12-028

Roate, George

From: Muench, Lee B. [LMuench@mcguirewoods.com]
Sent: Wednesday, March 28, 2012 2:52 PM
To: Roate, George
Cc: Downing, Scott P.; Clark, Jeffrey C.; Pivnick, David J.
Subject: Co-applicant information: PMI Diagnostic Imaging, LLC
Attachments: Co-Applicant Page.pdf; PMI - Certificate of Good Standing.pdf; Receipt - Certificate of Good Standing.pdf; Signed Certificate from CON Application.pdf

Mr. Roate,

I apologize for the delay. Dr. Wardell was in surgery all of Monday and Tuesday and was unable to sign the Certificate page of the CON Application before a notary until today.

Attached please find the following documents: (1) the completed Co-Applicant page for PMI; (2) the signed Certificate from page 10 of the Certificate of Need Application; (3) the receipt we received after ordering the Certificate of Good Standing for PMI Diagnostic Imaging, LLC from the Illinois Secretary of State; and (4) the Certificate of Good Standing itself.

Based on our conversation, I believe that these documents are all the state needs in order to deem Orland Park Surgical Center's Certificate Need Application complete. I will follow up with you to confirm shortly.

Thank you for your help,

Lee

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Lee B. Muench
McGuireWoods LLP
77 West Wacker Drive
Suite 4100
Chicago, IL 60601-1818
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SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Orland Park Surgical Center		
Street Address: 9550 W 167th St		
City and Zip Code: Orland Park, IL 60467		
County: Cook	Health Service Area: 7	Health Planning Area: 7

Applicant /Co-Applicant Identification
[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: PMI Diagnostic Imaging, LLC
Address: 7600 West College Drive, Palos Heights, IL
Name of Registered Agent: David Hochman
Name of Chief Executive Officer: Dr. Scott Price
CEO Address: 7600 West College Drive, Palos Heights, IL
Telephone Number: (708) 361-0600

Type of Ownership of Applicant/Co-Applicant

- ☐ Non-profit Corporation
- ☐ For-profit Corporation
- ☒ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ Sole Proprietorship
- ☐ 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.

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

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

Name: Steven R. Wardell, M.D.
Title: Vice President
Company Name: PMI Diagnostic Imaging, LLC
Address: 7600 West College Drive, Palos Heights, IL 60463
Telephone Number: (708) 361-0600
E-mail Address: swardell@parkviewortho.com
Fax Number: (708) 361-8710

Additional Contact

Name: Jeffrey C. Clark
Title: Attorney at Law
Company Name: McGuireWoods, LLP
Address: 77 West Wacker Drive, Suite 4100, Chicago, Illinois 60601-1818
Telephone Number: (312) 750-8636
E-mail Address: jclark@mcguirewoods.com
Fax Number: (312) 920-7230

March 23, 2012

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Teresa Koziara
McGuireWoods LLP
77 West Wacker Drive
Suite 4100
Chicago IL 60601-1818

RE : Order # 8425356 SO - PMI Diagnostic Imaging LLC (IL)
Customer Reference #1: PMI Diagnostic Imaging LL
Customer Reference #2: PMI Diagnostic Imaging LL

Thank you for your order. We understand that your deadline to have evidence, results, or document copies in hand is 03/23/12. If any delays occur, we will contact you immediately.

The attached confirmation will provide a detailed listing of the services you requested by entity, service and jurisdiction, including an estimate of the anticipated costs. Please note that the estimate does not include any disbursement charges such as copy, fax, or transportation expenses.

If you have any additions or changes to this order, please contact us immediately.

In addition, if you would like to prepay your order or get more information on payment options such as credit card and wire transfers, please do not hesitate to contact me.

If you have any questions, please do not hesitate to call.

We appreciate this opportunity to be of service.

Sincerely,

Diana Gierut
Chicago Corporate Team 3
C T Corporation System
208 South LaSalle Street
Suite 814
Chicago IL 60604

Phone: (312)345-4332
Fax: (312)750-0660
Email: Diana.Gierut@wolterskluwer.com

CT
a Wolters Kluwer business
www.ctlegalsolutions.com

Teresa Koziara
McGuireWoods LLP
77 West Wacker Drive
Suite 4100
Chicago IL 60601-1818

Estimate

Phone: Fax:

THIS IS NOT AN INVOICE A final invoice will be issued upon completion of your request. Please contact us with any questions.

FOR INQUIRIES CONTACT:
Diana Gierut
Chicago Corporate Team 3
CT Corporation
208 South LaSalle Street
Suite 814
Chicago IL 60604

Phone: (312)345-4332 Fax: (312)750-0660
Attention: Diana Gierut
(Federal Tax ID# 51-0006522)

INVOICE NUMBER		INVOICE DATE
		03/23/12
ORDER NUMBER	ORDER DATE	CUSTOMER NUMBER
8425356 SO	03/23/12	1412494
CUSTOMER REFERENCE - 1	CUSTOMER REFERENCE - 2	
PMI Diagnostic Imaging LL	PMI Diagnostic Imaging LL	
REQUESTED BY		AMOUNT DUE
Teresa Koziara		$ 93.00

Page 1 of 1

	SERVICE CHARGES	DISBURSEMENTS	AMOUNT DUE
PMI Diagnostic Imaging LLC (IL)			
Services -			
Certificate of Good Standing-Domestic - Illinois	68.00		
Disbursements -			
Certificate of Good Standing-Domestic - Illinois		25.00	
SUBTOTAL	**68.00**	**25.00**	**$93.00**

SUMMARY

Service Charges	$68.00
Disbursements	25.00
TOTAL AMOUNT DUE	**$ 93.00**

File Number 0011672-6

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To all to whom these Presents Shall Come, Greeting:

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

PMI DIAGNOSTIC IMAGING, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 07, 1997, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

Authentication #: 1208302052

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

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 23TH *day of* MARCH *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

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CERTIFICATION

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

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- 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);
- 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);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of PMI Diagnostic Imaging, LLC * 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	SIGNATURE
STEVEN R. WARDELL, MD PRINTED NAME	PRINTED NAME
VICE-PRESIDENT PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 28th day of MARCH, 2012	Notarization: Subscribed and sworn to before me this _____ day of _____
Cindy Ferrin Signature of Notary	Signature of Notary
Seal	Seal

OFFICIAL SEAL
CINDY FERRIN
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:12/16/13

*Insert EXACT legal name of the applicant