

Constantino, Mike

From: Anne Cooper [ACooper@Polsinelli.com]
Sent: Monday, July 09, 2012 9:51 AM
To: Constantino, Mike
Subject: RE: 12-063
Attachments: Ottawa CON Application Contact p.pdf

Mike,

Here is the updated page with my contact information. Let me know if you need anything else.

Anne



Anne M. Cooper 161 N. Clark Street
Attorney Suite 4200
Chicago, IL 60601

acooper@polsinelli.com
Add me to your address book.

tel: 312.873.3606
fax: 312.873.2957



please consider the environment before printing this email.

From: Constantino, Mike [<mailto:Mike.Constantino@Illinois.gov>]

Sent: Monday, July 09, 2012 9:13 AM

To: Anne Cooper

Subject: 12-063

Good Morning Anne:

I need for you to provide us with application page with you as one of the contacts on this application.

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

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**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: Ottawa Pavilion		
Street Address: 800 East Center Street		
City and Zip Code: Ottawa, Illinois 61350		
County: LaSalle	Health Service Area: 2	Health Planning Area: LaSalle

Applicant /Co-Applicant Identification

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

Exact Legal Name: Ottawa Pavilion, Ltd.
Address: 800 East Center Street, Ottawa, Illinois 61350
Name of Registered Agent: MS Registered Agent Services
Name of Chief Executive Officer: Steven Goldstein
CEO Address: 800 East Center Street, Ottawa, Illinois 61350
Telephone Number:

Type of Ownership of Applicant/Co-Applicant

<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
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois certificate of good standing. o 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: Charles P. Sheets
Title: Attorney
Company Name: Polsinelli Shughart PC
Address: 161 North Clark Street, Suite 4200, Chicago, Illinois 60601
Telephone Number: 312-873-3605
E-mail Address: csheets@polsinelli.com
Fax Number:

Additional Contact

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

Name: Anne M. Cooper
Title: Attorney
Company Name: Polsinelli Shughart PC
Address: 161 North Clark Street, Suite 4200, Chicago, Illinois 60601
Telephone Number: 312-873-3606
E-mail Address: acooper@polsinelli.com
Fax Number: