



1040 Robey Avenue  
Downers Grove, Illinois 60516

phone: 630.969.9188  
fax: 630.969.6224  
www.rescarepremier.com

June 1, 2010

Mike Constantino  
Project Review Section  
State of Illinois  
Health Facilities and Services Review Board  
525 West Jefferson St.  
Springfield, Illinois 62761

**RECEIVED**

JUN 03 2010

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

RE: Alteration of Projection 09-043, ResCare Premier Neuro Rehabilitation Center

Dear Mr. Constantino:

I am respectfully submitting the documentation needed to alter project 09-043 to add the co-applicant ResCare Inc..

I am including Section I, (page 4 of the application) that includes ResCare Inc as a co-applicant and the Certification with new signatures (page 12 of the application) and the new Certificate of Existence.

And finally, I am including the additional \$2000.00 fee for alteration of the application. If you have any questions, please do not hesitate to contact me at 630-969-9188.

Respectfully,

Janice M. Fryklund  
Executive Director  
ResCare Premier Neuro Rehabilitation Center

**Respect and Care**

**Assisting People to Reach Their Highest Level of Independence**

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

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

This Section must be completed for all projects.

**Facility/Project Identification**

Facility Name: ResCare Premier Neuro Rehabilitation Center		
Street Address: 1040 Robey Avenue		
City and Zip Code: Downers Grove 60516		
County: DuPage	Health Service Area 7	Health Planning Area: A-05

**Applicant Identification**

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

Exact Legal Name: Res-Care, Inc.
Address: 9901 Linn Station Road, Louisville, Kentucky 40223
Name of Registered Agent: GT Corporation System
Name of Chief Executive Officer: Ralph G. Gronsfeld, Jr.
CEO Address: 9901 Linn Station Road, Louisville, Kentucky 40223
Telephone Number: 502-394-2100

APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Type of Ownership**

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input checked="" type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
	<input type="checkbox"/> Other

a. Corporations and limited liability companies must provide an Illinois certificate of good standing.  
 b. Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

**Primary Contact**

[Person to receive all correspondence or inquiries during the review period]

Name: Janice Fryklund
Title: Executive Director
Company Name: ResCare Premier Neuro Rehabilitation Center
Address: 1040 Robey Avenue, Downers Grove, Illinois 60516
Telephone Number: 630-969-9188
E-mail Address: jfryklund@rescare.com
Fax Number: 630-969-6224

**Additional Contact:**

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

Name: David Rastoka
Title: Regional Director
Company Name: Res-Care, Inc.
Address: 6170 Busch Boulevard, Columbus, Ohio 43229
Telephone Number: 614-880-3002
E-mail Address: drastoka@rescare.com
Fax Number: 614-880-3014

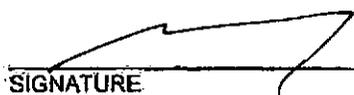
**CERTIFICATION**

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- o In the case of a corporation, any two of its officers or members of its Board of Directors;
- o In the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- o In the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o In the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o In the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Res-Care, Inc.

In accordance with the requirements and procedures of the Illinois Health Facilities Planning Act, The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

  
SIGNATURE

Ralph G. Gronfeld, Jr.  
PRINTED NAME

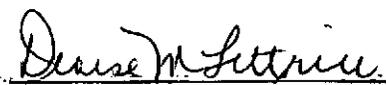
President & CEO  
PRINTED TITLE

  
SIGNATURE

DAVID S. WASKEY  
PRINTED NAME

GENERAL COUNSEL, CCO & SECRETARY  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me:  
this 23 day of May, 2010.

  
Signature of Notary  
**Denise M. Litrell, Notary Public**  
State at Large, Kentucky  
My Commission Expires 1/19/2013

Seal

Notarization:  
Subscribed and sworn to before me:  
this 19<sup>th</sup> day of May, 2010.

  
Signature of Notary  
State at Large - KY

Seal

Expires:  
7-12-2011

\*Insert EXACT legal name of the applicant

Commonwealth of Kentucky  
Trey Grayson, Secretary of State

Trey Grayson  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 98302  
Visit <http://apps.sos.ky.gov/business/obdb/certvalidate.aspx> to authenticate this certificate.

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

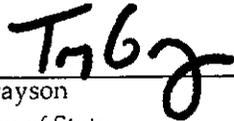
**RES-CARE, INC.**

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is December 16, 1974 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 19<sup>th</sup> day of May, 2010, in the 218<sup>th</sup> year of the Commonwealth.



  
Trey Grayson  
Secretary of State  
Commonwealth of Kentucky  
98302/0044038

THIS DOCUMENT CONTAINS SECURITY FEATURES - THE FACE HAS A COLORED BACKGROUND ON WHITE PAPER.

NATIONAL CITY BANK OHIO  
ASHLAND, OH

NO. 601583295

RESCARE, INC.  
COMMUNITY SERVICES GROUP  
9901 LINN STATION ROAD  
LOUISVILLE, KY 40223

56-389  
412

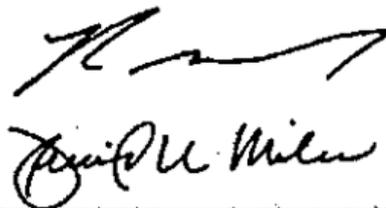
DATE  
20-MAY-10

AMOUNT  
\*\*\*\*\*2,000.00

PAY Two Thousand Dollars And 00 Cents\*\*\*\*\*

VOID AFTER 180 DAYS

TO THE ORDER OF ILLINOIS DEPT OF PUBLIC HEALTH  
525 W JEFFERSON ST  
SPRINGFIELD, IL 62761



09-043 Alteration Request

THIS DOCUMENT CONTAINS A TRUE WATER MARK - HOLD TO LIGHT TO VERIFY.

⑈601583295⑈ ⑈041203895⑈ 0182991⑈