

0412007



**Illinois Department of
PUBLIC HEALTH**

HF106381

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

LaMar Hasbrouck, MD, MPH

Issued under the authority of
the Illinois Department of
Public Health

Acting Director

EXPIRATION DATE	CATEGORY	I.D. NUMBER
8/20/2015		7002140
Ambulatory Surgery Treatment Center		
Effective: 08/21/2014		

**Advantage Health Care, Ltd.
203 E. Irving Park Road
Wood Dale, IL 60191**

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #4012320 10M 3/12

↑
DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp. Date 8/20/2015

Lic Number 7002140

Date Printed 7/29/2014

Validation Num 1875

Advantage Health Care, Ltd.

203 E. Irving Park Road
Wood Dale, IL 60191

FEE RECEIPT NO.



Ambulatory Surgical Treatment Center Renewal Licensure

ASTC ID No. <u>7002140</u>
Program Category - 86
Department Use Only

IMPORTANT NOTICE: Pursuant to the Ambulatory Surgical Treatment Center Licensing Act (210 ILCS 55/1 et seq.) and the rules of the Department of Public Health entitled "Ambulatory Surgical Treatment Center Licensing Requirements" (77 IL Adm Code 205).

\$300 Application Fee

1. Facility Name/Address

Name of ASTC Advantage Health Care, Ltd.

Address 203 E. Irving Park Rd.

City Wood Dale County DuPage State IL Zip Code 60191

Telephone Number (Area Code) 630-595-1515 Fax Number 630-595-9097 E-mail accounting@officegci.com

Administrator's Signature

The Administrator of the facility must review this survey form for completeness and accuracy, then sign and date in the spaces below to certify that, to the best of his/her knowledge, the information provided is complete and accurate.

Typed or Printed Administrator Name hmmcy Administrator Signature (original only) [Signature] Date of Completion 7/1/2014

Signed and Sworn (or attested) to before me this 1st day of July 20 14



[Signature]
Notary Public

My commission expires 03/06 20 17

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under (210 ILCS 5/1 et seq.). Disclosure of this information is mandatory, this form has been approved by the Forms Management Center

DUE DATE: 30 DAYS PRIOR TO THE EXPIRATION OF YOUR CURRENT LICENSE

07/09/14 #300.00 Check #1875 A-N-L-F-O-CI-P-R



Ambulatory Surgical Treatment Center Renewal Licensure

2. Ownership

1. Please indicate type of ownership with an "X":

- | | |
|-----------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Limited Liability Partnership (*RA) |
| <input checked="" type="checkbox"/> Corporation (*RA) | <input type="checkbox"/> Limited Liability Company (*RA) |
| <input type="checkbox"/> Partnership (Registered within county) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership (*RA) | * RA - Registered Agent |

2. Registered Agent

If your facility ownership indicated above requires a registered agent, please indicate the name, address (including zip code plus four), and telephone number of this person or company. (If you are unable to identify this person or company, contact the Secretary of State's office to identify the facility's registered agent)

Name of Illinois Registered Agent: State Registry Ltd.

Address of Illinois Registered Agent: 3 Golf Center Rd., # 356

City, State, Zip Code plus four: Hoffman Estates IL 60169

Telephone of Illinois Registered Agent (including area code): 847-255-7400

3. Ownership Information

If your facility is required to have a Registered Agent (see #2 above) or is required to have at least three officers, list the name of the state where the home or parent firm is incorporated or registered.

Name of Parent Firm or Organization: Advantage Health Care, Ltd.

State where Parent Firm or Organization is Incorporated or Registered: Illinois

List the name and address of the following officers:

TITLE	NAME	FULL ADDRESS
President	<u>Vijay Goyal</u>	<u>P.O. Box 1025 Arlington Hts IL 60006</u>
Vice-President	<u>Vinod Goyal/Vijay Goyal/Jessica Bridgewater</u>	<u>P.O. Box 1025 Arlington Hts IL 60006</u>
Secretary	<u>Edyta Barabas</u>	<u>P.O. Box 1025 Arlington Hts IL 60006</u>
Treasurer	<u>Vinod Goyal</u>	<u>P.O. Box 1025 Arlington Hts IL 60006</u>



Ambulatory Surgical Treatment Center Renewal Licensure

4. Shareholder Information

If your ASTC is a CORPORATION, list the number of shares held by shareholders with more than five percent of common stock or the top five stockholders, whichever is less. Also, indicate the percentage of total shares that each stockholder holds.

NAME OF STOCKHOLDER	SHARES HELD	PERCENT OF SHARES
Acclaim Health Center, Ltd.		80%
Amucare Health Center, Ltd.		20%

5. Other Ownership

Owners

If your facility is a SOLE PROPRIETORSHIP, PARTNERSHIP, LIMITED PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP, LIMITED LIABILITY COMPANY, or OTHER-owned, list the name of the owner(s), the address (es) of each owner, the owner(s)'s profession, and the business that employs each owner. If the owner is self-employed, indicate this by entering "SELF" in the PROFESSION column.

NAMES OF OWNERS	FULL ADDRESS	PROFESSION	BUSINESS NAME
N/A			

6. Contract Management

If management or operation of the ASTC is performed by independent contractor(s) and not an employee, list the individual name(s) and address(es) of the independent contractor(s). If management or operation is not performed by independent contractor(s), indicate this by checking the box.

Check here if not applicable

NAME	FULL ADDRESS
N/A	



Ambulatory Surgical Treatment Center Renewal Licensure

7. History of Conviction

Have any of the following been convicted of a felony, or of two or more misdemeanors involving moral turpitude in the last five years? (If yes, attach explanation as Exhibit I)

- | | | |
|-----------------------------------------------------|------------------------------|----------------------------------------|
| 1. Applicant | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. Any member of a firm, partnership or association | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. Any officer or director of a corporation | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4. Administrator or manager of ASTC | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

3. ADMINISTRATION AND PERSONNEL

1. Administrator (attach resume as Exhibit II)

Name Nancy Nelson

Address 203 E. Irving Park Rd., Wood Dale, IL 60191

Telephone Number 630-595-1515

License Number N/A

2. Medical Director (attach resume as Exhibit III)

Name: Vinod Goyal M.D.

Address: 203 E. Irving Park Rd, Wood Dale, IL 60191

Telephone Number 630-595-1515

License Number 036-049046

3. Supervising Nurse (attach resume as Exhibit IV)

Name: Margaret Jannotta, R.N.

Address: 203 E. Irving Park Rd, Wood Dale, IL 60191

Telephone Number 630-595-1515

License Number 041-198775



SUPPLEMENT II

Personnel: List position and/or classification; name, education, experience, professional licensure or certification.

POSITION AND/OR CLASSIFICATION	NAME	LICENSE NUMBER, REGISTRATION CERTIFICATION, AND YEARS EXPERIENCE
Assistant Administrator	Nancy Nelson	10 yrs
Assistant Manager/Medical Records	Marisela Stevens	20 yrs
Laboratory Technician	Luzvida Echiverri	25 yrs
Lab/Medical Assistant	Avery Habel	8 yrs
Medical Assistant/Ultrasound Tech	Rodriguez, Gisela	7 yrs
Medical Assistant	Alison Arakelilan	3 months
Medical Assistant	Delia Mercado	2 months
Medical Assistant	Jocelyn Benitez	2 months
Medical Assistant	Barbara White	3 months
Receptionist/Cashier	Mary Mitchell	3 months
Receptionist/Cashier/MA	Jessica Rosario	6 months
Health Educator	Linda Ruppenthal	6 yrs
Specimen Technician	Eugene Jaworski	23 yrs
Ultrasound/MA	Diana Dimitrova	3 yrs
RN	Margaret Jannotta	30 yrs License: 041-198775
RN	Eva Banach	30 yrs License: 041-218525
RN	Courtney Dunnom	7 months License:041-413747
RN	Rukhsana Mirza	5 months License:041-416230



Personnel (continued)

POSITION AND/OR CLASSIFICATION	NAME	LICENSE NUMBER, REGSITRATION, CERTIFICATION, AND YEARS EXPERIENCE



SUPPLEMENT III

List Consulting Committee approved surgical specialties and procedures

Effective March 1, 1995, the Illinois Health Facilities Planning Board implemented a provision requiring a Planning Board permit for the addition of surgical specialties that had not been approved prior to March 1, 1995. Therefore, your application should not include specialties that require Planning Board approval. Surgical specialties can be added under your license once the Planning Board approval has been obtained.



Ambulatory Surgical Treatment Center Renewal Licensure

ASTC Renewal Licensure Application Checklist

- Completed Application
- Articles of Incorporation
- Administrator's Resume
- Medical Director's Resume
- Supervising Nurse's Resume
- List of Medical Staff
- Separate list of Personnel Staff
- Surgical Procedures and services provided
- Renewal fee of \$300

Form **BCA-2.10**
(Rev. Jan. 1991)

ARTICLES OF INCORPORATION

PAID
NOV 12 1996

George H. Ryan
Secretary of State
Department of Business Services
Springfield, IL 62756

This space for use by Secretary of State

SUBMIT IN DUPLICATE!

FILED

NOV 12 1996

GEORGE H. RYAN
SECRETARY OF STATE

This space for use by
Secretary of State

Date 11-12-96
Franchise Tax \$ 25.00
Filing Fee \$ 75.00
Approved: J \$ 100.00

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

1. CORPORATE NAME: Advantage Healthcare, Ltd.

(The corporate name must contain the word "corporation", "company," "incorporated," "limited" or an abbreviation thereof.)

2. Initial Registered Agent: Joseph H. Horwitz
First Name Middle Initial Last name
 Initial Registered Office: 1776 S Naperville Road
Number Street Suite #
Wheaton IL 60187
City Zip Code County
DuPage

3. Purpose or purposes for which the corporation is organized:
(If not sufficient space to cover this point, add one or more sheets of this size.)

The transaction of any or all lawful businesses for which corporations may be incorporated under the Illinois Business Corporation Act of 1983.

(44)

4. Paragraph 1: Authorized Shares, Issued Shares and Consideration Received:

Class	Par Value per Share	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
<u>Common</u>	<u>s</u>	<u>10,000</u>	<u>1,000</u>	<u>\$1,000.00</u>
				TOTAL = \$1,000.00

Paragraph 2: The preferences, qualifications, limitations, restrictions and special or relative rights in respect of the shares of each class are:

(If not sufficient space to cover this point, add one or more sheets of this size.)

5911-524-3

(over)

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11-4
11/14

5. OPTIONAL: (a) Number of directors constituting the initial board of directors of the corporation: _____
 (b) Names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and qualify:

Name	Residential Address	City, State, ZIP

6. OPTIONAL: (a) It is estimated that the value of all property to be owned by the corporation for the following year wherever located will be: \$ _____
 (b) It is estimated that the value of the property to be located within the State of Illinois during the following year will be: \$ _____
 (c) It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: \$ _____
 (d) It is estimated that the gross amount of business that will be transacted from places of business in the State of Illinois during the following year will be: \$ _____

7. OPTIONAL: OTHER PROVISIONS
 Attach a separate sheet of this size for any other provision to be included in the Articles of Incorporation, e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting majority requirements, fixing a duration other than perpetual, etc.

8. NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)

The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated 11-4, 19 96

1. Joseph H. Horwitz
 Signature and Name
 Signature
 Joseph H. Horwitz
 (Type or Print Name)

2. _____
 Signature
 (Type or Print Name)

3. _____
 Signature
 (Type or Print Name)

1. 1776 S Naperville Road Suite 203-A
 Address
 Street
 Wheaton Ill 60187
 City/Town State Zip Code

2. _____
 Street
 City/Town State Zip Code

3. _____
 Street
 City/Town State Zip Code

(Signatures must be in ink on original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)
 NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be by its president or vice president and verified by him, and attested by its secretary or assistant secretary.

FEE SCHEDULE

- The initial franchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this state, with a minimum of \$25.
- The filing fee is \$75.
- The minimum total due (franchise tax + filing fee) is \$100. (Applies when the Consideration to be Received as set forth in Item 4 does not exceed \$16,667)
- The Department of Business Services in Springfield will provide assistance in calculating the total fees if necessary.

Illinois Secretary of State
 Department of Business Services
 Springfield, IL 62756
 Telephone (217) 782-9522
 782-9523

Nancy Nelson

Advantage Health Care Ltd., Wood Dale IL

2012-Present

Acting Administrator

- Responsible for administrative aspects of facility
- Scheduling of nurses and clinical staff
- Inventory monitoring

Forestview Medical Center Ltd., Des Plaines IL

2007-2014

Acting Administrator

- Responsible for administrative aspects of facility
- Scheduling of nurses and clinical staff
- Inventory monitoring

Dimensions Medical Center Ltd., Des Plaines IL

2003-2007

Office Manager

- Supervision and scheduling of office staff
- Assist administrator with projects
- Maintain employees' files

Horizons Children's Academy, Wheeling IL

1999-2003

Executive Assistant

- Monitored building maintenance
- Drafted policies and procedures
- Created forms
- Composed correspondence

Gillis Associated Industries, Prospect Heights IL

1998-1999

Executive Assistant

- Coordinated travel arrangements for executives
- Obtained and maintained certificates of insurance

Advantage Health Care
 ASTC ID # 7002140

Personnel Staff

Position/Title	Name	License No./Registration Certificate/Yrs of Experience
Assistant Administrator	Nancy Nelson	10 yrs
Assistant Manager/Medical Records/Health Educator	Marisela Stevens	20 yrs
Laboratory Technician	Luzvida Echiverri	25 yrs
Lab/Medical Assistant	Avery Habel	8 yrs
Medical Assistant/Health Ed/Ultrasound	Gisela Rodriguez	7 yrs
Medical Assistant	Alison Arakelian	3 mos
Medical Assistant	Delia Mercado	2 mos
Medical Assistant	Jocelyn Benitez	2 mos
Medical Assistant	Barbara White	3 mos
Receptionist/Cashier	Mary Mitchell	3 mos
Receptionist/Cashier/Medical Assistant	Jessica Rosario	6 mos
Health Educator	Linda Ruppenthal	6 yrs
Specimen Technician	Eugene Jaworski	23 yrs experience
Ultrasound/MA	Diana Dimitrova	3 yrs
RN	Margarent Jannotta	041-198775 30 yrs experience
RN	Eva Banach	041-218525 30 yrs experience
RN	Courtney Dunnom	041-413747 7 mos experience
RN	Rukhsana Mirza	041-416230 5 mos experience

Exhibit V

List of Approved Procedures

Dilation and Curettage, Diagnostic and/or therapeutic

Dilation and Curettage

Dilation and Evacuation

Dilation and Extraction

Incision and Drainage of Bartholin Cyst

Excision and Bartholin

Endocervical Curettage

Endoscopy

Colonoscopy

Gastroscopy

Cystoscopy

Cataract surgery

Blepharoplasty

Colposcopy with biopsies, or biopsy of the Cervix

Laparoscopic tubal ligation with dilation and curettage for pregnancy termination

Laparoscopic tubal sterilization

Laparoscopic tubal ligation with dilation and extraction for 2nd trimester pregnancy termination

Vaginoplasty

Vaginoscopy

Vaginal Reconstruction

TVT sling surgery (tension free vaginal tape)

TOT sling surgery (transobturator tape)

Urethral Sling

Lithotripsy

Vasectomy

Exhibit V

List of Approved Procedures

Hysteroscopy, diagnostic

Hysteroscopy, surgical

Laser Vaporization of Vaginal Condyloma

Laser Vaporization of Vulvar Condyloma

Laser Urethral/Penile Condyloma

Laser Condyloma

Laser Surgery of Cervix

Laser Genital Condyloma

Loop Electrosurgical Excision (s) of cervix (LEEP)

Arthroscopy

Hip Replacement

Knee Replacement

Tonsillectomy

Myringoplasty

Rhinoplasty

Abdominoplasty

Pain Management

Tendon Repositioning Surgery

Hammer Toe Repair

Bunionectomy

Breast Reconstruction