



*Where Excellence Is Expected*

**RECEIVED**

**OCT 08 2013**

**HEALTH FACILITIES &  
SERVICES REVIEW BOARD**

September 30, 2013

TO: George Roate

FROM: Christopher J. Dials 

SUBJECT: Supplemental Information for Project No. 13-038

I am providing the co-application information for Transitional Care Center of Naperville  
Project No. 13-038.

**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: Transitional Care Center of Naperville		
Street Address: Southwest corner of Commons Road and Mill Street		
City and Zip Code: Naperville, IL 60563		
County: DuPage	Health Service Area 7	Health Planning Area: 7-C

**Applicant /Co-Applicant Identification**

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

Exact Legal Name: Transitional Care Management LLC
Address: 6400 Shafer Court Suite 600, Rosemont, Illinois 60018
Name of Registered Agent: Steve Cloch
Name of Chief Executive Officer: Brian Cloch
CEO Address: 6400 Shafer Court Suite 600, Rosemont, Illinois 60018
Telephone Number: 847-720-8700

**Type of Ownership of Applicant/Co-Applicant**

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
	<input type="checkbox"/> Other

- 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: Brian Cloch
Title: CEO
Company Name: Transitional Care Management, LLC
Address: 6400 Shafer Court Suite 600, Rosemont, Illinois 60018
Telephone Number: 847-720-8700
E-mail Address: bcloch@tc-mgmt.com
Fax Number: 847-720-8701

**Additional Contact**

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

Name: Christopher J. Dials
Title: Director
Company Name: Revere Healthcare, Ltd.
Address: 112 Cary Street, Cary, IL 60013
Telephone Number: 847-516-4900 x312
E-mail Address: cdials@reverehc.com
Fax Number: 847-516-2260