

Ambulatory Surgical Treatment Center Renewal Licensure

PM 1/3/22
\$300



| |
|----------------------------|
| ASTC ID No. <u>7001084</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 The Hope Clinic for Women, Ltd

Address 1602 21st Street

City Granite City

County Madison

State IL

Zip Code 62040

Telephone Number (Area Code) (618) 451-5722

Fax Number (618) 451-9092

E-mail erking@hopeclinic.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 Erin Kir

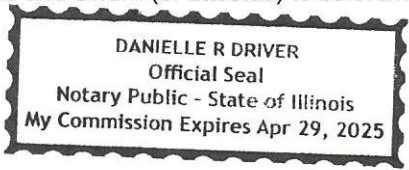
12/10/2021

Administrator Signature (original only)

Date of Completion

Signed and Sworn (or attested) to before me this 10

day of December 20 21



Danielle Driver

Notary Public

My commission expires April 29

20 25

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

~~X~~

RECEIVED
DHCR
HCFAD
2021 JAN -5 PM 3:12

01/06/22 \$300.00 Check #14749
A-N-L-F-0-C1 P-N
7001084



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: Northwest Registered Agent

Address of Illinois Registered Agent: 2501 Chatham Rd Ste N

City, State, Zip Code plus four: Springfield, IL, 62704-4188

Telephone of Illinois Registered Agent (including area code): (509) 768-2249

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: The Hope Clinic for Women, 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>Erin King, MD</u> | <u>1602 21st Street; Granite City, IL 62040</u> |
| Vice-President | _____ | _____ |
| Secretary | <u>Lisa Balbona</u> | <u>1602 21st Street; Granite City, IL 62040</u> |
| Treasurer | _____ | _____ |



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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 |
|------------------------------------|-------------|-------------------|
| Revocable Trust of Hector Zevallos | 1000 | 100 |
| | | |
| | | |
| | | |
| | | |
| | | |

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 |
|-----------------|--------------|------------|---------------|
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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 |
|------|--------------|
| | |
| | |



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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 Erin King, MD

Address 1602 21st Street; Granite City, IL 62040

Telephone Number (618) 451-5722 License Number 036-117422

2. Medical Director (attach resume as Exhibit III)

Name: Yogendra Shah, MD

Address: 1602 21st Street; Granite City, IL 62040

Telephone Number (618) 451-5722 License Number 036-048989

3. Supervising Nurse (attach resume as Exhibit IV)

Name: Rebecca Wilson, RN

Address: 1602 21st Street; Granite City, IL 62040

Telephone Number (618) 451-5722 License Number 041-469917



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APPLICATION ADDENDUM

This addendum must be completed as part of the following program/facility application:

Ambulatory Surgical Treatment Center

Home Health

Hospice

Hospital

Section 10-65(c) of the Illinois Administrative Procedure Act, 5 ILCS 100/10-65(c), was amended by P.A. 87-823, and requires individual licensees to certify whether they are delinquent in payment of child support.

APPLICANT IS AN INDIVIDUAL (SOLE PROPRIETOR) Yes No

The following question must be answered only if the applicant is an Individual (sole proprietor):

I hereby certify, under penalty of perjury, that I am am not (check one) more than 30 days delinquent in complying with a child support order.

Signed: _____

Date: _____

FAILURE TO SO CERTIFY MAY RESULT IN A DENIAL OF THE LICENSE AND MAKING A FALSE STATEMENT MAY SUBJECT THE LICENSEE TO CONTEMPT OF COURT. (5 ILCS 100/10-65-(C)).



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SUPPLEMENT I

Medical Staff: List specialty, name, and license number of each physician, podiatrist, or dentist granted privileges to perform surgical procedures in the center.

| SPECIALTY | NAME | LICENSE NO. |
|------------|-------------------|-------------|
| GYNECOLOGY | Baum, Margaret | 036-139616 |
| GYNECOLOGY | Eisenberg, David | 036-114385 |
| GYNECOLOGY | Hobby, James | 036-145508 |
| GYNECOLOGY | King, Erin | 036-117422 |
| GYNECOLOGY | Madden, Tessa | 036-147811 |
| GYNECOLOGY | Reeves, Jennifer | 036-157762 |
| GYNECOLOGY | Schivone, Gillian | 036-147932 |
| GYNECOLOGY | Shah, Yogendra | 036-048989 |
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Ambulatory Surgical Treatment Center Renewal Licensure

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 |
|--------------------------------|------|--|
|--------------------------------|------|--|

| | | |
|----------------------------------|-------------------------|-------------------|
| Registered Nurse | Bottenberg, Bonnie | 9y 041-145317 |
| Registered Nurse | Hoff, Danyelle | 7y 041-355961 |
| Registered Nurse | Jacobson, Leigh | 1y 041-501281 |
| Registered Nurse | Owens (Burge), Ambrocya | 1y 041-485304 |
| Registered Nurse | Valentine, Jennifer | 1y 041-504361 |
| Supervising RN, Registered Nurse | Wilson, Rebecca | 4y 041-469917 |
| Registered Nurse | Greenshields, Samantha | 2y 041-479648 |
| Licensed Practical Nurse | Starwalt, Barbara | 26y 043-041449 |
| Clinical Resource Manager | Baublitz, Calista | 10y; Diploma |
| Facilities Manager | Driver, Danielle | 7y; Diploma |
| Education & Research Coordinator | Dismer, Hannah | LCSW License , 5y |
| Clinical Assistant | Cunningham, Alexis | <1y, Diploma |
| Clinical Assistant | Leone, Amanda | <1y, Diploma |
| Clinical Assistant | Petrosky, Madeline | 1y, HS diploma |
| Clinical Assistant | Schiller, Robin | 4y, Diploma |
| Clinical Assistant | Wakeford, Courtney | 3y, Diploma |
| Clinical Assistant | Wakeford, Jessie | 2y, Assoc Degree |
| Front Desk Supervisor | Redd-Greiner, Amy | 1y; BA |
| Billing Specialist | Elberg, Katherine | 5y; Diploma |

State of Illinois
 Illinois Department of Public Health
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Personnel (continued)

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

| | | |
|--------------------------------|--------------------------|-----------------------|
| Business Consultant | Abbett, Chelsie | MBA; 4y |
| Human Resources Coordinator | Gibbs, India | 2y; BA Sociology |
| Front Desk Specialist | Goodbrake, Kristina | 3y; HS diploma |
| Front Desk Specialist | Moran, Frances | <1y; Diploma |
| Patient Educator | Diskin, Valla | <1y; BS Psychology |
| Patient Educator | Hill, Aysha | 5y, MA Public Affairs |
| Patient Educator | Inthaluexay-Cape, Ashlee | 2y, MA Social Work |
| Patient Educator | Laswell, Jennifer | 21y; BA Social Work |
| Patient Educator | Layne, Madeline | 2y, BA |
| Patient Educator/FD Specialist | Allison, Grace | <1y, BA |
| Clinical Hygienist | Byrd, Tammy | 2y, Diploma |
| Clinical Assistant prn | McCauley, Lauren | 3y, Diploma |
| Clinical Assistant prn | Webb, Taylor | 3y, Diploma |
| Ultrasound | Wiehardt, Debbie | 38y HS Diploma |
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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.

Supplement III

GYNECOLOGY

Abortion, First Trimester

Abortion, Second Trimester

Reviewed and approved by Governing Body/Consulting Committee on 7/15/21

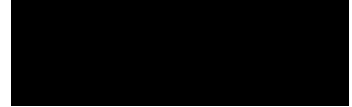


Ambulatory Surgical Treatment Center Renewal Licensure

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

Erin King, MD, FACOG



EDUCATION

Washington University School of Medicine – St. Louis, MO
M.D., May 2003

Stanford University – Stanford, CA
B.A., Human Biology, June 1997 (conferred with honors)

GRADUATE MEDICAL EDUCATION

McGaw Medical Center – Northwestern University – Chicago, IL
Residency Training Obstetrics & Gynecology 2003-2007

BOARD CERTIFICATION

American Board of Obstetrics and Gynecology; Status: Active 1/14/11

MEDICAL LICENSURE

Illinois: *November 2006 to present*

Missouri: *February 2011 to present*

WORK EXPERIENCE / FACULTY APPOINTMENTS

Gynecology surgery, Ambulatory Surgical Center Administrator/Manager (Executive Director 4/16 to present; Associate Medical Director 2/11 to 4/16); The Hope Clinic for Women; Granite City, IL; *2/10 to present*

Generalist in Obstetrics and Gynecology at Affinia Healthcare (formerly Grace Hill Health Centers); medical staff privileges at Barnes Jewish Hospital; St. Louis, MO; *2/11 to present*

Part-time gynecology services provider Planned Parenthood of Illinois; Chicago, IL; *6/07 to present*

Clinical Instructor in the Feinberg School of Medicine - Northwestern University; Chicago, IL; *9/07 to 9/11*

Generalist in Obstetrics and Gynecology at Progressive Care for Women, contributed services faculty at Northwestern Memorial Hospital; Chicago, IL; *9/07 to 7/10*

Senior Analyst; Kaiser Permanente Northern California Regional Offices (TPMG): quality and access consulting for M.D. Department Chiefs, *7/00 to 6/01*

Research Technician; Washington University Department of Pediatrics: research resulting in 2 publications noted above, *6/96-9/96; 6/97-9/98*

HOSPITAL AFFILIATIONS

Barnes Jewish Hospital; St. Louis, MO; 6/11 to present

Gateway Regional Medical Center; Granite City, IL; 4/10 to present

Northwestern Memorial Hospital; 9/07 to 7/10

PUBLICATIONS AND PRESENTATIONS

“How can Medicaid policy respond to shifts in abortion provision and access?” The All* Above All Research Table Webinar Series; August 2021

“Medicaid Coverage of Abortion: The Illinois Experience”; presentation and panel discussion; Abortion Care Network Annual Conference; February 2020

“Expanding Access to Second Trimester Abortion: Innovative Approaches”; presentation and panel discussion; National Abortion Federation Annual Conference; May 2019

“Collaboration for Abortion Access: A Case Study from Hostile to Haven States” Plenary Session; National Abortion Federation Annual Conference; May 2019

“Identifying Barriers, Improving Care: Provider and patient experience with a shortened second-trimester abortion procedure”; presentation and panel discussion; Later Abortion Care Network; March 2018

Ralph, LJ, King, E: The Impact of a Parental Notification Requirement on Illinois Minors' Access to and Decision-Making Around Abortion. *Journal of Adolescent Health* 2018, 62(3): 281–287.

“Increasing Access to Later Abortion: New Strategies and Unexpected Opportunities”; presentation and panel discussion; Society of Family Planning Annual Meeting; November 2016

Yee LM, Farmer KC, King E, Simon MA (2015) What do Women Want? Experiences of Low-Income Women with Postpartum Contraception and Contraceptive Counseling. *J Preg Child Health* 2: 191. doi:10.4172/2376-127X.1000191

King EL, Redline RW, Smith SD, Kraus FT, Sadovsky Y, Nelson DM. Myocytes of Chorionic Vessels From Placentas With Meconium-Associated Vascular Necrosis Exhibit Apoptotic Markers. *Human Pathology* 2004; 35(4):412-417

King E, Shackelford G, Hamvas A. High-Frequency Oscillation and Paralysis Stabilize Surfactant Protein-B Deficient Infants. *J Perinatology* 2001; 21:421-25 (also abstract poster presentation at American Thoracic Society Conference, 5/97)

Cole F, Hamvas A, Rubinstein P, King E, Trusgnich M, Nogee L, deMello D, Colten H. Population-Based Estimates of Surfactant Protein B Deficiency. *Pediatrics* 2000; 105(3):538-41

HONORS/AWARDS

Abortion Care Network Annual Provider of the Year Award; accepted as Executive Director of Hope Clinic for Women; 2/2020

Pro-Choice Leadership Award; Personal PAC Annual Award; accepted as Executive Director of Hope Clinic for Women; 9/2019

George Tiller “Attitude is Everything” National Abortion Federation Annual Clinic Award; accepted as Interim Executive Director of Hope Clinic for Women; 4/2017

Leadership Training Academy Completion; Physicians for Reproductive Health; 6/15

Fellow; American College Obstetrics & Gynecology; (7/12 to present)

Honored in “Contraception/Family Planning” category of poster presentations; ACOG Annual Meeting (5/08)

Excellence in medical student teaching, Feinberg School of Medicine Northwestern University (5/04 and 5/09)

First Place: Chicago TAP Debate “Comparing sexual function after total versus supracervical hysterectomy” (9/05)

Fourth Year Medical Student Achievement Award in Obstetrics&Gynecology, Washington University (6/03)

Honors conferred for thesis in Human Biology, Stanford University (6/97)

CURRICULUM VITAE

NAME: Yogendra A. Shah, M.D., F.A.C.O.G.

DATE:

PLACE OF BIRTH:

MARITAL STATUS:

UNIVERSITIES

ATTENDED:

S.P. University
V.V. Nagar, Gujarat, India

EDUCATION:

Pre-Medical, May, 1963
Faculty of Science, M.S. University

PROFESSIONAL

TRAINING:

Internship: Type-Rotating
S.S.G. Hospital
Baroda, Gujarat, India
December, 1969 - December 1970

Mount Sinai Hospital Medical Center
Chicago, Illinois
July, 1971 - June 1972

Residency: Type - Pathology (one year)
Methodist Hospital of Central Illinois
Peoria, Illinois
July, 1972 - June 1972

Type - Obstetrics and Gynecology
Homer G. Phillips Hospital
St. Louis, Missouri
July, 1973 - June, 1976

Fellowship: Clinical Obstetrics and Gynecology
St. Luke's Hospital - West
Chesterfield, Missouri
July, 1976 - June, 1977

BOARD STATUS: BOARD CERTIFIED

Diplomat, American Board of Obstetrics and Gynecology
November, 1979
Fellowship:
American College of Obstetricians and gynecologists
December, 1980

EXPERIENCE: Family Planning Medical Officer
Sadhli, Gujarat, India
January, 1971 - May, 1971

Private Practice
3165 Myrtle Avenue
Granite City, Illinois
July, 1977 - Present

HONOR AND AWARDS: Higher Education Scholarship
Gujarat Government, India
June 1964 - October, 1969

SOCIETY AFFILIATIONS: Tri-City Medical Society
St. Louis Gynecological Society
American Medical Association
Illinois State Medical Society
Madison County Medical Society

STATE LICENSES: Flex, June, 1973
Missouri
Illinois

HOSPITAL
PRIVILEGES: St. Elizabeth Medical Center - Active Staff
Granite City, Illinois

Anderson Hospital - Active Staff
Maryville, Illinois

PAPER PUBLISHED:

Bibliographies

“Outpatient Laparoscopy With Local Anesthesia”
International Journal of Gynecology and Obstetrics
Volume 17, Number 4
January - February, 1980 379-381

“Combined Intra and Extrauterine Pregnancy - A Diagnostic
Challenge”
The Journal of Reproductive Medicine
Volume 25, Number 5
November, 1980 290-292

Exhibit IV

Rebecca L. Wilson
email becca@hopeclinic.com

Revised 11-10-21

Work Experience

RN at Hope Clinic for Women
July 2018-current
1602 21st St. Granite City, IL
(618) 451-5722

Women's Advocate at The Women's Safe House
August 2017-July 2021
Location confidential
(314) 772-4535

Travel ER RN with Medical Staffing Solutions
January 2017-July 2017
9700 IN-57 A
Evansville, IN 47725
(812) 469-6877

SSM St. Mary's ER
Staff Nurse, August 2014-present
6420 Clayton Road
Richmond Heights, MO 63117
(314) 768-8360

Planned Parenthood of the St Louis Region
RN, Reproductive Health Services
August 2013-June 2014
4251 Forest Park Avenue
St Louis, MO 63108
(314) 531-7526

Relevant experience includes coordinating with outside facilities, providers, and patients with significant barriers to care. Worked closely with a multi-disciplinary team including social workers, physicians, and the educational team. Technical experience includes i.v. therapy including conscious sedation.

Christian Northeast Hospital
RN, BSN, Team Leader 6th Floor, Surgical
August 2011-August 2013

11133 Dunn Road
St Louis, MO 63136
(314)653-5650

Relevant experience includes ample experience with surgical wound care, i.v. therapy, naso-gastric tubes, catheters, chest tubes, as well as the traditional nursing skills. More specialized experience doing Skin and Wound Care Team for two nursing units.

Barnes Jewish Hospital
Student Nurse Technician 144/14500 Acute Medicine
January 2009-May 2011
1 Barnes Jewish Plaza
St Louis, MO 63110

Relevant experience includes blood-draws and i.v. starts alongside assisting the nursing staff in any way needed.

Steve Foelsch
Personal aid
January 2010-January 2012
133 S. 11th St, Suite 500 St Louis, MO 63102
314-588-7090 (office) or 314-588-9989

Relevant experience includes wound care for chronic ischemic wounds, suprapubic catheter, and travel with Steve.

Education

University of Missouri, St Louis. Graduated May 2011 with Bachelor's in the Science of Nursing, magna cum laude

St. Louis Community College at Forest Park

University of Missouri- Columbia 2005-2006

Webster Groves High- diploma, 2005 GPA 3.6, Honor Roll

References

Erin King, Executive Director at Hope Clinic (618)451-5722 email: erking@hopeclinic.com

Cali Baublitz, Clinical Resource Manager at Hope Clinic (618)451-5722 email: cali@hopeclinic.com

Everine Van Houten, recruiter Medical Staffing Solutions office: (812) 470-2679 

[REDACTED]
J.O. Kelly, Team Leader SSM St. Mary's ER ascom: (314)552-7972 office: (314) 768-8376 [REDACTED]
(314) 556-8811 [REDACTED]

Whitney Fugate, Team Leader SSM St. Mary's ER ascot: 552-7976 office: (314) 768-8452 cell:
[REDACTED]

Kyja Sommars, RN, former co-worker cell: [REDACTED]

Florine Scott, RN, Reproductive Health Services, Planned Parenthood of the St. Louis Region
(314) 479-9562

Steve Foelsch, former boss ([REDACTED])

Amy Rainey, Manager Patient Care Services 6th floor (cell) ([REDACTED])

Erin Bligh, Supervisor 6th floor [REDACTED]

Alison Dreith, former PPSLR Grassroots Organizer [REDACTED]

Other Qualifications

ACLS Certified

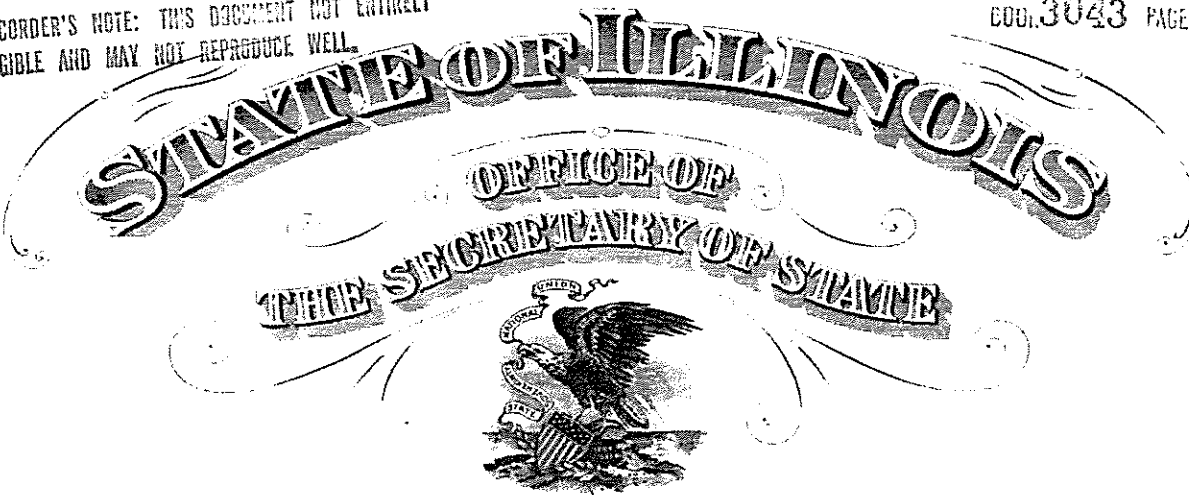
TNCC Certified (previously)

ENPC Certified (previously)

Skin and Wound Rounds at Christian Northeast

Member, National Nurses United

RECORDER'S NOTE: THIS DOCUMENT NOT ENTIRELY
LEGIBLE AND MAY NOT REPRODUCE WELL.



To all to whom these Presents Shall Come, Greeting:

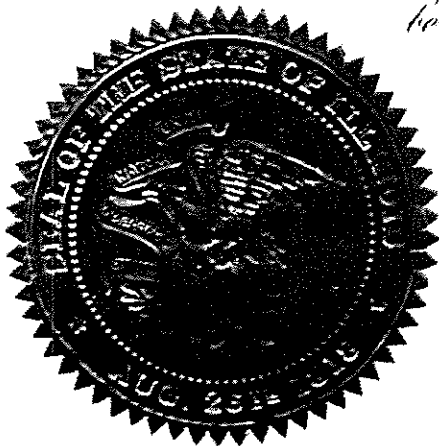
Whereas, *Articles of Incorporation duly signed and verified of*
HOPE CLINIC FOR WOMEN, LTD.

have been filed in the Office of the Secretary of State, on the 15th
day of October *A. D. 19* 76, *as provided by "THE BUSINESS*
CORPORATION ACT" of Illinois, in force July 13, A. D. 1933.

Now Therefore, I, MICHAEL J. HOWLETT, Secretary of State of the State of Illinois,
by virtue of the powers vested in me by law, do hereby, issue this certificate of
incorporation, and attach thereto a copy of the Articles of Incorporation
of the aforesaid corporation.

In Testimony Whereof, I hereto set my hand and cause to
be affixed the Great Seal of the State of Illinois.

Done at the City of Springfield this 15th
day of October *AD. 19* 76 *and*
of the Independence of the United States
the two hundred and 1st



Michael J. Howlett

SECRETARY OF STATE

STATE OF ILLINOIS)
) SS.
COUNTY OF MADISON)

8001.3043 PAGE 554

PAID

OCT 15 1978

L.F. \$ 50
F.T. \$ 18.75
F.F. \$ 75.00

JR 94.25

ARTICLES OF INCORPORATION
OF
HOPE CLINIC FOR WOMEN, LTD.

TO: MICHAEL J. HOWLETT, Secretary of State

The undersigned, DR. HECTOR ZEVALLOS, 24 Camelot, Edwardsville, Illinois 62025, being a natural person of the age of twenty-one (21) years or more, and having subscribed to shares of the corporation to be organized pursuant hereto, for the purpose of forming a corporation under "The Business Corporation Act" of the State of Illinois, does hereby adopt the following Articles of Incorporation:

ARTICLE ONE

The name of the corporation hereby incorporated is:
HOPE CLINIC FOR WOMEN, LTD.

ARTICLE TWO

The address of its initial registered office in the State of Illinois is: 24 Camelot, in the City of Edwardsville, County of Madison, and the name of its initial Registered Agent at said address is DR. HECTOR ZEVALLOS.

ARTICLE THREE

The duration of the corporation is perpetual.

ARTICLE FOUR

The purpose, or purposes, for which the corporation is organized is to own, operate and maintain an establishment for the study, diagnosis and treatment of human ailments and injuries, whether physical or mental, and to promote medical, surgical and scientific research and knowledge; provided that medical or surgical treatment, consultation or advice may be given by employees of the corporation only if they are licensed pursuant to the Medical Practice Act.

ARTICLE FIVE

BODI.3043 PAGE 555

PARAGRAPH 1: The aggregate number of shares which the corporation is authorized to issue is 30,000, all of one class, to-wit: common stock. The par value of the shares of stock is One Dollar (\$1.00) per share.

PARAGRAPH 2: The preferences, qualifications, limitations, restrictions and the special or relative rights in respect of the shares of each class are: None.

ARTICLE SIX

The class and number of shares which the corporation proposes to issue without further report to the Secretary of State, and the consideration to be received by the corporation therefor, are:

| <u>Number of Shares</u> | <u>Class of Shares</u> | <u>Total Consideration Received Therefor</u> |
|-------------------------|------------------------|--|
| 1,000 | Common | \$1,000.00 |

ARTICLE SEVEN

The corporation will not commence business until at least One Thousand Dollars (\$1,000.00) has been received as consideration for the issuance of shares.


ARTICLE EIGHT

The number of directors to be elected at the first meeting of the shareholders is: One.

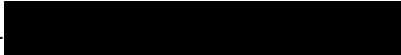
ARTICLE NINE

The stock issued within two (2) years from the date hereof, to the maximum amount of Five Hundred Thousand Dollars (\$500,000.00) which shall be received by the corporation, shall be issued pursuant to Section 1244 of the United States Internal Revenue Code.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 11 day of October, 1976.



DR. HECTOR ZEVALLOS

STATE OF ILLINOIS)
COUNTY OF MADISON) SS.

I, , a Notary Public, do

hereby certify that on the 11 day of October, 1976,
DR. HECTOR ZEVALLOS personally appeared before me, and being first
duly sworn by me, acknowledged the signing of the foregoing
document in the respective capacities therein set forth and declared
that the statements therein contained are true.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed
my seal the day and year first above written.



Notary Public

My commission expires: April 15, 1974

FILED

OCT 15 1976

Michael J. Howlett

Secretary of State



Office of the Secretary of State Jesse White

ilsos.gov

Corporation/LLC Search/Certificate of Good Standing

Corporation File Detail Report

File Number 51006364
Entity Name THE HOPE CLINIC FOR WOMEN, LTD.
Status
ACTIVE

Entity Information

Entity Type
CORPORATION

Type of Corp
DOMESTIC BCA

Incorporation Date (Domestic)
Friday, 15 October 1976

State
ILLINOIS

Duration Date
PERPETUAL

Agent Information

Name

NORTHWEST REGISTERED AGENT SER

Address

2501 CHATHAM ROAD, STE N
SPRINGFIELD , IL 62704

Change Date

Thursday, 10 December 2020

Annual Report

Filing Date

Tuesday, 31 August 2021

For Year

2021

Officers

President

Name & Address

ERIN KING MD 1602 21ST ST GRANITE CITY IL 62040

Secretary

Name & Address

LISA BALBONA 1602 21ST ST GRANITE CITY IL 62040

[Return to Search](#)

[File Annual Report](#)

[Adopting Assumed Name](#)

[Articles of Amendment Effecting A Name Change](#)

[Change of Registered Agent and/or Registered Office](#)

(One Certificate per Transaction)



**Illinois Department of
PUBLIC HEALTH**

HF 127132

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.

Sameer Vohra, MD,JD,MA

Director

Issued under the authority of
the Illinois Department of
Public Health

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|--|----------|-------------|
| 01/22/2024 | | 7001084 |
| Ambulatory Surgery Treatment Center | | |
| Effective: 01/23/2023 | | |

Hope Clinic for Women, Ltd., The
1602 21st Street
Granite City, IL 62040

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18

← **DISPLAY THIS PART IN A
CONSPICUOUS PLACE**

Exp. Date 01/22/2024

Lic Number 7001084

Date Printed 01/18/2023

Validation Num 150003

Hope Clinic for Women, Ltd., The

Granite City, IL 62040-5304

FEE RECEIPT NO.



Ambulatory Surgical Treatment Center Renewal Licensure

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).

ASTC ID NUMBER: 7001084

Program Category - 86

\$300 Application Fee

1. Facility Name / Address

Name of ASTC The Hope Clinic for Women, Ltd

Address 1602 21st Street

City Granite City County Madison State IL Zip Code 62040

Telephone Number (Area Code) (618) 451-5722 Fax Number (618) 451-9092

E-mail erking@hopeclinic.com

RECEIVED
DEPARTMENT OF PUBLIC HEALTH
JAN 10 2023

The Administrator of the facility must review this application 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.

Erin King

[Redacted Signature]

12/28/2022

Typed or Printed Administrator Name

Administrator Signature
(Original Only)

Date of Completion

Signed and Sworn (or attested) to before me this 28 day of December 20 22



[Redacted Signature]

Notary Public

My commission expires April 29 20 25

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



Office of the Secretary of State Jesse White
ilsos.gov

Corporation/LLC Search/Certificate of Good Standing

Corporation File Detail Report

File Number 51006364

Entity Name THE HOPE CLINIC FOR WOMEN, LTD.

Status
ACTIVE

Entity Information

Entity Type
CORPORATION

Type of Corp
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Incorporation Date (Domestic)
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State
ILLINOIS

Duration Date
PERPETUAL

Agent Information

Name

NORTHWEST REGISTERED AGENT SER

Address

2501 CHATHAM ROAD, STE N
SPRINGFIELD , IL 62704

Change Date

Thursday, 10 December 2020

Annual Report

Filing Date

Thursday, 15 September 2022

For Year

2022

Officers

President

Name & Address

CHELSEA SOUDER 1602 21ST STREET GRANITE CITY, IL 62040

Secretary

Name & Address

JULIE BURKHART 1602 21ST STREET GRANITE CITY, IL 62040

Assumed Name

ACTIVE

HOPE CLINIC

[Return to Search](#)

[File Annual Report](#)

[Adopting Assumed Name](#)

[Articles of Amendment Effecting A Name Change](#)

[Change of Registered Agent and/or Registered Office](#)



Ambulatory Surgical Treatment Center Renewal Licensure

2. **Ownership**

1. Please indicate type of ownership:

* RA - Registered Agent

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

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: Northwest Registered Agent

Address of Illinois Registered Agent: 2501 Chatham Rd Ste N

City, State, Zip Code, plus four: Springfield, IL, 62704-4188

Telephone of Illinois Registered Agent (including area code): (509) 768-2249

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: The Hope Clinic for Women, Ltd

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

| Title | Name | Full Address |
|------------------|----------------|--|
| President | Chelsea Souder | 1602 21st Street; Granite City, IL 62040 |
| Vice - President | | |
| Secretary | Julie Burkhart | 1602 21st Street; Granite City, IL 62040 |
| Treasurer | Kathryn Dean | 1602 21st Street; Granite City, IL 62040 |



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 |
|---------------------------------|-------------|-------------------|
| DBS Lotus Management Group, LLC | 333 | 33.3% |
| Julie Burkhart | 334 | 33.4% |
| Kathryn Dean | 333 | 33.3% |
| | | |
| | | |
| | | |

**** Submit a copy of the Articles of Incorporation ****

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, the addresses of each owner, the owner(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 |
|-----------------|--------------|------------|---------------|
| | | | |
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**** Submit a copy of the Articles of Organization ****

6. Contract Management

If management or operations of the ASTC is performed by independent contractor(s) and not an employee, list the individuals name(s) and address(es) of the independent contractor(s). If management or operations is not performed by independent contractor(s), indicate this by checking the box. Check here if not applicable

| Name | Full Address |
|------|--------------|
| | |
| | |
| | |



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 Erin King, MD

Address 1602 21st Street; Granite City, IL 62040

Telephone Number (618) 451-5722

License Number 036-117422

2. Medical Director (Attach Resume as Exhibit III)

Name Yogendra Shah, MD

Address 1602 21st Street; Granite City, IL 62040

Telephone Number (618) 451-5722

License Number 036-048989

3. Supervising Nurse (Attach Resume as Exhibit IV)

Name Rebecca Wilson, RN

Address 1602 21st Street; Granite City, IL 62040

Telephone Number (618) 451-5722

License Number 041-469917

Ambulatory Surgical Treatment Center Renewal Licensure



Application Addendum

This addendum must be completed as part of the following program / facility application(s):

Ambulatory Surgical Treatment Center

Home Health

Hospice

Hospital

Section 10 - 65 (c) of the Illinois Administrative Procedure Act, 5 ILCS 100 / 10 - 65 (c), was amended by P.A. 87 - 823, and requires individual licensees to certify whether they are delinquent in payment of child support.

Applicant is an Individual (Sole Proprietor) Yes No

The following question must be answered only if the applicant is an Individual (Sole Proprietor):

I hereby certify, under penalty of perjury, that I am am not (check one) more than 30 days delinquent in complying with a child support order.

Signed: _____

Date: _____

Failure to so certify may result in a denial of the license. Making a false statement may subject the licensee to contempt of court. (5 ILCS 100 / 10 - 65 - (c)).



Ambulatory Surgical Treatment Center Renewal Licensure

Supplement I

Medical Staff: List Specialty, Name, and License Number of each Physician, Podiatrist, or Dentist granted privileges to perform surgical procedures in the center.

| Specialty | Name | License Number |
|------------|-------------------|----------------|
| GYNECOLOGY | Baum, Margaret | 036-139616 |
| GYNECOLOGY | Eisenberg, David | 036-114385 |
| GYNECOLOGY | Hobby, James | 036-145508 |
| GYNECOLOGY | King, Erin | 036-117422 |
| GYNECOLOGY | Madden, Tessa | 036-147811 |
| GYNECOLOGY | Reeves, Jennifer | 036-157762 |
| GYNECOLOGY | Schivone, Gillian | 036-147932 |
| GYNECOLOGY | Shah, Yogendra | 036-048989 |
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Ambulatory Surgical Treatment Center Renewal Licensure

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 of Experience |
|-------------------------------------|-----------------------------------|---|
| Nurse Pracitioner | Bender, Susan | 21y 209-003922 |
| Registered Nurse | Hoff, Danyelle | 8y 041-355961 |
| Registered Nurse | Koch, Marisa | 1y 041-480931 |
| Registered Nurse | Owens (Burge), Ambrocya | 2y 041-485304 |
| Registered Nurse | Rosario, Geraldine | 1y 041-478680 |
| Registered Nurse | Stratton (Greenshields), Samantha | 3y 041-479648 |
| Registered Nurse | Valentine, Jennifer | 2y 041-504361 |
| Supervising RN, Registered Nurse | Wilson, Rebecca | 5y 041-469917 |
| Licensed Practical Nurse | Starwalt, Barbara | 27y 043-041449 |
| Clinical Resource Manager | Baublitz, Cali | 11y, Diploma |
| Assistant Clinical Resource Manager | Wakeford, Jessie | 3y, Assoc Degree |
| Facilities Manager | Driver, Danielle | 8y, Diploma |
| Education & Research Coordinator | Dismer, Hanz (Hannah) | 6y, LCSW License; 149-023785 |
| Assist Education/Research Coord | Diskin, Valla | 1y, BA |
| Front Desk Supervisor | Redd-Greiner, Amy | 2y, BA |
| Business Consultant | Abbett, Chelsie | 6y, MBA |
| Clinical Assistant | Ferretiz, Yolanda | 1y, diploma |
| Clinical Assistant | Hooper, Amy | 1y, diploma |
| Clinical Assistant | Leone, Amanda | 1y, diploma |
| Clinical Assistant | Ortiz, Kayla | 1y, diploma |



Ambulatory Surgical Treatment Center Renewal Licensure

Personnel (Continued)

| Position and / or Classification | Name | License Number, Registration Certification, and Years of Experience |
|----------------------------------|-----------------------|---|
| Clinical Assistant | Simpson, Missy | 1y, diploma |
| Clinical Assistant | Vardell, Shelby | 1y, diploma |
| Clinical Assistant | Cunningham, Alexis | 1y, diploma |
| Clinical Assistant | Schiller, Robin | 6y, diploma |
| Clinical Hygienist | Byrd, Tammy | 3y, diploma |
| Front Desk Specialist | Armstead, Estee | 1y, diploma |
| Front Desk Specialist | Goodbrake, Kristina | 4y, diploma |
| Front Desk Specialist | Supinksi, Katherine | 1y, diploma |
| Front Desk Specialist | King, Kenyehta | 1y, diploma |
| HR Assistant prn | Gibbs, India | 3y, BA |
| Patient Educator | Diskin, Valla | 1y, BS Psychology |
| Patient Educator | Laswell, Jennifer | 22y, BA SW |
| Patient Educator | Layne, Madeline | 3y, BA |
| Patient Educator | Scarborough, Emily | 1y, masters SW |
| Patient Educator | SuarezVargas, Danaira | 1y, BA |
| Patient Educator | Gershman, Eleanor | 1y, BA |
| Patient Educator/FD Specialist | Coterillo, Mandy | 1y, BA |
| Front Desk Specialist | Wakeford, Courtney | 4y, diploma |
| Billing Specialist | Moran, Frances | 1y, diploma |
| Ultrasound prn | Wiehardt, Debbie | 38y, diploma |
| | | |
| | | |



Supplement III

List Consulting Committee Approved Surgical Specialties and Procedures

Effective January 1st, 2018, the Illinois Health Facilities and Services Review Board implemented a provision requiring a Certificate of Need Permit for the addition of Surgical Specialty that had not been approved prior to January 1st, 2018. 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.

ASTC Renewal Licensure Application Attachments Checklist:

- Completed Application
- Articles of Incorporation or Organization
- 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 and Approved by Consulting Committee
- Renewal Fee of \$300

Submit Application and Fee to:

Illinois Department of Public Health
Division of Health Care Facilities and Programs, 4th Floor
525 West Jefferson Street
Springfield, IL 62761

Supplement III

GYNECOLOGY

Abortion, First Trimester

Abortion, Second Trimester

Reviewed and approved by Governing Body/Consulting Committee on 7/19/22

Erin King, MD, FACOG



EDUCATION

Washington University School of Medicine – St. Louis, MO
M.D., May 2003

Stanford University – Stanford, CA
B.A., Human Biology, June 1997 (conferred with honors)

GRADUATE MEDICAL EDUCATION

McGaw Medical Center – Northwestern University – Chicago, IL
Residency Training Obstetrics & Gynecology 2003-2007

BOARD CERTIFICATION

American Board of Obstetrics and Gynecology; Status: Active 1/14/11

MEDICAL LICENSURE

Illinois: *November 2006 to present*
Missouri: *February 2011 to present*

WORK EXPERIENCE / FACULTY APPOINTMENTS

Gynecology surgery, Ambulatory Surgical Center Administrator/Manager (Executive Director 4/16 to present; Associate Medical Director 2/11 to 4/16); The Hope Clinic for Women; Granite City, IL; *2/10 to present*

Generalist in Obstetrics and Gynecology at Affinia Healthcare (formerly Grace Hill Health Centers); medical staff privileges at Barnes Jewish Hospital; St. Louis, MO; *2/11 to present*

Part-time gynecology services provider Planned Parenthood of Illinois; Chicago, IL; *6/07 to present*

Clinical Instructor in the Feinberg School of Medicine - Northwestern University; Chicago, IL; *9/07 to 9/11*

Generalist in Obstetrics and Gynecology at Progressive Care for Women, contributed services faculty at Northwestern Memorial Hospital; Chicago, IL; *9/07 to 7/10*

Senior Analyst; Kaiser Permanente Northern California Regional Offices (TPMG): quality and access consulting for M.D. Department Chiefs, *7/00 to 6/01*

Research Technician; Washington University Department of Pediatrics: research resulting in 2 publications noted above, *6/96-9/96; 6/97-9/98*

HOSPITAL AFFILIATIONS

Barnes Jewish Hospital; St. Louis, MO; 6/11 to present

Gateway Regional Medical Center; Granite City, IL; 4/10 to present

Northwestern Memorial Hospital; 9/07 to 7/10

PUBLICATIONS AND PRESENTATIONS

“How can Medicaid policy respond to shifts in abortion provision and access?” The All* Above All Research Table Webinar Series; August 2021

“Medicaid Coverage of Abortion: The Illinois Experience”; presentation and panel discussion; Abortion Care Network Annual Conference; February 2020

“Expanding Access to Second Trimester Abortion: Innovative Approaches”; presentation and panel discussion; National Abortion Federation Annual Conference; May 2019

“Collaboration for Abortion Access: A Case Study from Hostile to Haven States” Plenary Session; National Abortion Federation Annual Conference; May 2019

“Identifying Barriers, Improving Care: Provider and patient experience with a shortened second-trimester abortion procedure”; presentation and panel discussion; Later Abortion Care Network; March 2018

Ralph, LJ, King, E: The Impact of a Parental Notification Requirement on Illinois Minors' Access to and Decision-Making Around Abortion. *Journal of Adolescent Health* 2018, 62(3): 281–287.

“Increasing Access to Later Abortion: New Strategies and Unexpected Opportunities”; presentation and panel discussion; Society of Family Planning Annual Meeting; November 2016

Yee LM, Farner KC, King E, Simon MA (2015) What do Women Want? Experiences of Low-Income Women with Postpartum Contraception and Contraceptive Counseling, *J Preg Child Health* 2: 191. doi:10.4172/2376-127X.1000191

King EL, Redline RW, Smith SD, Kraus FT, Sadovsky Y, Nelson DM. Myocytes of Chorionic Vessels From Placentas With Meconium-Associated Vascular Necrosis Exhibit Apoptotic Markers. *Human Pathology* 2004; 35(4):412-417

King E, Shackelford G, Hamvas A. High-Frequency Oscillation and Paralysis Stabilize Surfactant Protein-B Deficient Infants. *J Perinatology* 2001; 21:421-25 (also abstract poster presentation at American Thoracic Society Conference, 5/97)

Cole F, Hamvas A, Rubinstein P, King E, Trusgnich M, Noguee L, deMello D, Colten H. Population-Based Estimates of Surfactant Protein B Deficiency. *Pediatrics* 2000; 105(3):538-41

HONORS/AWARDS

Abortion Care Network Annual Provider of the Year Award; accepted as Executive Director of Hope Clinic for Women; 2/2020

Pro-Choice Leadership Award; Personal PAC Annual Award; accepted as Executive Director of Hope Clinic for Women; 9/2019

George Tiller “Attitude is Everything” National Abortion Federation Annual Clinic Award; accepted as Interim Executive Director of Hope Clinic for Women; 4/2017

Leadership Training Academy Completion; Physicians for Reproductive Health; 6/15

Fellow; American College Obstetrics & Gynecology; (7/12 to present)

Honored in "Contraception/Family Planning" category of poster presentations; ACOG Annual Meeting (5/08)

Excellence in medical student teaching, Feinberg School of Medicine Northwestern University (5/04 and 5/09)

First Place: Chicago TAP Debate "Comparing sexual function after total versus supracervical hysterectomy" (9/05)

Fourth Year Medical Student Achievement Award in Obstetrics&Gynecology, Washington University (6/03)

Honors conferred for thesis in Human Biology, Stanford University (6/97)

CURRICULUM VITAE

NAME: Yogendra A. Shah, M.D., F.A.C.O.G.

DATE:

PLACE OF BIRTH:

MARITAL STATUS:

**UNIVERSITIES
ATTENDED:**

S.P. University
V.V. Nagar, Gujarat, India

EDUCATION:

Pre-Medical, May, 1963
Faculty of Science, M.S. University

**PROFESSIONAL
TRAINING:**

Internship: Type-Rotating
S.S.G. Hospital
Baroda, Gujarat, India
December, 1969 - December 1970

Mount Sinai Hospital Medical Center
Chicago, Illinois
July, 1971 - June 1972

Residency: Type - Pathology (one year)
Methodist Hospital of Central Illinois
Peoria, Illinois
July, 1972 - June 1972

Type - Obstetrics and Gynecology
Homer G. Phillips Hospital
St. Louis, Missouri
July, 1973 - June, 1976

Fellowship: Clinical Obstetrics and Gynecology
St. Luke's Hospital - West
Chesterfield, Missouri
July, 1976 - June, 1977

BOARD STATUS:

BOARD CERTIFIED

Diplomat, American Board of Obstetrics and Gynecology
November, 1979

Fellowship:

American College of Obstetricians and gynecologists
December, 1980

EXPERIENCE:

Family Planning Medical Officer
Sadhli, Gujarat, India
January, 1971 - May, 1971

Private Practice

3165 Myrtle Avenue
Granite City, Illinois
July, 1977 - Present

HONOR AND AWARDS:

Higher Education Scholarship
Gujarat Government, India
June 1964 - October, 1969

SOCIETY AFFILIATIONS:

Tri-City Medical Society
St. Louis Gynecological Society
American Medical Association
Illinois State Medical Society
Madison County Medical Society

STATE LICENSES:

Flex, June, 1973
Missouri
Illinois

HOSPITAL

PRIVILEGES:

St. Elizabeth Medical Center - Active Staff
Granite City, Illinois

Anderson Hospital - Active Staff
Maryville, Illinois

PAPER PUBLISHED:

Bibliographies

"Outpatient Laparoscopy With Local Anesthesia"
International Journal of Gynecology and Obstetrics
Volume 17, Number 4
January - February, 1980 379-381

"Combined Intra. and Extrauterine Pregnancy - A Diagnostic
Challenge"

The Journal of Reproductive Medicine
Volume 25, Number 5
November, 1980 290-292

Exhibit IV

Rebecca L. Wilson
email becca@hopeclinic.com

Revised 11-10-21

Work Experience

RN at Hope Clinic for Women
July 2018-current
1602 21st St. Granite City, IL
(618) 451-5722

Women's Advocate at The Women's Safe House
August 2017-July 2021
Location confidential
(314) 772-4535

Travel ER RN with Medical Staffing Solutions
January 2017-July 2017
9700 IN-57 A
Evansville, IN 47725
(812) 469-6877

SSM St. Mary's ER
Staff Nurse, August 2014-present
6420 Clayton Road
Richmond Heights, MO 63117
(314) 768-8360

Planned Parenthood of the St Louis Region
RN, Reproductive Health Services
August 2013-June 2014
4251 Forest Park Avenue
St Louis, MO 63108
(314) 531-7526

Relevant experience includes coordinating with outside facilities, providers, and patients with significant barriers to care. Worked closely with a multi-disciplinary team including social workers, physicians, and the educational team. Technical experience includes i.v. therapy including conscious sedation.

Christian Northeast Hospital
RN, BSN, Team Leader 6th Floor, Surgical
August 2011-August 2013

11133 Dunn Road
St Louis, MO 63136
(314)653-5650

Relevant experience includes ample experience with surgical wound care, i.v. therapy, naso-gastric tubes, catheters, chest tubes, as well as the traditional nursing skills. More specialized experience doing Skin and Wound Care Team for two nursing units.

Barnes Jewish Hospital
Student Nurse Technician 144/14500 Acute Medicine
January 2009-May 2011
1 Barnes Jewish Plaza
St Louis, MO 63110

Relevant experience includes blood-draws and i.v. starts alongside assisting the nursing staff in any way needed.

Steve Foelsch
Personal aid
January 2010-January 2012
133 S. 11th St, Suite 500 St Louis, MO 63102
314-588-7090 (office) or 314-588-9989

Relevant experience includes wound care for chronic ischemic wounds, suprapubic catheter, and travel with Steve.

Education

University of Missouri, St Louis. Graduated May 2011 with Bachelor's in the Science of Nursing, magna cum laude

St. Louis Community College at Forest Park

University of Missouri- Columbia 2005-2006

Webster Groves High- diploma, 2005 GPA 3.6, Honor Roll

References

Erin King, Executive Director at Hope Clinic (618)451-5722 email: erking@hopeclinic.com

Cali Baublitz, Clinical Resource Manager at Hope Clinic (618)451-5722 email: cali@hopeclinic.com

Everine Van Houten, recruiter Medical Staffing Solutions office: (812) 470-2679 cell: [REDACTED]

[REDACTED]
I.O. Kelly, Team Leader SSM St. Mary's ER ascom: (314)552-7972 office: (314) 768-8376 cell:
[REDACTED]

Whitney Fugate, Team Leader SSM St. Mary's ER ascot: 552-7976 office: (314) 768-8452 cell:
[REDACTED]

Kyja Sommars, RN, former co-worker cell: [REDACTED]

Florine Scott, RN, Reproductive Health Services, Planned Parenthood of the St. Louis Region
(314) 479-9562

Steve Foelsch, former boss ([REDACTED])

Amy Rainey, Manager Patient Care Services 6th floor (cell [REDACTED])

Erin Bligh, Supervisor 6th floor (cell [REDACTED])

Alison Dreith, former PPSLR Grassroots Organizer (cell [REDACTED])

Other Qualifications

ACLS Certified

TNCC Certified (previously)

ENPC Certified (previously)

Skin and Wound Rounds at Christian Northeast

Member, National Nurses United

RECORDER'S NOTE: THIS DOCUMENT NOT ENTIRELY
LEGIBLE AND MAY NOT REPRODUCE WELL.



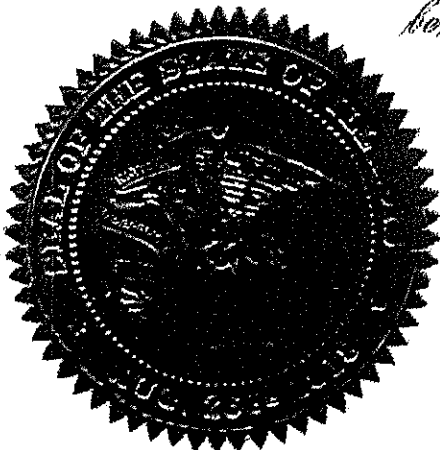
To all to whom these Presents Shall Come, Greeting:

Whereas, Articles of Incorporation, duly signed and verified, of
HOPE CLINIC FOR WOMEN, LTD.

have been filed in the Office of the Secretary of State, on the 15th
day of October A. D. 19 76, as provided by "THE BUSINESS
CORPORATION ACT" of Illinois, in force July 13, A. D. 1933.

Now Therefore, I, MICHAEL J. HOWLETT, Secretary of State of the State of Illinois,
by virtue of the powers vested in me by law, do hereby issue this certificate of
incorporation, and attach thereto a copy of the Articles of Incorporation
of the aforesaid corporation.

In Testimony Whereof, Thereto set my hand and cause to
be affixed the Great Seal of the State of Illinois
Done at the City of Springfield, this 15th
day of October AD 19 76, and
of the Independence of the United States
the two hundred, and 1st



Michael J. Howlett

SECRETARY OF STATE

STATE OF ILLINOIS)
) SS.
COUNTY OF MADISON)

BOOK: 3043 PAGE 554

PAID

OCT 15 1978

L.F. \$ 50
F.T. \$ 18.75
F.F. \$ 75.00

SGH 94.25

ARTICLES OF INCORPORATION
OF
HOPE CLINIC FOR WOMEN, LTD.

TO: MICHAEL J. HOWLETT, Secretary of State

The undersigned, DR. HECTOR ZEVALLOS, 24 Camelot, Edwardsville, Illinois 62025, being a natural person of the age of twenty-one (21) years or more, and having subscribed to shares of the corporation to be organized pursuant hereto, for the purpose of forming a corporation under "The Business Corporation Act" of the State of Illinois, does hereby adopt the following Articles of Incorporation:

ARTICLE ONE

The name of the corporation hereby incorporated is:
HOPE CLINIC FOR WOMEN, LTD.

ARTICLE TWO

The address of its initial registered office in the State of Illinois is: 24 Camelot, in the City of Edwardsville, County of Madison, and the name of its initial Registered Agent at said address is DR. HECTOR ZEVALLOS.

ARTICLE THREE

The duration of the corporation is perpetual.

ARTICLE FOUR

The purpose, or purposes, for which the corporation is organized is to own, operate and maintain an establishment for the study, diagnosis and treatment of human ailments and injuries, whether physical or mental, and to promote medical, surgical and scientific research and knowledge; provided that medical or surgical treatment, consultation or advice may be given by employees of the corporation only if they are licensed pursuant to the Medical Practice Act.

ARTICLE FIVE

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PARAGRAPH 1: The aggregate number of shares which the corporation is authorized to issue is 30,000, all of one class, to-wit: common stock. The par value of the shares of stock is One Dollar (\$1.00) per share.

PARAGRAPH 2: The preferences, qualifications, limitations, restrictions and the special or relative rights in respect of the shares of each class are: None.

ARTICLE SIX

The class and number of shares which the corporation proposes to issue without further report to the Secretary of State, and the consideration to be received by the corporation therefor, are:

| <u>Number of Shares</u> | <u>Class of Shares</u> | <u>Total Consideration Received Therefor</u> |
|-------------------------|------------------------|--|
| 1,000 | Common | \$1,000.00 |

ARTICLE SEVEN

The corporation will not commence business until at least One Thousand Dollars (\$1,000.00) has been received as consideration for the issuance of shares.

ARTICLE EIGHT

The number of directors to be elected at the first meeting of the shareholders is: One.


ARTICLE NINE

The stock issued within two (2) years from the date hereof, to the maximum amount of Five Hundred Thousand Dollars (\$500,000.00) which shall be received by the corporation, shall be issued pursuant to Section 1244 of the United States Internal Revenue Code.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 11 day of October, 1976.



STATE OF ILLINOIS)
COUNTY OF MADISON) SS.

I, , a Notary Public, do

hereby certify that on the 11 day of October, 1976,
DR. HECTOR ZEVALLOS personally appeared before me, and being first
duly sworn by me, acknowledged the signing of the foregoing
document in the respective capacities therein set forth and declared
that the statements therein contained are true.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed
my seal the day and year first above written.



Notary Public

My commission expires: April 15, 1974

FILED

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Michael J. Howlett
Secretary of State

Glenn, Stephanie M.

From: Glenn, Stephanie M.
Sent: Tuesday, January 10, 2023 12:08 PM
To: Erin King
Subject: The Hope Clinic for Women, Ltd. 7001084 -- License Renewal Application

Good afternoon Ms. King,

I am in the process of reviewing the ASTC renewal application for Hope Clinic.

Please provide a copy of the Consulting Committee Meeting minutes where the surgical procedures of the facility were reviewed and approved. Below is the requirement for annual review and approval for the procedures and the documentation required.

Section 205.130 Approval of Surgical Procedures

a) The list of surgical procedures performed by a center shall be included in the application as provided in Section 205.120 and in the renewal application as provided in Section 205.125. All surgical procedures to be performed in a facility must be approved by the facility's Consulting Committee prior to their performance, and annually reviewed and reapproved. Documentation of the approval must be submitted with the initial and renewal applications.

Everything else looks good.

Thank you,

Stephanie M. Glenn, RPh
Assistant Division Chief
Division of Health Care Facilities and Programs
Illinois Department of Public Health
525 West Jefferson St., 4th Floor
Springfield, IL 62761
stephanie.glenn@illinois.gov
P-217-782-0850 F-217-782-0382

We DaRE you to plant the seeds of Diversity,
anti-Racism and Equity around you



Glenn, Stephanie M.

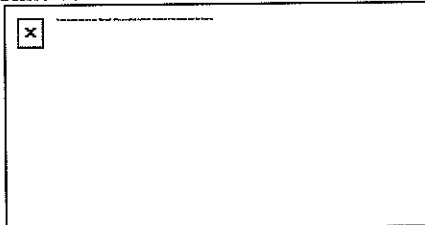
From: Erin King <erking@hopeclinic.com>
Sent: Friday, January 13, 2023 4:59 PM
To: Glenn, Stephanie M.
Subject: Re: [External] Re: The Hope Clinic for Women, Ltd. 7001084 -- License Renewal Application

Stephanie,

I do have meeting minutes but the sheets that have this discussion also have our QAPI discussion from that meeting with protected and confidential patient information. I will make sure this year's meeting minutes have this as a separate page without confidential patient information so we can send easily. Is that OK with you?

Best,
Erin

Erin King, MD (she/her)
Executive Director
Hope Clinic
(618) 451-5722 ext. 329
618-451-9092 (fax)
erking@hopeclinic.com
Time Zone: CST



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On Wed, Jan 11, 2023 at 8:39 AM Glenn, Stephanie M. <Stephanie.Glenn@illinois.gov> wrote:

I did receive this, but do you have a copy of the minutes from the meeting where they are noted that they are discussed and approved. If not, we can make this work. For future renewals, please note this will be asked for.

Thanks,