	1,563	Other Public	0	0	0
65-74	118	141	259	Insurance	1,389	1,358	2,747
75+ Yea	31	42	73	Private Pay	11	4	15
TOTAL	1,521	1,535	3,056	Charity Care	0	0	0
				TOTAL	1,521	1,535	3,056

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR						Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense	Total Net Revenue
3.0%	0.0%	1.4%	59.4%	36.2%	100.0%		0%
273,777	0	128,913	5,426,306	3,308,379	9,137,375	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	40	15.00	30.00	45.00	1.13
Gastroenterology	0	0.00	0.00	0.00	0.00
General	12	2.00	9.00	11.00	0.92
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	506	131.00	379.50	510.50	1.01
OB/Gynecology	3	1.00	2.25	3.25	1.08
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	23	24.00	17.25	41.25	1.79
Orthopedic	2306	1,465.00	1,729.50	3194.50	1.39
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	166	105.00	124.50	229.50	1.38
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3056	1,743.00	2,292.00	4035.00	1.32

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7003149	Number of Operating Rooms	0	
Health Service Area	008	Planning Service Area	097	Procedure Rooms	2
LAKE FOREST ENDOSCOPY CENTER, LLC			Exam Rooms	0	
1475 EAST BELVIDERE ROAD, STE. 303			Number of Recovery Stations Stage 1	3	
GRAYSLAKE, IL 60030			Number of Recovery Stations Stage 2	0	

Administrator	Date
ALEXANDER TOSIOU	Completed
	2/27/2012

Registered Agent

Lynn Gordon

Property Owner

Lake Forest Hospital Outpatient

Legal Owner

Type of Ownership

Limited Liability Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	3.00
Certified Aides	0.00
Other Hlth. Profs.	2.00
Other Non-Hlth. Profs	2.00
TOTAL	8.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	168	341	509
45-64	774	1,050	1,824
65-74	260	316	576
75+ Yea	59	118	177
TOTAL	1,261	1,825	3,086

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	3	1	4
Medicare	252	407	659
Other Public	0	0	0
Insurance	1,003	1,414	2,417
Private Pay	3	3	6
Charity Care	0	0	0
TOTAL	1,261	1,825	3,086

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
17.0%	0.1%	0.1%	82.9%	0.0%	100.0%		0%
445,901	1,709	2,602	2,178,922	0	2,629,134	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	2	3086	546	2206	0.71
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	2	3086	546	2206	0.71

Reference Numbers	Facility Id	7003156	Number of Operating Rooms	4	
Health Service Area	008	Planning Service Area	097	Procedure Rooms	0
NORTHWESTERN GRAYSLAKE SURGERY CENTER			Exam Rooms	0	
1475 EAST BELVIDERE ROAD			Number of Recovery Stations Stage 1	6	
GRAYSLAKE, IL 60030-2012			Number of Recovery Stations Stage 2	10	

Administrator Date
 Marsha L. Oberrieder Completed
 3/6/2012

Registered Agent

Property Owner

N/A

Type of Ownership

Other Not For Profit Ownership

Legal Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Northwestern Lake Forest Hospital	0
Advocate Condell Medical Center	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.25
Physicians	0.20
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	6.70
Certified Aides	0.00
Other Hlth. Profs.	4.70
Other Non-Hlth. Profs	1.00
TOTAL	13.85

DAYS AND HOURS OF OPERATION

Monday	12
Tuesday	12
Wednesday	12
Thursday	12
Friday	12
Saturday	0
Sunday	0

FACILITY NOTES

08-058 6/7/2011
 Facility licensed for operation.

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	10	19	29	Medicaid	7	10	17
15-44	32	36	68	Medicare	19	12	31
45-64	40	43	83	Other Public	0	0	0
65-74	15	18	33	Insurance	75	96	171
75+ Yea	5	3	8	Private Pay	0	1	1
TOTAL	102	119	221	Charity Care	1	0	1
				TOTAL	102	119	221

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR							Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS			
5.9%	0.6%	0.0%	93.1%	0.3%	100.0%		1%	
11,516	1,182	0	180,261	653	193,612	2,852		

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	49	35.25	24.50	59.75	1.22
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	2	1.75	1.00	2.75	1.38
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	68	91.00	34.00	125.00	1.84
Otolaryngology	38	22.50	19.00	41.50	1.09
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	30	24.25	15.00	39.25	1.31
Thoracic	0	0.00	0.00	0.00	0.00
Urology	34	33.50	17.00	50.50	1.49
TOTAL	221	208.25	110.50	318.75	1.44

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7002926	Number of Operating Rooms	0	
Health Service Area	008	Planning Service Area	097	Procedure Rooms	2
THE LAKE BLUFF ILLINOIS ENDOSCOPY ASC, LLC			Exam Rooms	0	
101 S. WAUKEGAN ROAD, STE 980			Number of Recovery Stations Stage 1	8	
LAKE BLUFF, IL 60044-1687			Number of Recovery Stations Stage 2	0	

Administrator Date
 DR. EVERT KIRCH Completed
2/20/2012

Registered Agent
 CST Corporation System

Property Owner
 Carriage Point Limited Partner

Legal Owner
 Robert Hadesman, MD
 North Shore Suburban Associates, Inc.
 North Shore Endoscopy Venture, LLC
 John Matseshe, MD
 Fred Rosenberg, MD
 E.P. Kirch, MD
 Cynthia Wait, MD
 AMSURG HOLDINGS, INC.

Type of Ownership
 Limited Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
LAKE FOREST	1
CONDELL	1
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	7.00
Certified Aides	3.00
Other Hlth. Profs.	0.00
Other Non-Hlth. Profs	3.00
TOTAL	14.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	9
Wednesday	9
Thursday	10
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	0	0	0	Medicaid	0	0	0
15-44	189	206	395	Medicare	374	424	798
45-64	955	1,093	2,048	Other Public	10	4	14
65-74	280	302	582	Insurance	1,170	1,319	2,489
75+ Yea	151	167	318	Private Pay	21	21	42
TOTAL	1,575	1,768	3,343	Charity Care	0	0	0
				TOTAL	1,575	1,768	3,343

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR							Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS			
7.4%	0.0%	1.1%	84.5%	7.0%	100.0%		0%	
303,087	0	47,047	3,470,299	287,102	4,107,535	0		

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	2	3343	1671.5	3343	1.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	2	3343	1671.5	3343	1.00

Reference Numbers	Facility Id	7003117	Number of Operating Rooms	3	
Health Service Area	008	Planning Service Area	089	Procedure Rooms	2
TRI-CITIES SURGERY CENTER, LLC			Exam Rooms	1	
345 DELNOR DRIVE			Number of Recovery Stations Stage 1	7	
GENEVA, IL 60134-4220			Number of Recovery Stations Stage 2	6	

Administrator	Date
JOSEPH G. OLLAYOS	Completed
	2/20/2012

Registered Agent
Thomas L. Wright

Property Owner
Delnor-Community Hospital

Legal Owner

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Delnor-Community Hospital	2
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	16.00
Certified Aides	1.00
Other Hlth. Profs.	4.50
Other Non-Hlth. Profs	9.00
TOTAL	32.50

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	32	18	50
15-44	450	556	1,006
45-64	1,509	1,579	3,088
65-74	502	569	1,071
75+ Yea	264	336	600
TOTAL	2,757	3,058	5,815

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	15	24	39
Medicare	615	803	1,418
Other Public	0	0	0
Insurance	2,118	2,226	4,344
Private Pay	9	3	12
Charity Care	0	2	2
TOTAL	2,757	3,058	5,815

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
23.4%	0.7%	0.0%	75.7%	0.1%	100.0%		0%
1,402,160	44,036	0	4,528,477	5,598	5,980,271	1,231	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	1151	364.50	863.25	1227.75	1.07
General	187	98.50	140.25	238.75	1.28
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	111	45.50	83.25	128.75	1.16
Ophthalmology	677	191.75	507.75	699.50	1.03
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	42	13.00	31.50	44.50	1.06
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	345	142.75	258.75	401.50	1.16
TOTAL	2513	856.00	1,884.75	2740.75	1.09

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	2	3302	1045.5	2476.5	1.07
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	2	3302	1045.5	2476.5	1.07

Reference Numbers	Facility Id	7001217	Number of Operating Rooms	7	
Health Service Area	008	Planning Service Area	089	Procedure Rooms	1
VALLEY AMBULATORY SURGERY CENTER			Exam Rooms	1	
2210 DEAN STREET			Number of Recovery Stations Stage 1	10	
ST. CHARLES, IL 60175-1059			Number of Recovery Stations Stage 2	19	

Administrator	Date
DEBORAH LEE CROOK, RN,	Completed
	2/17/2012

Registered Agent

CT Corporation

Property Owner

Valley Medical Building Corp

Legal Owner

VALLEY AMBULATORY SURGERY CENTER, LP.

Type of Ownership

Limited Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Delnor Community Hospital, Geneva	2
Provena Saint Joseph Hospital, Elgin	1
Sherman Hospital, Elgin	0
Rush Copley Hospital, Aurora	0
Provena Mercy Hospital Aurora	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	3.00
Dir. of Nurses	1.00
Reg. Nurses	20.00
Certified Aides	0.00
Other Hlth. Profs.	7.00
Other Non-Hlth. Profs	11.00
TOTAL	43.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	361	267	628
15-44	390	1,030	1,420
45-64	612	1,234	1,846
65-74	226	357	583
75+ Yea	154	270	424
TOTAL	1,743	3,158	4,901

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	352	635	987
Other Public Insurance	0	1	1
Private Pay	1,382	2,428	3,810
Charity Care	4	88	92
Charity Care	5	6	11
TOTAL	1,743	3,158	4,901

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
18.4%	0.0%	0.0%	80.9%	0.6%	100.0%		0%
5,797,933	0	7,543	25,429,652	198,264	31,433,392	46,343	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	62	50.00	20.60	70.60	1.14
Dermatology	182	100.00	30.00	130.00	0.71
Gastroenterology	0	0.00	0.00	0.00	0.00
General	304	206.00	50.66	256.66	0.84
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	23	49.68	3.06	52.74	2.29
OB/Gynecology	826	469.00	82.60	551.60	0.67
Ophthalmology	539	262.00	53.90	315.90	0.59
Oral/Maxillofacial	587	465.00	39.12	504.12	0.86
Orthopedic	422	366.00	66.32	432.32	1.02
Otolaryngology	417	277.00	41.70	318.70	0.76
Pain Management	404	322.00	26.92	348.92	0.86
Plastic Surgery	95	228.00	31.66	259.66	2.73
Podiatry	487	528.00	162.32	690.32	1.42
Thoracic	17	14.00	1.70	15.70	0.92
Urology	9	4.00	0.90	4.90	0.54
TOTAL	4374	3,340.68	611.46	3952.14	0.90

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	1	527	278	330.7	0.63
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	1	527	278	330.7	0.63

Reference Numbers	Facility Id	7003144	Number of Operating Rooms	2	
Health Service Area	008	Planning Service Area	097	Procedure Rooms	1
Vernon Square Surgicenter			Exam Rooms	0	
230 CENTER DRIVE			Number of Recovery Stations Stage 1	4	
VERNON HILLS, IL 60061-1584			Number of Recovery Stations Stage 2	4	

Administrator	Date
DAN RITACCA	Completed
	2/28/2012

Registered Agent
MS Registered Agent Serv Inc

Property Owner
Daniel J. Ritacca

Legal Owner

Type of Ownership
Limited Liability Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Advocate Concell Medical Center, Libertyville, IL	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	0.00
Certified Aides	0.00
Other Hlth. Profs.	2.00
Other Non-Hlth. Profs	2.00
TOTAL	6.00

DAYS AND HOURS OF OPERATION

Monday	0
Tuesday	11
Wednesday	10
Thursday	10
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	0	0	0	Medicaid	15	18	33
15-44	52	117	169	Medicare	117	127	244
45-64	66	118	184	Other Public	0	0	0
65-74	152	168	320	Insurance	183	181	364
75+ Yea	104	110	214	Private Pay	59	187	246
TOTAL	374	513	887	Charity Care	0	0	0
				TOTAL	374	513	887

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR							Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS			
32.2%	0.0%	0.0%	6.6%	61.2%	100.0%		0%	
270,984	0	0	55,390	515,239	841,614	0		

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	405	155.70	69.45	225.15	0.56
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	333	548.25	194.25	742.50	2.23
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	738	703.95	263.70	967.65	1.31

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	1	149	7.55	20.05	0.13
Pain Management	0	0	0	0	0.00
TOTALS	1	149	7.55	20.05	0.13

Reference Numbers	Facility Id	7003115	Number of Operating Rooms	3	
Health Service Area	008	Planning Service Area	097	Procedure Rooms	3
VISTA SURGERY CENTER			Exam Rooms	6	
1050 RED OAK LANE			Number of Recovery Stations Stage 1	6	
LINDENHURST, IL 60046			Number of Recovery Stations Stage 2	0	

Administrator	Date
BARBARA MARTIN	Completed
	2/29/2012

Registered Agent
National Registered Agents, In

Property Owner

Type of Ownership

Limited Liability Company (RA required)

Legal Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Vista Medical Center East	1
Condell Memorial Hospital	1
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	4.00
Certified Aides	0.00
Other Hlth. Profs.	1.00
Other Non-Hlth. Profs	1.00
TOTAL	8.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	6	11	17	Medicaid	26	53	79
15-44	78	108	186	Medicare	260	377	637
45-64	204	221	425	Other Public	2	6	8
65-74	130	174	304	Insurance	240	274	514
75+ Yea	122	198	320	Private Pay	12	2	14
TOTAL	540	712	1,252	Charity Care	0	0	0
				TOTAL	540	712	1,252

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR							Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare #Num!	Medicaid #Num!	Other Public #Num!	Private Insurance #Num!	Private Pay #Num!	TOTALS #Error			
0	0	0	0	0	0	0	0%	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	65	37.25	44.00	81.25	1.25
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	2	1.00	1.00	2.00	1.00
Ophthalmology	604	192.00	349.00	541.00	0.90
Oral/Maxillofacial	20	18.50	20.00	38.50	1.93
Orthopedic	21	26.50	52.00	78.50	3.74
Otolaryngology	3	1.00	2.00	3.00	1.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	153	109.25	318.50	427.75	2.80
Thoracic	41	32.75	29.00	61.75	1.51
Urology	10	30.25	12.50	42.75	4.28
TOTAL	919	448.50	828.00	1276.50	1.39

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	1	204	58.25	95.5	153.75
Laser Eye	1	58	2	6.5	8.5
Pain Management	1	71	19.5	29.5	49
TOTALS	3	333	79.75	131.5	211.25

Reference Numbers	Facility Id	7003141	Number of Operating Rooms	4	
Health Service Area	009	Planning Service Area	197	Procedure Rooms	1
AMSURG SURGERY CENTER			Exam Rooms	2	
998 129TH INFANTRY DRIVE			Number of Recovery Stations Stage 1	9	
JOLIET, IL 60435			Number of Recovery Stations Stage 2	5	

Administrator	SUE SORG	Date	Completed
			2/17/2012

Registered Agent
CT Corporation

Property Owner
LB Properties

Legal Owner

Type of Ownership
Limited Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
PROVENA ST JOSEPH MEDICAL CENTER	2
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	14.00
Certified Aides	0.00
Other Hlth. Profs.	4.00
Other Non-Hlth. Profs	8.00
TOTAL	28.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	300	216	516	Medicaid	34	62	96
15-44	466	479	945	Medicare	1,161	1,701	2,862
45-64	1,052	1,165	2,217	Other Public	7	4	11
65-74	642	861	1,503	Insurance	1,769	1,784	3,553
75+ Yea	524	844	1,368	Private Pay	12	12	24
TOTAL	2,984	3,565	6,549	Charity Care	1	2	3
				TOTAL	2,984	3,565	6,549

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR							Charity	Charity Care
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense	Expense as % of Total Net Revenue	
23.9%	0.8%	0.0%	74.5%	0.8%	100.0%		0%	
2,313,210	75,208	0	7,213,484	74,817	9,676,719	20,163		

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	2	1.00	1.00	2.00	1.00
Dermatology	78	36.00	39.00	75.00	0.96
Gastroenterology	254	84.00	165.10	249.10	0.98
General	231	114.00	115.50	229.50	0.99
Laser Eye Surgery	456	45.50	136.75	182.25	0.40
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	31	11.00	15.50	26.50	0.85
Ophthalmology	2056	578.50	1,032.50	1611.00	0.78
Oral/Maxillofacial	771	206.00	385.50	591.50	0.77
Orthopedic	916	604.00	916.00	1520.00	1.66
Otolaryngology	178	61.00	89.00	150.00	0.84
Pain Management	366	94.00	91.50	185.50	0.51
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	150	133.00	150.00	283.00	1.89
Thoracic	11	6.00	5.50	11.50	1.05
Urology	0	0.00	0.00	0.00	0.00
TOTAL	5500	1,974.00	3,142.85	5116.85	0.93

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	1	1049	347	1029	0.98
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	1	1049	347	1029	0.98

Reference Numbers	Facility Id	7002876	Number of Operating Rooms	0	
Health Service Area	009	Planning Service Area	091	Procedure Rooms	2
CENTER FOR DIGESTIVE HEALTH			Exam Rooms	0	
1615 N. CONVENT ST., SUITE 2			Number of Recovery Stations Stage 1	0	
BOURBONNAIS, IL 60914			Number of Recovery Stations Stage 2	6	

Administrator	Date
CHRISTINA O'CONNOR	Completed
	2/14/2012

Registered Agent

Paula Jacobi

Property Owner

Agita, LLC

Legal Owner

Thomas O'Connor

Syed Bokhari

Riverside Medical Center

Provena St. Mary's Hospital

Edward Jurkovic

David Sutherland

Type of Ownership

Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Riverside Medical Center	3
Provena St Marys	4
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	7.00
Certified Aides	0.00
Other Hlth. Profs.	0.00
Other Non-Hlth. Profs	6.00
TOTAL	15.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	198	294	492
45-64	841	1,095	1,936
65-74	380	489	869
75+ Yea	240	329	569
TOTAL	1,659	2,207	3,866

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	1	12	13
Medicare	639	864	1,503
Other Public Insurance	2	5	7
Private Pay	988	1,312	2,300
Charity Care	11	3	14
Charity Care	18	11	29
TOTAL	1,659	2,207	3,866

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
18.2%	0.4%	0.1%	68.4%	12.9%	100.0%		2%
537,724	12,722	4,331	2,024,885	381,908	2,961,571	48,720	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	2	3866	424	1474	0.38
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	2	3866	424	1474	0.38

Reference Numbers	Facility Id	7002785	Number of Operating Rooms	2	
Health Service Area	009	Planning Service Area	063	Procedure Rooms	0
DEERPATH ORTHOPEDIC SURGICAL CENTER, LLC			Exam Rooms	0	
1051 W. ROUTE 6			Number of Recovery Stations Stage 1	3	
MORRIS, IL 60450			Number of Recovery Stations Stage 2	5	

Administrator Date
 CAROL WILLS, RN Completed
 2/2/2012

Registered Agent
 Keith M. Rezin, M.D.

Property Owner
 K&S Real Estate

Legal Owner
 Tom Rappette, DPM
 Stephen Treacy, MD
 Robert MacNab, DPM
 Raymond Meyer, MD
 Paul Bishop, DPM
 Morris Hospital
 Keith Rezin, MD
 Eric Ortinau, MD

Type of Ownership
 Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Morris Hospital, Morris, Illinois 60450-4200	2
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	0.00
Reg. Nurses	5.00
Certified Aides	0.00
Other Hlth. Profs.	1.50
Other Non-Hlth. Profs	2.00
TOTAL	9.50

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	5	11	16
15-44	151	107	258
45-64	168	164	332
65-74	32	61	93
75+ Yea	23	36	59
TOTAL	379	379	758

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	7	23	30
Medicare	56	100	156
Other Public Insurance	3	1	4
Private Pay	312	253	565
Charity Care	1	2	3
Charity Care	0	0	0
TOTAL	379	379	758

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
4.1%	0.3%	0.1%	95.3%	0.2%	100.0%		0%
130,986	10,554	4,342	3,071,688	7,257	3,224,828	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	682	625.75	170.50	796.25	1.17
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	76	61.75	19.00	80.75	1.06
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	758	687.50	189.50	877.00	1.16

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7003162	Number of Operating Rooms	0	
Health Service Area	009	Planning Service Area	197	Procedure Rooms	2
DMG PAIN MANAGEMENT SURGERY CENTER, LLC			Exam Rooms	1	
2490 ROLLINGRIDGE, SUITE 200			Number of Recovery Stations Stage 1	2	
NAPERVILLE, IL 60564			Number of Recovery Stations Stage 2	5	

Administrator	Date
KRISTINA SHARKEY	Completed
	2/29/2012

Registered Agent

Nancy Kinsley

Property Owner

DuPage Medical Group

Legal Owner

Type of Ownership

Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Edward Hospital, Naperville, IL	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	2.00
Certified Aides	2.00
Other Hlth. Profs.	0.00
Other Non-Hlth. Profs	1.00
TOTAL	7.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	6	3	9
45-64	12	13	25
65-74	18	23	41
75+ Yea	7	28	35
TOTAL	43	67	110

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	27	51	78
Other Public	0	0	0
Insurance	16	16	32
Private Pay	0	0	0
Charity Care	0	0	0
TOTAL	43	67	110

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
21.7%	1.4%	0.0%	75.7%	1.2%	100.0%		0%
29,292	1,887	0	101,963	1,558	134,700	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	2	110	26.75	45.25	0.41
TOTALS	2	110	26.75	45.25	0.41

Reference Numbers	Facility Id	7002538	Number of Operating Rooms	3	
Health Service Area	009	Planning Service Area	093	Procedure Rooms	1
KENDALL POINTE SURGERY CENTER, LLC			Exam Rooms	0	
100 WEST FIFTH STREET			Number of Recovery Stations Stage 1	4	
OSWEGO, IL 60543-8314			Number of Recovery Stations Stage 2	5	

Administrator	Date
ANGIE BURNS	Completed
	2/23/2012

Registered Agent
Greg Ingemunson

Property Owner

Type of Ownership
Limited Liability Company (RA required)

Legal Owner
Kendall Pointe Surgery Center, LLC

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Provena Mercy Medical Center	1
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	6.00
Certified Aides	0.00
Other Hlth. Profs.	2.00
Other Non-Hlth. Profs	3.00
TOTAL	13.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	4	4	8
15-44	77	264	341
45-64	164	230	394
65-74	67	133	200
75+ Yea	67	80	147
TOTAL	379	711	1,090

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	125	200	325
Other Public Insurance	0	0	0
Private Pay	232	337	569
Charity Care	22	174	196
Charity Care	0	0	0
TOTAL	379	711	1,090

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
15.2%	0.0%	0.0%	58.7%	26.2%	100.0%		0%
286,232	0	0	1,106,997	493,824	1,887,053	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	252	108.00	43.00	151.00	0.60
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	9	10.50	2.75	13.25	1.47
OB/Gynecology	5	2.50	1.00	3.50	0.70
Ophthalmology	280	73.75	40.50	114.25	0.41
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1	0.75	0.50	1.25	1.25
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	109	25.00	15.25	40.25	0.37
Plastic Surgery	194	432.75	91.75	524.50	2.70
Podiatry	84	66.50	19.50	86.00	1.02
Thoracic	0	0.00	0.00	0.00	0.00
Urology	19	9.50	3.75	13.25	0.70
TOTAL	953	729.25	218.00	947.25	0.99

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	1	137	47.75	69.75	0.51
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	1	137	47.75	69.75	0.51

Reference Numbers	Facility Id	7002702	Number of Operating Rooms	2	
Health Service Area	009	Planning Service Area	091	Procedure Rooms	0
OAK SURGICAL INSTITUTE			Exam Rooms	0	
403 SOUTH KENNEDY BLVD.			Number of Recovery Stations Stage 1	7	
BRADLEY, IL 60915-2152			Number of Recovery Stations Stage 2	7	

Administrator JOY MOORE
 Date Completed 2/29/2012

Registered Agent
 Margaret Frogge

Property Owner
 Riverside Healthcare

Legal Owner
 Valley Investments
 Oakeside Corporation

Type of Ownership
 Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Riverside Healthcare - Kankakee, IL	1
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	4.50
Certified Aides	0.00
Other Hlth. Profs.	2.25
Other Non-Hlth. Profs	3.25
TOTAL	12.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	16	18	34
15-44	232	157	389
45-64	238	222	460
65-74	62	69	131
75+ Yea	19	38	57
TOTAL	567	504	1,071

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	9	5	14
Medicare	75	114	189
Other Public Insurance	3	2	5
Private Pay	477	382	859
Charity Care	0	1	1
Charity Care	3	0	3
TOTAL	567	504	1,071

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
17.7%	1.3%	0.5%	80.5%	0.1%	100.0%		0%
993,593	73,745	26,458	4,530,558	5,066	5,629,420	14,263	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1061	1,251.00	710.25	1961.25	1.85
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	10	2.00	4.75	6.75	0.68
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1071	1,253.00	715.00	1968.00	1.84

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7003135	Number of Operating Rooms	3	
Health Service Area	009	Planning Service Area	197	Procedure Rooms	1
PLAINFIELD SURGERY CENTER, LLC			Exam Rooms	0	
24600 WEST 127TH STREET, BUILDNG C			Number of Recovery Stations Stage 1	0	
PLAINFIELD, IL 60585			Number of Recovery Stations Stage 2	0	

Administrator Date
 DOLORES STAM, RN Completed
2/2/2012

Registered Agent
 Shannon Fox Fraser

Property Owner

Type of Ownership
 Limited Liability Company (RA required)

Legal Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Edward Hospital 801 S. Washington Street, Naperville	1
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.50
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	0.50
Reg. Nurses	7.50
Certified Aides	0.00
Other Hlth. Profs.	2.50
Other Non-Hlth. Profs	4.00
TOTAL	15.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	164	100	264
15-44	325	402	727
45-64	305	364	669
65-74	70	75	145
75+ Yea	24	23	47
TOTAL	888	964	1,852

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	83	90	173
Other Public	0	0	0
Insurance	744	669	1,413
Private Pay	56	202	258
Charity Care	5	3	8
TOTAL	888	964	1,852

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
6.0%	0.0%	0.0%	92.6%	1.4%	100.0%		0%
827,150	0	0	12,664,426	191,340	13,682,916	9,823	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	614	253.00	307.00	560.00	0.91
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	43	14.50	21.50	36.00	0.84
Ophthalmology	5	1.25	2.50	3.75	0.75
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	389	327.75	256.50	584.25	1.50
Otolaryngology	342	152.25	68.50	220.75	0.65
Pain Management	56	8.25	11.50	19.75	0.35
Plastic Surgery	202	277.75	133.50	411.25	2.04
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	46	45.25	20.00	65.25	1.42
TOTAL	1697	1,080.00	821.00	1901.00	1.12

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	1	155	48.75	126.25	0.81
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	1	155	48.75	126.25	0.81

Reference Numbers	Facility Id	7003049	Number of Operating Rooms	2	
Health Service Area	009	Planning Service Area	091	Procedure Rooms	0
RIVERSIDE AMBULATORY SURGERY CENTER			Exam Rooms	0	
300 RIVERSIDE DRIVE STE 1100			Number of Recovery Stations Stage 1	2	
BOURBONNAIS, IL 60914-4997			Number of Recovery Stations Stage 2	6	

Administrator Date
 CARRIE STAUFFENBERG Completed
2/9/2012

Registered Agent
 Margaret H Frogge

Property Owner
 Riverside Healthcare

Legal Owner

Type of Ownership
 Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Riverside Health Care, Kankakee	1
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	0.00
Reg. Nurses	4.00
Certified Aides	1.00
Other Hlth. Profs.	2.00
Other Non-Hlth. Profs	2.00
TOTAL	10.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	6	7	13
15-44	35	51	86
45-64	134	167	301
65-74	212	325	537
75+ Yea	266	412	678
TOTAL	653	962	1,615

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	16	13	29
Medicare	450	715	1,165
Other Public Insurance	0	0	0
Private Pay	5	0	5
Charity Care	0	0	0
TOTAL	653	962	1,615

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
72.1%	1.8%	0.0%	25.7%	0.3%	100.0%		0%
1,626,385	40,581	0	580,530	6,989	2,254,484	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	66	49.00	29.70	78.70	1.19
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	26	18.00	11.70	29.70	1.14
Ophthalmology	1167	468.00	413.00	881.00	0.75
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	7	8.50	3.25	11.75	1.68
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	307	374.00	145.00	519.00	1.69
Podiatry	42	43.25	19.00	62.25	1.48
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1615	960.75	621.65	1582.40	0.98

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7002595	Number of Operating Rooms	4	
Health Service Area	009	Planning Service Area	197	Procedure Rooms	1
SOUTHWEST SURGERY CENTER, LLC			Exam Rooms	0	
19110 DARVIN DRIVE			Number of Recovery Stations Stage 1	6	
MOKENA, IL 60448			Number of Recovery Stations Stage 2	10	

Administrator	Date
MICHAEL CHERNY	Completed
	3/14/2012

Registered Agent

Ed Green

Property Owner

Type of Ownership

Limited Liability Company (RA required)

Legal Owner

- Patrick J. Sweeney, MD
- Dexter Arrington, MD
- Frank Narcisi, DPM
- Harinatha Reddy, MD
- James Kuyper, RN
- Jeff Flagg, MD
- Michael McDermott, DPM
- Michel Malek, MD
- David Lubeck, MD
- Neal Labana, MD

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St. James Hospital, Olympia Fields	2
	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	2.00
Reg. Nurses	8.00
Certified Aides	0.00
Other Hlth. Profs.	0.00
Other Non-Hlth. Profs	9.00
TOTAL	20.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	2	3	5	Medicaid	15	30	45
15-44	188	181	369	Medicare	356	566	922
45-64	363	446	809	Other Public	1	2	3
65-74	175	327	502	Insurance	546	586	1,132
75+ Yea	202	273	475	Private Pay	12	46	58
TOTAL	930	1,230	2,160	Charity Care	0	0	0
				TOTAL	930	1,230	2,160

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR						Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense	Total Net Revenue
6.0%	0.0%	0.0%	90.2%	3.8%	100.0%		0%
655,576	449	0	9,783,789	412,613	10,852,427	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	716	415.25	594.25	1009.50	1.41
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	712	1,018.25	890.00	1908.25	2.68
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	537	204.75	166.50	371.25	0.69
Plastic Surgery	49	140.75	50.00	190.75	3.89
Podiatry	146	187.00	98.00	285.00	1.95
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2160	1,966.00	1,798.75	3764.75	1.74

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	1	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	1	0	0	0	0.00

Reference Numbers	Facility Id	7003151	Number of Operating Rooms	1	
Health Service Area	010	Planning Service Area	161	Procedure Rooms	0
DIALYSIS ACCESS CENTER, LLC			Exam Rooms	0	
400 JOHN DEERE ROAD, BLDG. 2			Number of Recovery Stations Stage 1	2	
MOLINE, IL 61265			Number of Recovery Stations Stage 2	2	

Administrator	Date
V.R. ALLA, M.D.	Completed
	2/28/2012

Registered Agent

V.R. Alla, M.D.

Property Owner

RRS Investments, LP

Legal Owner

Type of Ownership

Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Trinity Medical Center - Rock Island, Illinois	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.50
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	2.00
Certified Aides	0.00
Other Hlth. Profs.	2.00
Other Non-Hlth. Profs	0.00
TOTAL	5.50

DAYS AND HOURS OF OPERATION

Monday	0
Tuesday	10
Wednesday	0
Thursday	10
Friday	0
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	0	0	0	Medicaid	12	5	17
15-44	12	8	20	Medicare	106	129	235
45-64	59	42	101	Other Public	0	0	0
65-74	34	37	71	Insurance	22	9	31
75+ Yea	35	56	91	Private Pay	0	0	0
TOTAL	140	143	283	Charity Care	0	0	0
				TOTAL	140	143	283

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR							Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS			
63.4%	1.6%	0.0%	35.0%	0.0%	100.0%		0%	
206,198	5,218	0	113,783	0	325,199	0		

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	283	147.00	144.00	291.00	1.03
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	283	147.00	144.00	291.00	1.03

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7002520	Number of Operating Rooms	2	
Health Service Area	010	Planning Service Area	161	Procedure Rooms	0
QUAD CITY AMBULATORY SURGERY CENTER, LLC			Exam Rooms	0	
520 VALLEY VIEW DR., #300			Number of Recovery Stations Stage 1	4	
MOLINE, IL 61265			Number of Recovery Stations Stage 2	4	

Administrator Date
 MARY ANN SEARS, RN, MS Completed
2/22/2012

Registered Agent
 Peter Benson

Property Owner

Type of Ownership
 Limited Liability Company (RA required)

Legal Owner
 Trinity Medical Center
 Thomas VonGillern, MD
 Peter Alward, MD
 Pamela Davis, MD
 Michael Turner, MD
 Michael Gerdes, MD
 John Baker, MD
 Edward Connolly, MD

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Trinity Health System Moline Illinois	4
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	11.20
Certified Aides	0.60
Other Hlth. Profs.	2.00
Other Non-Hlth. Profs	2.50
TOTAL	18.30

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	4	4	8
15-44	435	440	875
45-64	453	432	885
65-74	453	399	852
75+ Yea	9	6	15
TOTAL	1,354	1,281	2,635

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	171	159	330
Medicare	306	286	592
Other Public Insurance	174	118	292
Private Pay	382	414	796
Charity Care	0	0	0
TOTAL	1,354	1,281	2,635

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
10.7%	1.6%	1.0%	86.7%	0.0%	100.0%		0%
417,372	62,165	39,566	3,384,134	0	3,903,237	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1699	1,274.00	566.00	1840.00	1.08
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	911	76.00	60.00	136.00	0.15
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	25	25.00	8.00	33.00	1.32
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2635	1,375.00	634.00	2009.00	0.76

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7003125	Number of Operating Rooms	0	
Health Service Area	010	Planning Service Area	161	Procedure Rooms	2
QUAD CITY ENDOSCOPY LLC			Exam Rooms	0	
4340 7TH STREET			Number of Recovery Stations Stage 1	6	
MOLINE, IL 61265-6867			Number of Recovery Stations Stage 2	2	

Administrator Date
 SREENIVAS CHINTALAPANI Completed
2/22/2012

Registered Agent
 Sreenivas Chintalapani

Property Owner
 GIC Real Estate Investments

Legal Owner

Type of Ownership
 Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Trinity Medical Center Moline Campus, Moline	1
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	2.00
Certified Aides	0.00
Other Hlth. Profs.	4.00
Other Non-Hlth. Profs	3.00
TOTAL	10.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	9
Wednesday	10
Thursday	9
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	2	0	2	Medicaid	57	111	168
15-44	214	308	522	Medicare	770	878	1,648
45-64	819	864	1,683	Other Public	7	18	25
65-74	406	424	830	Insurance	904	945	1,849
75+ Yea	309	372	681	Private Pay	12	16	28
TOTAL	1,750	1,968	3,718	Charity Care	0	0	0
				TOTAL	1,750	1,968	3,718

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR						Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense	Total Net Revenue
32.0%	2.0%	0.5%	59.7%	5.8%	100.0%		0%
602,866	37,679	9,420	1,125,314	108,678	1,883,957	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	2	3718	1859	2649.5	0.71
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	2	3718	1859	2649.5	0.71

Reference Numbers	Facility Id	7003136	Number of Operating Rooms	0	
Health Service Area	010	Planning Service Area	161	Procedure Rooms	8
RSC ILLINOIS LLC			Exam Rooms	0	
545 VALLEY VIEW DRIVE			Number of Recovery Stations Stage 1	1	
MOLINE, IL 61265-6138			Number of Recovery Stations Stage 2	19	

Administrator	Date
Jennifer Swanson, RN	Completed
	2/28/2012

Registered Agent
Rao V. Movva, M.D.

Property Owner
Valley View Realty, LLLP

Legal Owner

Type of Ownership
Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Trinity Medical Center, Rock Island, IL	29
Genesis Illini Campus, Silvis, IL	0
Trinity Medical Center, Moline, IL	7
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	20.00
Certified Aides	9.00
Other Hlth. Profs.	11.00
Other Non-Hlth. Profs	0.00
TOTAL	42.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	2
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	79	85	164
15-44	478	864	1,342
45-64	1,644	2,093	3,737
65-74	836	953	1,789
75+ Yea	452	584	1,036
TOTAL	3,489	4,579	8,068

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	203	406	609
Medicare	1,188	1,524	2,712
Other Public	0	0	0
Insurance	2,080	2,621	4,701
Private Pay	17	28	45
Charity Care	1	0	1
TOTAL	3,489	4,579	8,068

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
20.0%	2.8%	0.0%	76.6%	0.6%	100.0%		0%
1,827,942	252,249	0	6,986,956	58,622	9,125,769	1,450	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	6	7797	3898.5	5847.75	9746.25	1.25
Laser Eye	0	0	0	0	0	0.00
Multi General	0.5	42	32	42	74	1.76
Multi Plastic Surger	0.5	98	196	98	294	3.00
Pain Management	1	131	66	66	132	1.01
TOTALS	8	8068	4192.5	6053.75	10246.25	1.27

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	0	0	0	Medicaid	0	0	0
15-44	56	75	131	Medicare	211	346	557
45-64	419	509	928	Other Public	1	1	2
65-74	200	283	483	Insurance	586	708	1,294
75+ Yea	124	189	313	Private Pay	1	1	2
TOTAL	799	1,056	1,855	Charity Care	0	0	0
				TOTAL	799	1,056	1,855

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR							Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS			
16.8%	0.0%	0.0%	70.9%	12.3%	100.0%		0%	
173,372	105	0	732,200	127,390	1,033,067	0		

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	1771	590.25	737.75	1328.00	0.75
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	84	42.50	42.00	84.50	1.01
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1855	632.75	779.75	1412.50	0.76

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7001175	Number of Operating Rooms	4	
Health Service Area	011	Planning Service Area	163	Procedure Rooms	0
BELLEVILLE SURGICAL CENTER, LTD			Exam Rooms	0	
28 NORTH 64TH STREET			Number of Recovery Stations Stage 1	7	
BELLEVILLE, IL 62223			Number of Recovery Stations Stage 2	8	

Administrator Diana Geoghegan
 Date Completed 2/14/2012

Registered Agent
 CT Corporation System

Property Owner

Type of Ownership
 Limited Liability Partnership (RA required)

Legal Owner
 HealthSouth

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Belleville Memorial Hospital	3
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	6.00
Certified Aides	0.00
Other Hlth. Profs.	0.00
Other Non-Hlth. Profs	3.00
TOTAL	11.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	12
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	16	16	32	Medicaid	24	48	72
15-44	74	105	179	Medicare	209	330	539
45-64	189	341	530	Other Public	22	45	67
65-74	113	181	294	Insurance	220	404	624
75+ Yea	93	194	287	Private Pay	9	7	16
TOTAL	485	837	1,322	Charity Care	1	3	4
				TOTAL	485	837	1,322

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR						Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense	Total Net Revenue
31.6%	1.3%	4.9%	61.4%	0.9%	100.0%		1%
656,664	26,473	101,065	1,275,941	18,582	2,078,725	16,387	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	1	1.00	1.00	2.00	2.00
Dermatology	28	12.00	9.00	21.00	0.75
Gastroenterology	0	0.00	0.00	0.00	0.00
General	1	1.00	1.00	2.00	2.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	119	37.00	30.00	67.00	0.56
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	537	166.00	174.50	340.50	0.63
Oral/Maxillofacial	37	20.00	13.50	33.50	0.91
Orthopedic	239	254.00	200.00	454.00	1.90
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	360	190.00	137.50	327.50	0.91
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1322	681.00	566.50	1247.50	0.94

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7002504	Number of Operating Rooms	2	
Health Service Area	011	Planning Service Area	119	Procedure Rooms	1
EDWARDSVILLE AMBULATORY SURGERY CENTER, LLC			Exam Rooms	0	
12 GINGER CREEK PARKWAY			Number of Recovery Stations Stage 1	4	
GLEN CARBON, IL 62034			Number of Recovery Stations Stage 2	4	

Administrator MARK BETHELL
 Date Completed 2/29/2012

Registered Agent
 Illinois Corporation Service C

Property Owner
 NA

Legal Owner
 Ronald J. Gould, M.D.
 Peter Anderson, M.D.
 Neil W. Frederickson, M.D.
 Granite City IL Hosp.Co,LLC
 Craig Beyer, M.D.
 Charles Lane, M.D.
 Charles Friedman, M.D.

Type of Ownership
 Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Gateway Regional Medical Center	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	5.20
Certified Aides	0.00
Other Hlth. Profs.	2.00
Other Non-Hlth. Profs	3.60
TOTAL	12.80

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	5	2	7	Medicaid	33	120	153
15-44	154	252	406	Medicare	329	619	948
45-64	464	576	1,040	Other Public	45	35	80
65-74	172	318	490	Insurance	556	681	1,237
75+ Yea	194	343	537	Private Pay	26	36	62
TOTAL	989	1,491	2,480	Charity Care	0	0	0
				TOTAL	989	1,491	2,480

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR							Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS			
29.1%	3.5%	0.0%	66.2%	1.2%	100.0%		0%	
728,452	88,314	0	1,654,656	29,719	2,501,141	0		

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	248	124.00	107.00	231.00	0.93
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	76	46.50	41.00	87.50	1.15
Ophthalmology	658	230.50	303.00	533.50	0.81
Oral/Maxillofacial	1	0.50	0.50	1.00	1.00
Orthopedic	580	580.00	336.50	916.50	1.58
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	628	314.00	188.50	502.50	0.80
Plastic Surgery	243	182.25	243.00	425.25	1.75
Podiatry	46	34.50	19.00	53.50	1.16
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2480	1,512.25	1,238.50	2750.75	1.11

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	1	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	1	0	0	0	0.00

Reference Numbers	Facility Id	7001084	Number of Operating Rooms	0	
Health Service Area	011	Planning Service Area	119	Procedure Rooms	3
HOPE CLINIC FOR WOMEN, LTD, THE			Exam Rooms	2	
1602-21ST STREET			Number of Recovery Stations Stage 1	13	
GRANITE CITY, IL 62040			Number of Recovery Stations Stage 2	0	

Administrator Sally Burgess
 Date Completed 2/27/2012

Registered Agent
 Sally Burgess

Property Owner
 United Realty LLC

Legal Owner
 Hector Zevallos

Type of Ownership
 Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Gateway Regional Medical Center Granite City, IL	5
Barnes Jewish Hospital St. Louis, MO	1
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	3.00
Physicians	2.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	0.00
Certified Aides	0.00
Other Hlth. Profs.	1.00
Other Non-Hlth. Profs	3.00
TOTAL	10.00

DAYS AND HOURS OF OPERATION

Monday	6
Tuesday	11
Wednesday	6
Thursday	6
Friday	6
Saturday	6
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	0	19	19	Medicaid	0	0	0
15-44	0	3,792	3,792	Medicare	0	0	0
45-64	0	2	2	Other Public	0	0	0
65-74	0	0	0	Insurance	0	0	0
75+ Yea	0	0	0	Private Pay	0	3,813	3,813
TOTAL	0	3,813	3,813	Charity Care	0	0	0
				TOTAL	0	3,813	3,813

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR							Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS			
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%			
0	0	0	0	1,976,230	1,976,230	0	0%	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Multi OB/Gynecolog	3	3813	382	741	0.29
Pain Management	0	0	0	0	0.00
TOTALS	3	3813	382	741	0.29

Reference Numbers	Facility Id 7001316	Number of Operating Rooms	2
Health Service Area 011	Planning Service Area 163	Procedure Rooms	0
ILLINOIS EYE SURGEONS CATARACT SURGERY CENTER		Exam Rooms	0
3990 N. ILLINOIS STREET		Number of Recovery Stations Stage 1	3
BELLEVILLE, IL 62226-1962		Number of Recovery Stations Stage 2	0

Administrator Date
 NANCY A MUETH, R.N. Completed
 2/9/2012

Registered Agent
 Barry D. Dix, attorney

Property Owner
 THBT Properties

Legal Owner
 TERENCE KLINGELE MD
 HOMER FERGUSON MD
 BART JONES, MD

Type of Ownership
 Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
St. Elizabeth's Hospital, Belleville	0
Memorial Hospital, Belleville	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	0.00
Reg. Nurses	6.00
Certified Aides	0.00
Other Hlth. Profs.	1.00
Other Non-Hlth. Profs	3.00
TOTAL	11.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	6
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	0	0	0	Medicaid	24	43	67
15-44	97	45	142	Medicare	1,267	1,907	3,174
45-64	388	544	932	Other Public	5	2	7
65-74	527	870	1,397	Insurance	245	351	596
75+ Yea	672	1,045	1,717	Private Pay	143	201	344
TOTAL	1,684	2,504	4,188	Charity Care	0	0	0
				TOTAL	1,684	2,504	4,188

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR							Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS			
57.8%	0.6%	0.1%	21.3%	20.2%	100.0%		0%	
2,187,852	21,222	5,217	805,892	766,852	3,787,035	0		

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	968	492.00	47.00	539.00	0.56
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	3220	1,365.00	591.00	1956.00	0.61
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	4188	1,857.00	638.00	2495.00	0.60

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7003161	Number of Operating Rooms	2	
Health Service Area	011	Planning Service Area	133	Procedure Rooms	0
MONROE COUNTY SURGICAL CENTER, LLC			Exam Rooms	1	
501 HAMACHER STREET			Number of Recovery Stations Stage 1	8	
WATERLOO, IL 62298			Number of Recovery Stations Stage 2	0	

Administrator SHEILA NOLAN
 Date Completed 2/27/2012

Registered Agent
 Donald Schoemaker

Property Owner
 Medical Development Company of America

Legal Owner

Type of Ownership
 Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
RedBud Regional Hospital	1
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	0.00
Reg. Nurses	4.00
Certified Aides	0.00
Other Hlth. Profs.	1.00
Other Non-Hlth. Profs	2.50
TOTAL	8.50

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	9
Wednesday	9
Thursday	9
Friday	9
Saturday	0
Sunday	0

FACILITY NOTES

09-029 11/29/2011
 Facility licensed for operation.

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	2	8	10
15-44	2	5	7
45-64	23	11	34
65-74	4	6	10
75+ Yea	2	5	7
TOTAL	33	35	68

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	0	0	0
Medicare	6	9	15
Other Public	0	0	0
Insurance	27	26	53
Private Pay	0	0	0
Charity Care	0	0	0
TOTAL	33	35	68

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%	0	0%
0	0	0	0	12,495	12,495	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	1	0.28	0.32	0.60	0.60
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	29	10.50	9.28	19.78	0.68
General	2	0.88	1.00	1.88	0.94
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	5	0.96	2.50	3.46	0.69
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	11	9.82	7.26	17.08	1.55
Otolaryngology	11	2.51	3.52	6.03	0.55
Pain Management	4	0.86	0.80	1.66	0.42
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	4	3.60	2.00	5.60	1.40
Thoracic	0	0.00	0.00	0.00	0.00
Urology	1	0.68	0.50	1.18	1.18
TOTAL	68	30.09	27.18	57.27	0.84

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7002132	Number of Operating Rooms	0	
Health Service Area	011	Planning Service Area	119	Procedure Rooms	2
NOVAMED EYE SURGERY CENTER OF MARYVILLE			Exam Rooms	0	
#12 MARYVILLE PROFESSIONAL CTR			Number of Recovery Stations Stage 1	1	
MARYVILLE, IL 62062			Number of Recovery Stations Stage 2	1	

Administrator Date
 NICOLE WILL Completed
2/24/2012

Registered Agent
 John Lawrence

Property Owner
 S&D Limited Partnership

Legal Owner
 NovaMed Eye Surgery Center of Maryville

Type of Ownership
 Limited Liability Partnership (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Anderson Hospital Maryville	0
Gateway Regional Granite City	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	0.00
Reg. Nurses	3.50
Certified Aides	0.00
Other Hlth. Profs.	1.70
Other Non-Hlth. Profs.	1.80
TOTAL	8.00

DAYS AND HOURS OF OPERATION

Monday	8
Tuesday	8
Wednesday	8
Thursday	8
Friday	8
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	0	0	0
15-44	17	4	21
45-64	181	225	406
65-74	286	424	710
75+ Yea	378	651	1,029
TOTAL	862	1,304	2,166

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	36	40	76
Medicare	520	788	1,308
Other Public	4	2	6
Insurance	288	451	739
Private Pay	14	23	37
Charity Care	0	0	0
TOTAL	862	1,304	2,166

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
80.2%	3.4%	0.0%	14.7%	1.7%	100.0%		0%
1,708,589	71,461	0	311,992	37,249	2,129,291	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	1	411	34.25	64.05	0.16
Multi Ophthalmolog	1	1755	585	819	0.47
Pain Management	0	0	0	0	0.00
TOTALS	2	2166	619.25	883.05	0.41

Reference Numbers	Facility Id	7003134	Number of Operating Rooms	1	
Health Service Area	011	Planning Service Area	163	Procedure Rooms	1
PHYSICIANS' SURGICAL CENTER, LLC			Exam Rooms	0	
311 W. LINCOLN, SUITE 300			Number of Recovery Stations Stage 1	2	
BELLEVILLE, IL 62220			Number of Recovery Stations Stage 2	0	

Administrator Date
 BEVERLY LeMASTER Completed
2/2/2012

Registered Agent
 National Registered Agents

Property Owner

Type of Ownership
 Limited Liability Company (RA required)

Legal Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
ST. ELIZABETHS HOSPITAL, BELLEVILLE	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	0.00
Reg. Nurses	3.00
Certified Aides	0.00
Other Hlth. Profs.	1.00
Other Non-Hlth. Profs	4.00
TOTAL	9.00

DAYS AND HOURS OF OPERATION

Monday	11
Tuesday	11
Wednesday	11
Thursday	11
Friday	11
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	58	49	107	Medicaid	6	22	28
15-44	172	249	421	Medicare	188	254	442
45-64	465	562	1,027	Other Public	135	138	273
65-74	133	205	338	Insurance	583	742	1,325
75+ Yea	85	97	182	Private Pay	1	6	7
TOTAL	913	1,162	2,075	Charity Care	0	0	0
				TOTAL	913	1,162	2,075

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR						Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense	Total Net Revenue
22.7%	1.3%	13.9%	61.8%	0.2%	100.0%		0%
2,599,240	152,481	1,593,082	7,078,104	28,296	11,451,203	0	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	1373	271.50	206.00	477.50	0.35
General	14	4.50	3.50	8.00	0.57
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	60	27.25	14.00	41.25	0.69
Otolaryngology	199	61.00	46.50	107.50	0.54
Pain Management	75	18.50	12.50	31.00	0.41
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	354	215.25	82.50	297.75	0.84
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2075	598.00	365.00	963.00	0.46

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Multi General	1	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	1	0	0	0	0.00