



FRAUENSHUH
HealthCare Real Estate Solutions

A National Resource for Physicians, Hospitals, and Health System Leaders

Ronald J. Smith
Principal
Co-Founder

July 20, 2010

Mr. Mike Constantino
Director of Project Review
Illinois Health Facilities Planning Board
525 W. Jefferson Street -- 2nd Floor
Springfield, IL 62702

RECEIVED

AUG 06 2010

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Subject: Alteration request Good Samaritan Medical Office Building (Project 08-050)

Project Title: Good Samaritan Physicians & Ambulatory Services Building
Permit Holders: Mt. Vernon Physicians, LLC, Good Samaritan Regional Health Center, and SSM Health Care

Dear Mr. Constantino:

Please accept this letter as a request for alteration of the above referenced project. The total space and the cost of this project remain the same. The space allocation within the project, however, is proposed to change.

As originally approved, the project allocates lease space in the amount of 13,675 GSF to the Physician Surgery Center at Good Samaritan (Project 08-070). However, the amount of space now proposed to be leased by the Surgery Center has been reduced to 10,937 GSF. (NOTE: The alteration for Project number 08-070 has been filed separately.) The space to be removed from the Surgery Center will remain in the project, and will be leased to physicians as part of the ongoing strategy for the Medical Office Building.

Since this alteration does not change the approved square footage of the project, nor the cost of the project, this letter serves to notify the State Agency and the Health Services Review Board of the change in allocation of space within the project.

Enclosed is the required application fee of \$1,000. Should you have any questions, or need clarification, please call my office at 952-829-3480.

Sincerely,

Ronald J. Smith, Principal
Frauenshuh HealthCare Real Estate Solutions

pc: Michael Warren, President, St. Mary's Good Samaritan, Inc.
Julie Long, Vice President, Strategic Planning & Marketing, SSM - St. Mary's Good Samaritan
Michael Copelin, Copelin Healthcare Consulting, Inc.
Joe Sullivan, Vice President, Construction and Development, Frauenshuh



STATE OF ILLINOIS
HEALTH FACILITIES PLANNING BOARD
525 WEST JEFFERSON STREET • SPRINGFIELD, ILLINOIS 62761 • (217)782-3518

January 31, 2009

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Michael Warren, Vice President
Good Samaritan Regional Health Center
605 North 12th Street
Mt. Vernon, Illinois 62864

RE: **PERMIT**: Illinois Health Facilities Planning Act 20 ILCS 3960

Dear Mr. Warren:

On January 28, 2009, the Illinois Health Facilities Planning Board approved the application for permit for the referenced project based upon the project's substantial conformance with the applicable standards and criteria of Part 1110 and 1120. In arriving at a decision, the State Board considered the findings contained in the State Agency Report, the application material, and any testimony made before the State Board.

PROJECT: #08-050 - Good Samaritan Physician and Ambulatory Services Building - The applicants are approved for the establishment of a medical office building at Veterans Memorial Drive and 42nd Street, Mt. Vernon, Illinois. The medical office building will house an ambulatory surgical treatment center, outpatient services, medical offices and other non-clinical services adjacent to Good Samaritan Regional Health Center in 141,139/GSF of new construction.

- **PERMIT HOLDERS**: Good Samaritan Regional Health Services, 605 North 12th Street, Mount Vernon, Illinois, SSM Regional Health Services, SSM Health Care Corporation, 477 N. Lindbergh, Blvd., St. Louis, Missouri and Mount Vernon Physicians, LLC, 7101 West 78th Street, Suite 100, Minneapolis, Minnesota. The operating entity/licensee is Mount Vernon Physicians, LLC, and the owner of the site is Good Samaritan Regional Health Services.

- **PERMIT AMOUNT**: \$43,458,347.

- **PROJECT OBLIGATED BY**: July 28, 2010

PROJECT COMPLETION DATE: December 31, 2012

This permit is valid only for the defined construction or modification, site, amount and the named permit holder and is not transferable or assignable.

OFFICE OF THE EXECUTIVE SECRETARY

In accordance with the Planning Act, the permit is valid until such time as the project has been completed, provided that all post permit requirements have been fulfilled, pursuant to the requirements of 77 Ill. Adm. Code 1130. The permit holder is responsible for complying with the following requirements in order to maintain a valid permit. Failure to comply with the requirements may result in expiration of the permit or in State Board action to revoke the permit.

1. OBLIGATION-PART 1130.720

The project must be obligated prior to the Project Obligation Date, unless the permit holder obtains an "Extension of the Obligation Period" as provided in 77 Ill. Adm. Code 1130.730.

2. ANNUAL PROGRESS REPORT-PART 1130.760

An annual progress report must be submitted to IDPH every 12-month from the permit issuance date until such time as the project is completed.

3. PROJECT COMPLETION REQUIREMENTS-PART 1130.770

The permit holder must submit a written notice of project completion as defined in Section 1130.140. Each permit holder shall notify HFPB within 30 days following the project completion date and provide supporting documentation within 90 days following the completion date and must contain the information required by Section 1130.770.

This permit does not exempt the project or permit holder from licensing and certification requirements, including approval of applicable architectural plans and specifications prior to construction. Should you have any questions regarding the permit requirements, please contact Mike Constantino.

Sincerely,



Jeffrey S. Mark
Executive Secretary

cc: William Bell
Karen Senger
Jody Gudgef
Project File



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Copy: Julie Dwyer
Ron Smith

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516

June 9, 2010

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mike Warren, President
Good Samaritan Regional Health Center
605 North 12th Street
Mt. Vernon, Illinois 62864

RE: EXTENSION OF OBLIGATION
Project #08-050 Good Samaritan Physicians & Ambulatory Building
Permit Holder: Mount Vernon's Physicians, LLC, Good Samaritan Regional Health Center, SSM Health Care Corporation, SSM Regional Health Services

Dear Mr. Warren:

On June 8, 2010 the Acting Chairman of the Illinois Health Facilities and Services Review Board approved an "Extension of the Obligation Period" for the above-captioned project. The approval was for a 12-month extension from July 28, 2010 to July 28, 2011. Therefore, this project must be obligated in accordance with the State Board Rule at 77 IAC 1130.720, no later than July 28, 2011.

PLEASE NOTE THAT 77 IAC 1130.730 ALLOWS ONLY ONE TWELVE-MONTH EXTENSION OF THE OBLIGATION PERIOD FOR EACH PROJECT. THEREFORE, THIS IS THE ONLY EXTENSION ALLOWABLE FOR THIS PROJECT.

Failure to meet the requirements for permit obligation will result in the permit being considered expired and the project abandoned.

The permit holder is also reminded of other post-permit requirements contained in "Subpart G" of Part 1130. Adherence to these requirements is essential in maintaining a valid permit and is the responsibility of the permit holder.

Should you have any questions, please contact our office at (217) 782-3516.

Sincerely,

Dale W. Galassie
Acting Chairman Illinois Health Facilities and
Services Review Board

Frauenshuh, Inc.

ILLHEA

IL Health Facilities Review Bd

DATE	INVOICE NO	DESCRIPTION	INVOICE AMOUNT	DEDUCTION	BALANCE
7-20-10	072010	Mt Vernon app for alte	1000.00	.00	1000.00
			RECEIVED		
			AUG 06 2010		
			HEALTH FACILITIES & SERVICES REVIEW BOARD		
CHECK DATE	7-20-10	CHECK NUMBER	17182	TOTAL >	1000.00
					.00
					1000.00

PLEASE DETACH AND RETAIN FOR YOUR RECORDS

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER



Frauenshuh, Inc.

7101 West 78th Street, Suite 100
Minneapolis, MN 55439
(952) 829-3480

US Bank

17-2-910

DATE
July 20, 2010

CHECK NO.
17182

AMOUNT
\$*****1,000.00

Pay: *****One thousand dollars and no cents

2 SIGNATURES REQUIRED IF OVER \$5000.00

PAY TO THE ORDER OF
IL Health Facilities Review Bd

VOID AFTER 60 DAYS

08-050 Good Sam MOB Alteration Request

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK—HOLD AT AN ANGLE TO VIEW

⑈000017182⑈ ⑆091000022⑆ 104756680237⑈