



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

November 24, 2015

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Nasar Rustom, President
Preferred SurgiCenter
10 Orland Square Drive
Orland Park, Illinois 60462

Re: Final Cost Report. Section 1130.770
Project #13-007, Preferred SurgiCenter
Permit Holder: Preferred SurgiCenter

Dear Mr. Rustom:

We are in receipt of your final project cost report for Permit #13-007 dated March 6, 2015. The report is in compliance with State Board Rules (77 IAC 1130.140 and 1130.770). Based upon your report, our records will show that the permit had a final realized cost of \$3,316,150 and a project completion date of March 9, 2015 the date we received your report. No further action by the permit holder is required for this permit in relationship to the Illinois Health Facilities Planning Act.

Should you have any questions or concerns please contact Mike Constantino or George Roate of my staff at Mike.Constantino@illinois.gov or George.Roate@illinois.gov or 217.782.3516.

Sincerely,

A handwritten signature in black ink that reads "Kathy Olson".

Kathy Olson, Board Chair
Illinois Health Facilities and Services Review Board