

SAINT FRANCIS GI ENDOSCOPY, LLC

April 17, 2007

Cristine A. Vogel
Commissioner
Office of Health Care Access
410 Capital Avenue, MS #13HCA
P.O. Box 340308
Hartford, Connecticut 06134-0308

VIA UPS: 1Z830AX10195802344

RE: Letter of Intent
Single Specialty Ambulatory Surgery Center
Saint Francis GI Endoscopy, LLC-Windsor, Connecticut

Dear Ms. Vogel:

Enclosed, please find one (1) original and five (5) copies of Saint Francis GI Endoscopy, LLC's Letter of Intent (LOI) regarding its request to develop a Single Specialty Ambulatory Surgery Center in Windsor, Connecticut.

If you have any questions or require additional information, please contact me at 561-988-9522, Extension 25.

Sincerely,



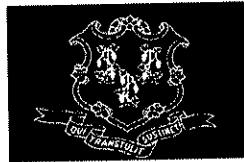
Cecilia Kronawitter
Project Representative

CK/kpr

cc: Dr. Anthony Zaldonis, via US Mail
Mr. Christopher Hartley, via US Mail

Mailing Address:
c/o HDAI, Inc.

5301 N. Federal Highway • Suite 210 • Boca Raton, Florida 33487
561.988.9522 Phone • 561.988.5424 Fax



State of Connecticut Office of Health Care Access Letter of Intent Form Form 2030

All Applicants involved with the proposal must be listed for identification purposes. A proposal's Letter of Intent (LOI) form must be submitted prior to a Certificate of Need application submission to OHCA by an Applicant, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please complete and submit Form 2030 to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If this proposal has more than two Applicants, please attach a separate sheet, supplying the same information for each additional Applicant in the format presented in the following table.

	Applicant One	Applicant Two
Full legal name	ST. FRANCIS GI ENDOSCOPY, LLC	
Doing Business As	N/A	APR 18 PM 1:00
Name of Parent Corporation	N/A	CERTIFIED MAIL
Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail		1000 11:00
What is the Applicant's Status: P for Profit or NP for Nonprofit	P	
Does the Applicant have Tax Exempt Status?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No
Contact Person, including Title/Position: This Individual will be the Applicant's Designee to receive all correspondence in this matter.	CECILIA KRONAWITTER	
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	5301 N. FEDERAL HWY, STE. 210 BOCA RATON, FL33487	

Contact Person's Telephone Number	561.988.9522, EXT 25	
Contact Person's Fax Number	561.988.5424	
Contact Person's e-mail Address	CK@HDAICONULTANTS.COM	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

SINGLE-SPECIALTY AMBULATORY SURGERY CENTER

b. Type of Proposal, please check all that apply:

Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> New (F, S, Fnc) | <input type="checkbox"/> Replacement | <input type="checkbox"/> Additional (F, S, Fnc) |
| <input type="checkbox"/> Expansion (F, S, Fnc) | <input type="checkbox"/> Relocation | <input type="checkbox"/> Service Termination |
| <input type="checkbox"/> Bed Addition | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in Ownership/Control |

Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

Project expenditure/cost greater than \$ 1,650,000.00

Equipment Acquisition cost greater than \$ 500,000.00

- | | | |
|---|--------------------------------------|--|
| <input checked="" type="checkbox"/> New | <input type="checkbox"/> Replacement | <input type="checkbox"/> Major Medical (> \$3,000,000) |
|---|--------------------------------------|--|

Imaging Linear Accelerator

Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$3,000,000

c. Location of proposal, identifying Street Address, Town and Zip Code:

360 BLOOMFIELD AVENUE, STE. 204, WINDSOR, CT 06905

- d. List each town this project is intended to serve:
 INCLUDING BUT NOT LIMITED TO PRIMARY SERICE AREA: HARTFORD, EAST HARTFORD, GLASTONBURY, EAST WINDSOR, SOUTH WINDSOR, WINDSOR LOCKS, WINDSOR, ENFIELD; SECONDARY SERVICE AREA: EAST GRANBY, SUFFIELD, CROMWELL, GRANBY, SOMERS, ELLINGTON AND VERNON. (EXHIBIT 2, ITEM 3)
- e. Estimated starting date for the project: APRIL 8, 2008
- f. Type of project: #11
 (Fill in the appropriate number(s) from page 7 of this Form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase or (Decrease)	Proposed Total Licensed
N/A				

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Project Cost: \$2,391,053.91
- b. Please provide the following tentative capital expenditure/costs related to the proposal:

Medical Equipment Purchases	\$ 325,000.00
Major Medical Equipment Purchases	\$ 0.00
Non-Medical Equipment Purchases*	\$ 228,000.00*
Land/Building Purchases	N/A
Construction/Renovation	\$1,165,339.00
Other (Non-Construction) Specify: SOFT COST	\$ 343,227.00
Total Capital Expenditure	\$2,061,566.00
Medical Equipment – Fair Market Value of Leases	\$329,487.91
Major Medical Equipment – Fair Market Value of Leases	N/A
Non-Medical Equipment – Fair Market Value of Leases*	N/A
Fair Market Value of Space – Capital Leases Only	N/A
Total Capital Cost	\$329,487.91
Total Project Cost	\$2,391,053.91
Capitalized Financing Costs (Informational Purpose Only)	

Provide an itemized list of all non-medical equipment to be purchased and leased.
 * EXHIBIT 1

- c. If the proposal has a total capital expenditure/cost of \$20,000,000 or more, you may request a Waiver of Public Hearing pursuant to Section 19a-643-45 of OHCA's Regulations? Please check the your preference as follows:

No Yes

If you checked "Yes" above, please check the appropriate box below:

Energy Fire Safety Code Non Substantive

If you checked "Yes" to the Waiver of Public Hearing, please provide the following:

- a) Supporting documentation from elected town officials
(i.e. letter from Mayor's Office).

Major Medical and/or Imaging Equipment Acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
N/A				

Note: Provide a copy of the vendor contract or quotation for the major medical/imaging equipment.

- d. Type of financing or funding source (more than one can be checked):

<input checked="" type="checkbox"/> Applicant's Equity	<input type="checkbox"/> Capital Lease	<input type="checkbox"/> Conventional Loan
<input type="checkbox"/> Charitable Contributions	<input checked="" type="checkbox"/> Operating Lease	<input type="checkbox"/> CHEFA Financing
<input type="checkbox"/> Funded Depreciation	<input type="checkbox"/> Grant Funding	<input type="checkbox"/> Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please provide a description of the proposed project, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following items need to be addressed, if applicable. (EXHIBIT 2)

1. List the types of services are currently being provided. If applicable, provide a copy of each Department of Public Health (DPH) license held by the Applicant.
2. List the types of services are being proposed and what DPH licensure categories will be sought, if applicable.
3. Identify the current population served and who is the target population to be served.
4. Identify any unmet need and describe how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. Describe the anticipated effect of this proposal on the health care delivery system in the State of Connecticut.
7. Who will be responsible for providing the service?
8. Who are the current payers of this service and identify any anticipated payer changes when the proposed project becomes operational?

AFFIDAVIT

To be completed by each Applicant

SAINT FRANCIS GI ENDOSCOPY, LLC

Applicant: _____

Project Title: SINGLE-SPECIALTY AMBULATORY SURGERY CENTER

I, ANTHONY ZALDONIS, M.D., PRESIDENT
(Name) (Position – CEO or CFO)

of SAINT FRANCIS GI ENDOSCOPY, LLC

being duly sworn, depose and state that the

information provided in this CON Letter of Intent (Form 2030) is true and accurate to the best of my knowledge, and that SAINT FRANCIS GI ENDOSCOPY, LLC complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Signature

AT Gallone MD

Date

4-10-07

Subscribed and sworn to before me on April 10, 2007

Lori L. Mirante
Notary Public/Commissioner of Superior Court

My commission expires: 10-31-07

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. PET/CT Scanner
23. Other Imaging Services
24. Lithotripsy
25. Other Medical Equipment
26. Mobile Services
27. Other Outpatient
28. Central Services Facility
29. Occupational Health

Non-Clinical

30. Facility Development
31. Non-Medical Equipment
32. Land and Building Acquisitions
33. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
34. Renovations
35. Other Non-Clinical

EXHIBIT 1

SECTION II.

ESTIMATED CAPITAL EXPENDITURE INFORMATION FOR OHCA FORM 2030

ITEMIZED NON-MEDICAL EQUIPMENT

Computer Software	\$125,000.00
Computer Hardware	\$30,000.00
Furniture (Office, Waiting Room, Lounge, etc.,)	\$50,000.00
Fixtures	\$20,000.00
Delivery & Installation	<u>\$ 3,000.00</u>
TOTAL	<u>\$228,000.00</u>

EXHIBIT 2

SECTION IV. PROJECT DESCRIPTION FOR OHCA FORM 2030

- 1. List the types of services that are currently being provided. If applicable, provide a copy of each Department of Health (DPH) license held by the Applicant.**

No services are currently being provided by Saint Francis GI Endoscopy, LLC; their proposed Center does not currently hold an Ambulatory Surgery Center license. All of the services provided by the new entity are currently being provided at Saint Francis Hospital and Medical Center.

All physician members are currently practicing their medical specialty in the proposed service area. The physicians are currently providing Gastroenterology and Colon & Rectal services at Saint Francis Hospital and Medical Center, including, but not limited to: Endoscopies, Colonoscopies, Diagnostic gastrointestinal and Colorectal procedures. Each member holds a State of Connecticut physician license.

- 2. List the types of services that are being proposed and what DPH licensure categories will be sought, if applicable.**

The Center will perform endoscopies, colonoscopies, colorectal surgery, and diagnostic gastrointestinal procedures. See attached Procedure List (**Exhibit 3**). Saint Francis GI Endoscopy, LLC will seek a Single-Specialty Ambulatory Surgery Center (#11 in the list) license. The Applicant proposes to build and operate a Single-Specialty Ambulatory Surgery Center which will house one (1) operating and two (2) procedure rooms, four (4) pre-op and six (6) post-op beds. Saint Francis GI Endoscopy, LLC will seek State Licensure, Medicare Certification and AAAHC Accreditation. See Floor plan, **Exhibit 4**.

- 3. Identify the current population served and who is the target population to be served.**

The Center will be located in a commercial office building located off of Interstate 91 on Bloomfield Avenue in Windsor. The physician members of Saint Francis GI Endoscopy, LLC, currently includes, but is not limited to, Hartford, East Hartford, Glastonbury, East Windsor, South Windsor, Windsor Locks, Windsor and Enfield. These same towns will be in the target population in the Center's Primary Service Area. The Secondary Service Area includes East Granby, Suffield, Cromwell, Granby, Sommers, Ellington and Vernon. The services are all within the Primary and Secondary service areas of Saint Francis Hospital and Medical Center.

- 4. Identify any unmet need and describe how this project will fulfill that need.**

At the present time, only one Endoscopy center is in the planning stages which would serve a small, overlapping percentage of Primary and Secondary Service areas listed above. The increasing demand for endoscopic procedures is on the rise with the aging of the Baby Boomer generation. State Insurance Coverage Laws are associated with higher screening rates. In the 108th Congress, several legislators have introduced the "Eliminate Colon Cancer Act" that would require private insurances to cover cancer screening. Due to the Act, the numbers of endoscopic procedures for routine screening for colon cancer will potentially increase, resulting in the need for more operating and procedure rooms to accommodate patients.

Currently, the State of Connecticut has an "A" rating on the report card produced by the National Colorectal Center Research TM regarding the legislation set forth for colon cancer screening requirements.

The thirteen (13) physician members of the Saint Francis GI Endoscopy, LLC have a high volume of procedures that are currently being performed at Saint Francis Hospital and Medical Center. The members have an average growth rate of ten percent (10%) annually.

The hospital desires to offer an alternative endoscopy service location to healthy patients that does not require them to come to the hospital campus. By joint venturing with the physicians, the hospital and physicians will provide their patients a more accessible, free-standing facility which will be a more convenient and pleasant setting for those patients undergoing routine screening procedures. Saint

Francis Hospital and Medical Center does not currently operate a free-standing Single Specialty Ambulatory Surgery center in the Service Area listed.

5. Are there any similar existing service providers in the proposed geographic area?

At the present time, there is an approved facility currently under development, Evergreen Endoscopy Center, LLC, in the Center's proposed Service Area.

6. Describe the anticipated effect of this proposal on the health care delivery system in the State of Connecticut.

This proposed Center will have a positive effect on the healthcare delivery system in Connecticut improving the accessibility to outpatient endoscopy services in the proposed service area.

The Center will provide these services in a high-quality and cost effective manner and will also offer them in a setting that will increase patient comfort and satisfaction. Endoscopy centers are able to be more efficient in delivering patient care, minimizing time involved and providing superior service with the outcome of earlier detection and treatment of colon cancer and other gastrointestinal medical conditions.

7. Who will be responsible for providing the service?

The physicians from Central Connecticut GI Endoscopy, LLC which will perform services in the Center.

- | | |
|-----------------------------|----------------------------|
| 8. Kofi Atta-Mensah, M.D. | 8. Ronald Josephson, M.D. |
| 9. Saumitra Banerjee, M.D. | 9. James Matino, M.D. |
| 10. Michael Butensky, M.D. | 10. Carol Petruff, M.D. |
| 11. Henry Danis, M.D. | 11. John Polio, M.D. |
| 12. Golam Gazi, M.D. | 12. Richard Stone, M.D. |
| 13. Steven Goldenberg, M.D. | 13. Brian Van Linda, M.D. |
| 14. Martin Hoffman, M.D. | 14. Anthony Zaldonis, M.D. |

Non-member physicians will be allowed to submit a request for privileges and be credentialed to perform procedures at the Center. Saint Francis GI Endoscopy, LLC is committed to health and healing through excellence, compassionate care and reverence for the spirituality of each person.

8. Who are the current payers of this service and identify any anticipated payer changes when the proposed project becomes operational?

Reimbursement for procedures performed at the Center is projected to follow the payor mix of the physicians of the Central Connecticut GI Endoscopy, LLC and Saint Francis Hospital and Medical Center.

The patient/payor base is currently traveling to Downtown Hartford for their procedures. The current patient base supports the development of a Center which will better serve the public need. Not only will the current patient base benefit, but those that have not or will not travel into the Downtown area will be encouraged to have routine screening endoscopies and colonoscopies at a location that is easily accessible. Initial projections show the patient base growing at a rate of 10% per year.

Projected payor mix for the Center is distributed between the following carriers:

- a. Medicare
- b. Anthem/Blue Cross Blue Shield
- c. Healthnet
- d. United Healthcare
- e. Cigna
- f. ConnectiCare
- g. Aetna
- h. PHCS
- i. Beechstreet Corp.

EXHIBIT 3

SECTION IV. PROCEDURE LIST FORM 2030

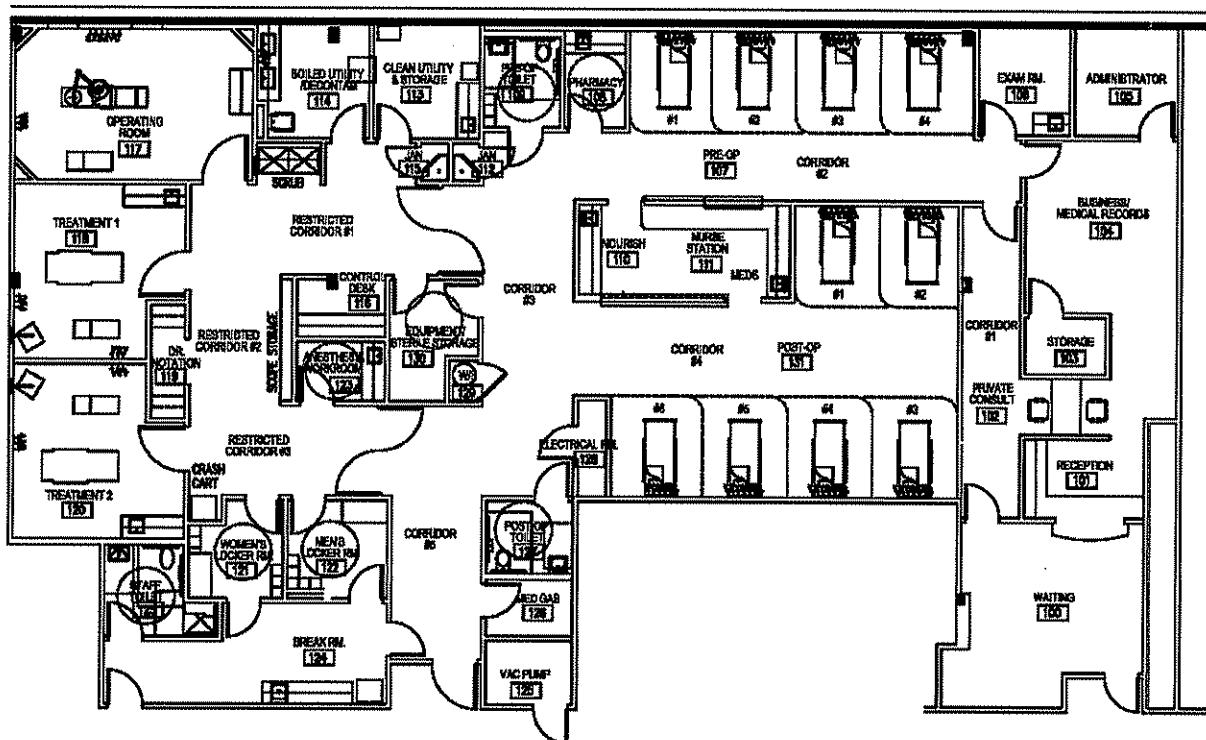
CPT CODE	SHORT DESCRIPTION
43200	ESOPHAGUS ENDOSCOPY
43201	ESOPH SCOPE W/SUBMUCOUS INJ
43202	ESOPHAGUS "ENDOSCOPY," BIOPSY
43204	ESOPH SCOPE W/SCLEROSIS INJ
43205	ESOPHAGUS ENDOSCOPY/LIGATION
43215	ESOPHAGUS ENDOSCOPY
43216	ESOPHAGUS ENDOSCOPY/LESION
43217	ESOPHAGUS ENDOSCOPY
43219	ESOPHAGUS ENDOSCOPY
43220	ESOPH "ENDOSCOPY," DILATION
43226	ESOPH "ENDOSCOPY," DILATION
43227	ESOPH "ENDOSCOPY," REPAIR
43228	ESOPH "ENDOSCOPY," ABLATION
43231	ESOPH ENDOSCOPY W/US EXAM
43232	ESOPH ENDOSCOPY W/US FN BX
43234	UPPER GI "ENDOSCOPY," EXAM
43235	UPPR GI "ENDOSCOPY," DIAGNOSIS
43236	UPPR GI SCOPE W/SUBMUC INJ
43239	UPPER GI "ENDOSCOPY," BIOPSY
43240	ESOPH ENDOSCOPE W/DRAIN CYST
43241	UPPER GI ENDOSCOPY WITH TUBE
43242	UPPR GI ENDOSCOPY W/US FN BX
43243	UPPER GI ENDOSCOPY & INJECT
43244	UPPER GI ENDOSCOPY/LIGATION
43245	UPPR GI SCOPE DILATE STRICTR
43246	PLACE GASTROSTOMY TUBE
43247	OPERATIVE UPPER GI ENDOSCOPY
43248	UPPR GI ENDOSCOPY/GUIDE WIRE
43249	ESOPH "ENDOSCOPY," DILATION
43250	UPPER GI ENDOSCOPY/TUMOR
43251	OPERATIVE UPPER GI ENDOSCOPY
43255	OPERATIVE UPPER GI ENDOSCOPY

43256	UPPR GI ENDOSCOPY W/STENT
43258	OPERATIVE UPPER GI ENDOSCOPY-W/ DILATION
43259	ENDOSCOPIC ULTRASOUND EXAM
43450	DILATE ESOPHAGUS
43750	PLACE GASTROSTOMY TUBE
43760	CHANGE GASTROSTOMY TUBE
44360	SMALL BOWEL ENDOSCOPY
44361	SMALL BOWEL ENDOSCOPY/BIOPSY
44363	SMALL BOWEL ENDOSCOPY
44364	SMALL BOWEL ENDOSCOPY
44365	SMALL BOWEL ENDOSCOPY
44366	SMALL BOWEL ENDOSCOPY
44369	SMALL BOWEL ENDOSCOPY
44370	SMALL BOWEL ENDOSCOPY/STENT
44372	SMALL BOWEL ENDOSCOPY
44373	SMALL BOWEL ENDOSCOPY
44376	SMALL BOWEL ENDOSCOPY
44377	SMALL BOWEL ENDOSCOPY/BIOPSY
44378	SMALL BOWEL ENDOSCOPY
44379	S BOWEL ENDOSCOPE W/STENT
44380	SMALL BOWEL ENDOSCOPY
44382	SMALL BOWEL ENDOSCOPY
44383	ILEOSCOPY W/STENT
44385	ENDOSCOPY OF BOWEL POUCH
44386	"ENDOSCOPY," BOWEL POUCH/BIOP
44388	COLONOSCOPY
44389	COLONOSCOPY WITH BIOPSY
44390	COLONOSCOPY FOR FOREIGN BODY
44391	COLONOSCOPY FOR BLEEDING
44392	COLONOSCOPY & POLYPECTOMY
44393	"COLONOSCOPY," LESION REMOVAL
44394	COLONOSCOPY W/SNARE
45100	BIOPSY OF RECTUM
45170	EXCISION OF RECTAL LESION
45190	"DESTRUCTION," RECTAL TUMOR

45305	PROCTOSIGMOIDOSCOPY W/BX
45307	PROCTOSIGMOIDOSCOPY FB
45308	PROCTOSIGMOIDOSCOPY REMOVAL
45309	PROCTOSIGMOIDOSCOPY REMOVAL
45315	PROCTOSIGMOIDOSCOPY REMOVAL
45317	PROCTOSIGMOIDOSCOPY BLEED
45320	PROCTOSIGMOIDOSCOPY ABLATE
45321	PROCTOSIGMOIDOSCOPY VOLVUL
45331	SIGMOIDOSCOPY AND BIOPSY
45333	SIGMOIDOSCOPY & POLYPECTOMY
45334	SIGMOIDOSCOPY FOR BLEEDING
45335	SIGMOIDOSCOPY W/SUBMUC INJ
45337	SIGMOIDOSCOPY & DECOMPRESS
45338	SIGMOIDOSCOPY W/TUMR REMOVE
45339	SIGMOIDOSCOPY W/ABLATE TUMR
45340	SIG W/BALLOON DILATION
45355	SURGICAL COLONOSCOPY
45378	DIAGNOSTIC COLONOSCOPY
45379	COLONOSCOPY W/FB REMOVAL
45380	COLONOSCOPY AND BIOPSY
45381	"COLONOSCOPY," SUBMUCOUS INJ
45382	COLONOSCOPY/CONTROL BLEEDING
45383	LESION REMOVAL COLONOSCOPY
45384	LESION REMOVE COLONOSCOPY
45385	LESION REMOVAL COLONOSCOPY
45386	COLONOSCOPY DILATE STRICTURE
45900	REDUCTION OF RECTAL PROLAPSE
45905	DILATION OF ANAL SPHINCTER
45910	DILATION OF RECTAL NARROWING
46221	HEMORRHOIDECTOMY, BY SIMPLE LIGATURE
46600	ANOSCOPY
46945	LIGATION OF INTERNAL HEMORRHOIDS, SINGLE PROCEDURE
46946	LIGATION OF INTERNAL HEMORRHOIDS, MULTIPLE PROCEDURES
G0105	SCREENING COLONOSCOPY-HIGH RISK

G0121	SCREENING COLONOSCOPY-NOT HIGH RISK
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EXHIBIT 4

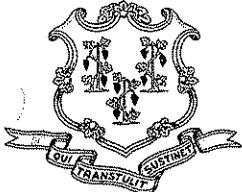


ST. FRANCIS ENDOSCOPY, LLC
360 BLOOMFIELD AVENUE
SUITE 204
WINDSOR, CT 06095



5301 NORTH FEDERAL HIGHWAY,
SUITE 210
BOCA RATON, FL 33487
(561) 996-6622
(561) 996-6424 (fax)

McCALLA Pios
ARCHITECTURE
2201 DALLAS PARKWAY
SUITE 300
FRESCO, TX 75034
(817) 377-0073
(817) 421-1827 (fax)



M. JODI RELL
GOVERNOR

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL
COMMISSIONER

April 23, 2007

Ms. Cecilia Kronawitter
Consultant
HDAI, Inc.
5301 N. Federal Highway, Suite 210
Boca Raton, FL 33487

Re: Letter of Intent, Docket Number 07-30957
Saint Francis GI Endoscopy, LLC
Establishment and Operation of a Freestanding Endoscopy Center in Windsor
Notice of Letter of Intent

Dear Ms. Kronawitter:

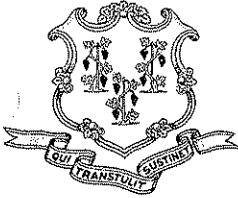
On April 18, 2007, the Office of Health Care Access (“OHCA”) received the Letter of Intent (“LOI”) Form of Saint Francis GI Endoscopy, LLC (“Applicant”) for the Establishment and Operation of a Freestanding Endoscopy Center in Windsor, at a total capital expenditure of \$2,391,054.

A notice to the public regarding OHCA’s receipt of a LOI was published in *The Hartford Courant* pursuant to Section 19a-638 of the Connecticut General Statutes. Enclosed for your information is a copy of the notice to the public.

Sincerely,

Kimberly R. Martone
Certificate of Need Supervisor

KRM:lmg



STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

April 23, 2007

Requisition # HCA07-166

Email: Publicnotice@courant.com

The Hartford Courant
285 Broad Street
Hartford, CT 06115

Gentlemen/Ladies:

Please make an insertion of the attached copy, in a single column space, set solid under legal notices, in the issue of your newspaper by no later than **Friday April 27, 2007**.

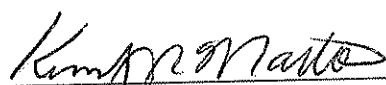
Please provide the following **within 30 days** of publication:

- Proof of publication (copy of legal ad. acceptable) showing published date along with the invoice.

If there are any questions regarding this legal notice, please contact Laurie Greci at (860) 418-7001.

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,



Kimberly R. Martone
Certificate of Need Supervisor

Attachment

KRM:LG:lmg

c: Sandy Salus, OHCA

PLEASE INSERT THE FOLLOWING:

Statute Reference:	19a-638
Applicant:	Saint Francis GI Endoscopy, LLC
Town:	Windsor
Docket Number:	07-30957
Proposal:	Establishment and Operation of a Freestanding Endoscopy Center in Windsor
Capital Expenditure:	\$2,391,054

The Applicant may file its Certificate of Need application between June 17, 2007 and August 16, 2007. Interested persons are invited to submit written comments to Cristine A. Vogel, Commissioner Office of Health Care Access, 410 Capitol Avenue, MS13HCA P.O. Box 340308 Hartford, CT 06134-0308.

The Letter of Intent is available for inspection at OHCA. A copy of the Letter of Intent or a copy of Certificate of Need Application, when filed, may be obtained from OHCA at the standard charge. The Certificate of Need application will be made available for inspection at OHCA, when it is submitted by the Applicant.

Greer, Leslie

From: Taylor, Stephanie [sltaylor@courant.com]
Sent: Monday, April 23, 2007 11:38 AM
To: Greer, Leslie
Subject: RE: Legal Ad

Leslie,

This will be in the paper tomorrow.
The cost will be \$141.37

Thank-You,
Stephanie

LEGAL NO TICE

Statute Reference: 19a-638
Applicant: Saint Francis GI
Endoscopy, LLC
Town: Windsor
Docket Number: 07-30957
Proposal: Establishment and Operation of a Freestanding Endoscopy Center in Windsor
Capital Expenditure:
\$2,391,054

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From: Greer, Leslie [mailto:Leslie.Greer@po.state.ct.us]
Sent: Monday, April 23, 2007 11:03 AM
To: publicnotices@courant.com
Subject: Legal Ad

Please place the attached ad in your newspaper by April 27, 2007. Please notify me that you have received this request.

*Leslie Greer
Office of Health Care Access
(860) 418-7001
Leslie.Greer@po.state.ct.us*