

15-038

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT

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SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

SEP 23 2015

This Section must be completed for all projects.

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name:	Rockford Memorial Hospital-Riverside Boulevard Campus		
Street Address:	I-90/39 & East Riverside Blvd. (legal description provided)		
City and Zip Code:	Rockford Township, Winnebago County, Illinois 61114		
County:	Winnebago	Health Service Area	I Health Planning Area: B-01

Applicant /Co-Applicant Identification

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

Exact Legal Name:	Rockford Memorial Hospital
Address:	2400 N. Rockton Avenue Rockford, IL 61103
Name of Registered Agent:	
Name of Chief Executive Officer:	Javon R. Bea
CEO Address:	2400 N. Rockton Avenue Rockford, IL 61103
Telephone Number:	815/971-5000

Type of Ownership of Applicant/Co-Applicant

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

- 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.

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]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7004

Additional Contact

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

Name:	Dan Parod
Title:	Senior Vice President
Company Name:	Rockford Health System
Address:	2350 N. Rockton Avenue Rockford, IL 61103
Telephone Number:	815/971-5000
E-mail Address:	dparod@rhsnet.org
Fax Number:	815/961-1449

September 15, 2015

**RECEIVED**

SEP 23 2015

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

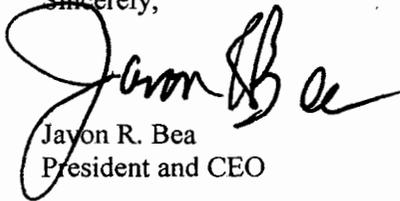
Illinois Health Facilities  
and Services Review Board  
525 West Jefferson  
Springfield, IL 62761

**Re: Compliance with IHFSRB's Second Year Target Utilization Rate**

To Whom It May Concern:

This letter is being written for inclusion in the Certificate of Need applications addressing the establishment of a new hospital on Rockford Memorial Hospital's property located at the intersection of I-90/39 and East Riverside Boulevard in Rockford Township, Winnebago County, Illinois, and the modernization of Rockford Memorial Hospital's current campus, located at 2400 North Rockton Avenue, in Rockford, Illinois. Please be advised that it is my expectation and understanding that by the second year following the projects' completion, each of the IDPH-designated categories of service addressed in the filed Certificate of Need applications will be operating at the IHFSRB's target utilization rate, and that they will, at minimum, maintain this level of utilization thereafter.

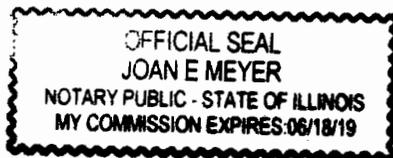
Sincerely,

  
Javon R. Bea  
President and CEO

STATE OF ILLINOIS

COUNTY OF WINNEBAGO

**BE IT KNOWN**, that, on the 15<sup>th</sup> day of September, 2015, before me personally came Javon R. Bea, President and CEO, who executed the foregoing instrument, and he acknowledged to me that he executed the same.



  
Notary Public