

# Holland & Knight

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Clare Connor Ranalli  
(312) 578-6567  
clare.ranalli@hklaw.com

August 7, 2012

Via UPS

Mike Constantino  
Supervisor - Project Review  
Health Facilities & Service Review Board  
525 W. Jefferson St., 2nd Floor  
Springfield, IL 62761

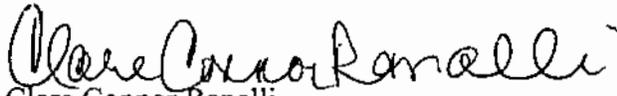
Re: MetroSouth Medical Center  
Application to Establish AMI Category of Service

Dear Mr. Constantino:

Per our conversation, enclosed are the Certification pages to the above Application for MetroSouth Medical Center.

Please feel free to call me with any questions.

HOLLAND & KNIGHT LLP

  
Clare Connor Ranalli

CCR:mjy  
Enclosures

cc: James Rayome  
Enrique Beckmann, M.D.

12-073

RECEIVED

AUG 08 2012

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

**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 behalf of Blue Island Hospital Company, LLC dba MetroSouth Medical Ctr. \* 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.

Martin G. Schweinhart  
SIGNATURE

Martin G. Schweinhart  
PRINTED NAME

President  
PRINTED TITLE

Rachel A. Seifert  
SIGNATURE

Rachel A. Seifert  
PRINTED NAME

Executive Vice President and Secretary  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 6<sup>th</sup> day of August, 2012

Mary Ann Eckman  
Signature of Notary

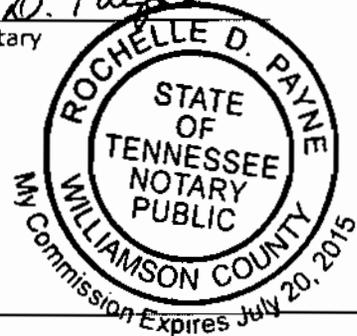
Seal



Notarization:  
Subscribed and sworn to before me  
this 6<sup>th</sup> day of August 2012

Rochelle D. Payne  
Signature of Notary

Seal



\*Insert EXACT legal name of the applicant.

My Comm. Expires  
September 27, 2015

**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 behalf of Community Health Systems, 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

Martin G. Schweinhart

PRINTED NAME

Senior Vice  
President - Operations

PRINTED TITLE

  
 \_\_\_\_\_

SIGNATURE

Rachel A. Seifert

PRINTED NAME

Executive Vice President and Secretary

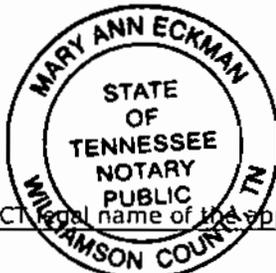
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 6th day of August, 2012

  
 \_\_\_\_\_  
 Signature of Notary

Seal

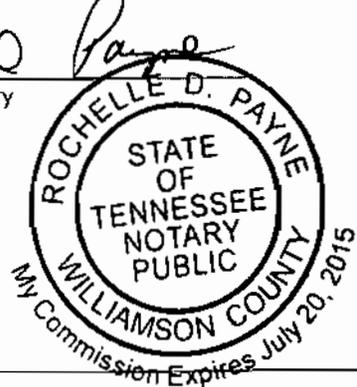


Notarization:

Subscribed and sworn to before me  
this 6th day of August 2012

  
 \_\_\_\_\_  
 Signature of Notary

Seal



\*Insert EXACT legal name of the applicant