

Constantino, Mike

From: Jack Axel [jacobmaxel@msn.com]
Sent: Saturday, February 12, 2011 9:54 AM
To: Constantino, Mike
Subject: RE: 10-077 Heartland site control
Attachments: site controll.doc

RECEIVED

FEB 14 2011

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Sorry. Pls see atatched.

From: Mike.Constantino@Illinois.gov
To: jacobmaxel@msn.com
Date: Sat, 12 Feb 2011 08:29:23 -0600
Subject: RE: 10-077 Heartland site control

Jack I need the operating entity licensee also

Mike Constantino
Illinois Department of Public Health
525 West Jefferson
Springfield, Illinois 62761
Fax:(217) 785-4111
Phone:(217) 785-1557

PLEASE NOTE MY EMAIL ADDRESS HAS BEEN CHANGED TO
MIKE.CONSTANTINO@ILLINOIS.GOV

From: Jack Axel [mailto:jacobmaxel@msn.com]
Sent: Friday, February 11, 2011 11:28 AM
To: Constantino, Mike
Subject: 10-077 Heartland site control

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance]

Name:	Philip G. Dionne
Title:	CEO
Company Name:	Heartland Regional Medical Center
Address:	3333 W. DeYoung Street Marion, IL 62959
Telephone Number:	618/998-7000
E-mail Address:	Philip_g_Dionne@chs.net
Fax Number:	

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Marion Hospital Corporation
Address of Site Owner:	915 W. Main Street Marion, IL 62959
Street Address or Legal Description of Site:	3333 W. DeYoung Street Marion, IL 62959

APPEND DOCUMENTATION AS **ATTACHMENT-2**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name:	Marion Hospital Corporation d/b/a Heartland Regional Medical Center		
Address:	3333 W. DeYoung Street Marion, IL 62959		
<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

Corporations and limited liability companies must provide an Illinois certificate of good standing.
 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.

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person who is related (as defined in Part 1130.140). If the related person is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS **ATTACHMENT-3**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org . This map must be in a readable format. In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (http://www.idph.state.il.us/about/hfpb.htm).
--

APPEND DOCUMENTATION AS **ATTACHMENT 4**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.