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ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

AUG 07 2013

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

HEALTH FACILITIES &
SERVICES REVIEW BOARD

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Nocturnal Dialysis Spa
Street Address: 1634 S. Ardmore Ave.
City and Zip Code: Villa Park, IL 60181
County: DuPage Health Service Area VII Health Planning Area: 7

Applicant /Co-Applicant Identification

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

Exact Legal Name: : Nocturnal Dialysis Spa,LLC
Address:1634 S. Ardmore Ave, Villa Park, IL 60181
Name of Registered Agent: : Hamid Humayun M.B.B.S., MD., F.A.C.P., F.A.S.N
Name of Chief Executive Officer: : Hamid Humayun M.B.B.S., MD., F.A.C.P., F.A.S.N
CEO Address: 610 s. Maple St. Oak Park, Illinois 60304
Telephone Number:708-660-4100 or 630-484-1977

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: Hamid Humayun M.B.B.S., MD., F.A.C.P., F.A.S.N.
Title: CEO
Company Name: Nocturnal Dialysis Spa, LLC
Address: 1634 S. Ardmore Ave, Villa Park, IL 60181
Telephone Number: 708-660-4100 or 630-484-1977
E-mail Address: Makidney@yahoo.com
Fax Number:

Additional Contact

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

Name: Michael I. Copelin
Title: President
Company Name: Copelin Healthcare Consulting
Address: 42 Birch Lake Drive, Sherman, Illinois 62684
Telephone Number: 217-496-3712
E-mail Address: Micbball@aol.com
Fax Number: 217-496-3094

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**

Name: Hamid Humayun M.B.B.S., MD., F.A.C.P., F.A.S.N.
Title: CEO
Company Name: Nocturnal Dialysis Spa, LLC
Address: 1634 S. Ardmore Ave, Villa Park, IL 60181
Telephone Number 708-660-4100 or 630-484-1977:
E-mail Address: Makidney@yahoo.com
Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: HT 786 Trust
Address of Site Owner: 110 Livery Circle, Oak Brook, Illinois 60523
Street Address or Legal Description of Site: 1634 S. Ardmore Ave., Villa Park, IL 60181
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
APPEND DOCUMENTATION AS <u>ATTACHMENT-2</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name: : Nocturnal Dialysis Spa, LLC
Address: : 1634 S. Ardmore Ave, Villa Park, IL 60181
<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
<ul style="list-style-type: none"> ○ 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. ○ Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.
APPEND DOCUMENTATION AS <u>ATTACHMENT-3</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.