

Updike, Kelly &amp; Spellacy, P.C.

Counselors at Law

Jennifer L. Groves  
 (203) 786-8316  
 (203) 772-2037 FAX

One Century Tower  
 265 Church Street  
 New Haven, Connecticut 06510

CONNECTICUT OFFICE OF  
 HEALTH CARE ACCESS

2001 JUL -2 P 3:24

RECEIVED

**FACSIMILE TRANSMITTAL SHEET**

**TO:** Office of Health Care Access  
 ATTN: Cristine A. Vogel

**FACSIMILE:** (860) 418-7053

**DATE:** July 2, 2009

*Re: Construction of Replacement Facility For Surgery Center of Fairfield County*

**TOTAL NUMBER OF PAGES (INCLUDING THIS SHEET): 18**

**Message:**

IF YOU HAVE ANY PROBLEMS WITH RECEIPT OF THIS TRANSMITTAL,  
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 (203) 772.2057  
 jgroves@uks.com

July 2, 2009

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**VIA FACSIMILE & HAND DELIVERY**

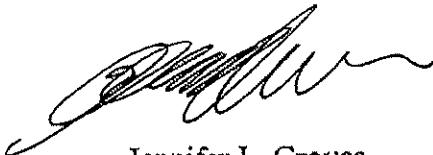
Cristine Vogel, Commissioner  
 Office of Health Care Access  
 410 Capitol Avenue  
 Post Office Box 340308  
 Hartford, CT 06134-0308

*Re: Construction of Replacement Facility For Surgery Center of Fairfield County*

Dear Commissioner Vogel:

Enclosed please find an original and three (3) copies of a Letter of Intent Form 2030 for the proposed construction of a replacement facility for Surgery Center of Fairfield County. Should you require anything further at this time, please feel free to call me at (203) 786.8316.

Very truly yours,



Jennifer L. Groves

Enclosures

cc: Ms. Faith Kycia  
 Mr. Robert Jardeleza



**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 the Applicant(s), 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	<b>Surgery Center of Fairfield County, LLC</b>	
Doing Business As	<b>Surgery Center of Fairfield County</b>	
Name of Parent Corporation	<b>Surgical Care Affiliates, LLC<sup>1</sup></b>	
Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail (Zip Code Required)	<b>4290 Main Street Bridgeport, CT 06606</b>	
Identify Applicant Status: P for Profit or NP for Nonprofit	<b>Profit</b>	
Does the Applicant have Tax Exempt Status?	<b>No</b>	
Contact Person, including Title/Position: This Individual will be the Applicant Designee to receive all correspondence in this matter.	<b>Faith S. Kycia Administrator</b>	<b>Jennifer L. Groves Legal Counsel for Applicant</b>
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail (Zip Code Required)	<b>4920 Main Street Bridgeport, CT 06606</b>	<b>Updike, Kelly &amp; Spellacy 265 Church Street New Haven, CT 06510</b>

<sup>1</sup> Surgical Care Affiliates, LLC is a wholly owned subsidiary of ASC Acquisition LLC.

Contact Person Telephone Number	(203) 374.1515	(203) 786.8316
Contact Person Fax Number	(203) 374.4702	(203) 772.2037
Contact Person e-mail Address	faith.kycia@seasurgery.com	jgroves@uks.com

## SECTION II. GENERAL APPLICATION INFORMATION

- a. Project Title: **Construction of Replacement Facility for Surgery Center of Fairfield County**
- b. Project Proposal: **Applicant proposes to construct and occupy a replacement facility for Surgery Center of Fairfield County to be located at 5545 Park Avenue in Fairfield.**
- c. Type of Project/Proposal, please check all that apply:

### Inpatient Service(s):

- Medical/Surgical
- Cardiac
- Pediatric
- Maternity
- Trauma Center
- Transplantation Programs
- Rehabilitation (specify type) \_\_\_\_\_
- Behavioral Health (Psychiatric and/or Substance Abuse Services)
- Other Inpatient (specify) \_\_\_\_\_

### Outpatient Service(s):

- Ambulatory Surgery Center
- Primary Care
- Oncology
- New Hospital Satellite Facility
- Emergency
- Urgent Care
- Rehabilitation (specify type) \_\_\_\_\_
- Central Services Facility
- Behavioral Health (Psychiatric and/or Substance Abuse Services)
- Other Outpatient (specify) \_\_\_\_\_

### Imaging:

- MRI
- CT Scanner
- PET Scanner
- CT Simulator
- PET/CT Scanner
- Linear Accelerator
- Cineangiography Equipment
- New Technology: \_\_\_\_\_

### Non-Clinical:

- Facility Development
- Non-Medical Equipment
- Renovations
- Change in Ownership or Control
- Land and/or Building Acquisitions
- Organizational Structure (Mergers, Acquisitions, & Affiliations)
- Other Non-Clinical: \_\_\_\_\_

d. Does the proposal include a Change in Facility (F), Service (S)/Function (Fnc) pursuant to Section 19a-638, C.G.S.?

Yes  No

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

New (F, S, Fnc)  Additional (F, S, Fnc)  Replacement  
 Expansion (F, S, Fnc)  Relocation  Termination of Service  
 Reduction  Change in Ownership/Control

e. Will the Capital Expenditure/Cost of the proposal exceed \$3,000,000, pursuant to Section 19a-639, C.G.S.?

Yes  No

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

New equipment acquisition and operation  
 Replacement equipment with disposal of existing equipment  
 Major medical equipment  
 Change in ownership or control  
 Construction/Renovation & Medical/Non-Medical Equipment Acquisition

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

5545 Park Avenue, Fairfield, CT 06825

g. List each town this project is intended to serve:

**Surgery Center of Fairfield County will continue to serve patients from the same cities/towns it presently serves including, but not limited to, the cities/towns of Bridgeport, Fairfield, Trumbull, Stratford, Shelton and Monroe.**

h. Estimated starting date for the project: Spring 2010

i. If the proposal includes change in the number of beds provide the following information:

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

**SECTION III. ESTIMATED CAPITAL EXPENDITURE/COST INFORMATION**a. Estimated Total Project Expenditure/Cost: \$4,783,768

b. Please provide the following tentative capital expenditure/costs related to the proposal:

Major Medical Equipment Purchases*	\$0
Medical Equipment Purchases*	\$1,014,899
Non-Medical Equipment Purchases*	\$181,004
Land/Building Purchases	
Construction/Renovation	\$3,587,865
Other (Non-Construction) Specify:	
<b>Total Capital Expenditure</b>	<b>\$4,783,768</b>
Major Medical Equipment – Fair Market Value of Leases Medical	
Equipment – Fair Market Value of Leases	
Non-Medical Equipment – Fair Market Value of Leases*	
Fair Market Value of Space – Capital Leases Only	
<b>Total Capital Cost</b>	<b>\$4,783,768</b>
<b>Total Project Cost</b>	<b>\$4,783,768</b>
Capitalized Financing Costs (Informational Purpose Only)	

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

See Exhibit A attached.

c. If the proposal has a total capital expenditure/cost exceeding \$20,000,000 or if the proposal is for major medical equipment exceeding \$3,000,000, you may request a Waiver of Public Hearing pursuant to Section 19a-643-45 of OHCA's Regulations? Please check your preference.

Yes       No

N/A

1. If you checked "Yes" above: please check the appropriate box below indicating the basis of the projects eligibility for a waiver of hearing

Energy Conservation       Health, Fire, Building and Life Safety Code  
 Non Substantive

N/A

2. Provide supporting documentation from elected town officials (i.e. letter from Mayor's Office).

N/A

## d. 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 each major medical/imaging equipment.

## e. 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 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

Surgery Center of Fairfield County (the "Center"), a duly-licensed multi-specialty ambulatory surgery center located at 4920 Main Street in Bridgeport, proposes to construct and occupy a replacement facility located at 5545 Park Road in Fairfield.

The Center was established pursuant to a CON issued by the Commission on Hospitals and Healthcare under Docket No. 82-532. Formerly known as HealthSouth Surgery Center of Bridgeport, the Center was acquired by ASC Acquisition LLC in August of 2007, along with three other HealthSouth surgical facilities in Connecticut (Docket No. 07-30955-CON). The Center is owned by Surgery Center of Fairfield County, LLC ("SCFC"), a limited liability company owned seventy-one percent (71%) by SunSurgery, LLC as Managing Member. SunSurgery, LLC is a wholly owned subsidiary of Surgical Care Affiliates, LLC, which, in turn, is a wholly owned subsidiary of ASC Acquisition LLC. SCFC has twenty-two (22) physician investors who, collectively, own twenty-nine percent (29%) of its membership interests.

Physicians perform procedures at the Center in the following surgical specialties: Gastroenterology, General Surgery, Gynecology, Ophthalmology, Oral Surgery, Orthopedics, Otolaryngology (ENT), Pain Management, Plastic Surgery, Podiatry, and Urology. The Center has four (4) operating rooms and one (1) procedure room. A copy of the Department of Public Health license for Surgery Center of Fairfield County is attached as Exhibit B.

Surgery Center of Fairfield County has been operating at 4920 Main Street in Bridgeport since approximately 1982. The current lease for this space expires in 2010, and in connection with lease renewal negotiations, SCFC commissioned a survey of the facility's physical plant. The survey identified numerous issues including, but not limited to, those around ADA compliance, HVAC functionality, sprinkler and fire alarm systems compliance, lighting and storage. Based on the results of this survey, SCFC would need to incur significant costs in order to bring the existing space into compliance with all applicable statutes and regulations.

In light of the foregoing, SCFC decided to search for suitable alternate sites for the Center. The initial search focused largely on sites within the City of Bridgeport. None of the sites identified by SCFC's brokers in Bridgeport was acceptable to the company for reasons including, but not limited to, insufficient space, the inability to construct the facility on one floor, inadequate parking and zoning issues. Through a broker, SCFC identified an available 2.3 acre parcel of land located at 5545 Park Avenue in Fairfield. The developer of this land has agreed to build a dedicated surgical facility to meet SCFC's needs. The site is 1.9 miles from the current facility. It is located one exit further south on the Merritt Parkway and is less than 400 feet from the highway. A map of the two locations is attached as Exhibit C. The cost of constructing the new space is approximately \$4,783,768.

Constructing a new facility for Surgery Center of Fairfield County will ensure that patients have access to the highest quality surgical services in a state-of-the-art, code-compliant center. This will in turn impact favorably on healthcare delivery in Connecticut. The target population for the new facility is identical to the Center's current population, that is, individuals in need of outpatient surgical services who reside in cities/towns including, but not limited to, Bridgeport, Fairfield, Trumbull, Stratford, Shelton and Monroe. Relocating the Center 1.9 miles is not expected to result in any changes in patient origin. In addition, there will be no changes in the services offered at Surgery Center of Fairfield County, or in the number of ORs and procedures rooms at the Center, as a result of this proposal.

Existing freestanding outpatient surgical facilities in the greater Bridgeport area include: Connecticut Hand Surgery Center (single-specialty); Robbins Eye Center (single-specialty); Fairfield Surgery Center (single-specialty); and the Endoscopy Center of Fairfield (single-specialty). To the best of SCFC's knowledge, ambulatory surgical services are also offered at Saint Vincent's Medical Center (multi-specialty) and Bridgeport Hospital (multi-specialty). Surgery Center of Fairfield County is an integral and longstanding member of the greater Bridgeport outpatient surgical services provider community. It has an established patient and physician base (including 22 physician owners) and consistent volume. Accordingly, this proposal to construct a replacement facility, without adding any services or expanding capacity, is not expected to impact existing providers.

The same administrative and clinical (nursing) staff will remain in place after the replacement facility is completed. SCFC also anticipates retaining all of its Medical Staff with this move to an equally accessible and convenient location.

The anticipated payer sources are the same as those currently experienced by the Center as follows: Private Pay, Medicare, Medicare Managed Care, traditional indemnity insurance, health maintenance organizations, and Medicaid.

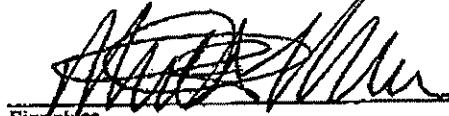
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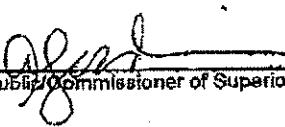
**AFFIDAVIT****To be completed by each Applicant****Applicant: Surgery Center of Fairfield County, LLC****Project Title: Construction of a Replacement Facility for Surgery Center of Fairfield County**

I, Michael A. Rucker, Chief Operating Officer  
(Name) (Position - CEO or CFO)  
of Surgical Care Affiliates, 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 Surgery Center of Fairfield County complies with the appropriate and  
(Facility Name)  
applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-468  
and/or 4-181 of the Connecticut General Statutes.

  
Signature06/29/09  
Date

Subscribed and sworn to before me on

6/29/09

  
Notary Public/Commissioner of Superior Court

My commission expires:

7/9/11

***EXHIBIT A***

**BRIDGEPORT, CT- Surgery Replacement / Ground Up**

4 OR'S / 1 PROCEDURE ROOM

**MEDICAL EQUIPMENT**

	Units	Cost per Unit	Total Cost
<b>OR ROOM's</b>			
OR Lights with Suspension tube & arms	4	\$20,787.53	\$83,150.12
Flat panel Monitors for OR Lights, etc	4	\$20,252.00	\$81,008.00
OR Tables - Steris	4	\$26,152.90	\$104,611.60
Viewboxes - Cleafin	4	\$382.00	\$1,528.00
Anesthesia Machines- Datascope	5	\$26,877.25	\$134,386.25
Anesthesia Supply Cart	3	\$989.30	\$2,967.90
Blanket Warmer - Steris	2	\$5,645.92	\$11,291.84
Patient Monitors- Datascope	4	\$10,897.32	\$43,589.28
Scrub Sinks- OR Corridor	2	\$6,435.99	\$12,871.98
Neptune Rover System -Stryker	3	\$12,833.00	\$38,499.00
<b>PACU (9 bays)</b>			
Patient Monitors -Datascope	9	\$5,610.45	\$50,494.05
Crib - Stryker	3	\$4,870.32	\$14,610.96
Stretcher (Wide) Stryker	2	\$4,870.32	\$9,740.64
Stretcher (Regular) Stryker	9	\$4,814.04	\$43,326.36
Cardiac Science Defib	1	\$1,495.00	\$1,495.00
Suction Vac Regulators	14	\$146.00	\$2,044.00
<b>Procedure Room (1)</b>			
Viewboxes - Cleafin	1	\$382.00	\$382.00
Monitor - Passport II	1	\$10,897.32	\$10,897.32
<b>Exam Room (1)</b>			
Exam Table	1	\$263.00	\$263.00
Monitor - Passport II (Exam)	1	\$10,897.32	\$10,897.32
<b>Eye</b>			
Monitor - Accutor	1	\$4,183.00	\$4,183.00
<b>Misc -Durable Medical Goods</b>			
Narcotic Lock Box	1	\$544.32	\$544.32
Portable IV Poles Stainless Steel	3	\$175.58	\$526.74
Scales	2	\$284.76	\$569.52
<b>Sterilization</b>			
Hemo Washer Disinfector	1	\$30,669.04	\$30,669.04
20x20x38 Sterilizers	2	\$47,523.78	\$95,047.56
16x16x26 - Flash Sterilizers	2	\$39,379.38	\$78,758.76
System 1 Processor	1	\$17,650.25	\$17,650.25
Tabletop Sonic Cleaner	1	\$1,571.62	\$1,571.62
Washer Disinfector with accs	1	\$37,333.83	\$37,333.83
Sterrads- NX J&J	2	\$44,000.00	\$88,000.00
Sterrad Cart for Sterilizers J&J	2	\$995.00	\$1,990.00
<b>TOTAL ROOM COST:</b>			<b>\$1,014,899.26</b>

**BRIDGEPORT, CT- Surgery Replacement / Ground Up**

4 OR'S / 1 PROCEDURE ROOM

**NON-MEDICAL EQUIPMENT**

OR ROOM's	Units	Cost per Unit	Total Cost
<b>PACU (9 bays)</b>			
Recliners - Wieland	12	\$946.19	\$11,354.28
Vinyl - TBD for Recliners	10	\$997.02	\$9,970.20
Ice Machine -Dispenser/Flaker	1	\$2,880.68	\$2,880.68
Water Filtration System for Ice machine	1	\$126.34	\$126.34
TV's with dvd	4	\$585.00	\$2,260.00
Overbed Tables	15	\$55.00	\$825.00
Lockable Med Fridge (Singer)	1	\$937.86	\$937.86
<b>Misc -Durable Medical Goods</b>			
Portable Carts	1	\$175.00	\$175.00
Laundry Hamper	2	\$85.00	\$170.00
Laundry Storage Cart (Bulk)	2	\$78.40	\$156.80
<b>Furniture</b>			
Lobby Chairs	18	\$329.33	\$5,927.94
Magazine Tables	3	\$305.18	\$915.54
Task Chairs	6	\$283.48	\$1,700.88
Visitor Chairs - PACU	10	\$101.46	\$1,014.60
File Cabinets	3	\$692.00	\$2,076.00
<b>Kitchen - Break Room</b>			
Upright Refrigerator -Singer	1	\$587.61	\$587.61
Toaster Oven - Singer	1	\$132.95	\$132.95
Dishwasher -Singer	1	\$329.16	\$329.16
Stove -Singer	1	\$850.13	\$850.13
Under the counter Ice Machine -Singer	1	\$1,323.40	\$1,323.40
Water Filtration System /Filter for Ice machine	1	\$116.00	\$116.00
<b>Entire Facility -Administrative</b>			
Alarm System - Alarm Engineers	1	\$17,000.00	\$17,000.00
TV's 32" with wall mount	2	\$1,000.00	\$2,000.00
Copier (MX-M450NA Multifunction) -Sharp	2	\$8,110.00	\$16,220.00
<b>Equipment Total:</b>			<b>\$79,050.37</b>
<b>Equipment shipping/freight</b>	15%		<b>\$11,857.58</b>
<b>Equipment Grand Total:</b>			<b>\$90,907.93</b>
Telephone Equipment and services:	1	\$90,096.04	\$90,096.04
<b>GRAND TOTAL:</b>			<b>\$1,195,903.23</b>

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**Surgical Care Affiliates**

## IT Project - Capital Needs Budget Worksheet

050168 S.C. of Fairfield County, Bridgeport, CT

**Network/Voice Equipment Installation Labor Cost**

Network move cost	5	\$ 2,500.00	TOTAL
Voice move cost	5	\$ 2,500.00	
Computer/Equipment move cost	5	\$ 1,500.00	
Network installation cost per hour (business hours)	4 S	\$ 97.00	\$ 388.00
Network installation cost per hour (non-business hours)	0 S	\$ 145.00	
Voice installation cost	0 S	\$ 12,000.00	
Site Survey cost	1 S	\$ 3,000.00	\$ 3,000.00
			<b>TOTAL \$ 9,888.00</b>

**Network / VPN Hardware (includes wireless)**

	Quantity	Price (each)	TOTAL
Cisco Router 1841 (Data)	0 S	\$ 2,500.00	
Cisco 2106 WL.AN Controller	1 S	\$ 2,500.00	\$ 2,500.00
Cisco ASA 5505 Security Appliance	1 S	\$ 606.00	\$ 606.00
Cisco Switch 2960 (24 port)	0 S	\$ 2,700.00	
Cisco Switch 2960 (48 port)	0 S	\$ 4,000.00	
Cisco PoE Switch 3560 (24 port)	0 S	\$ 3,500.00	
Cisco PoE Switch 3560 (48 port)	0 S	\$ 8,000.00	
Cisco Router 2821 (Voice/Data)	0 S	\$ 3,500.00	
Cisco Aironet 1232AG w/Software & Antenna	4 S	\$ 800.00	\$ 3,200.00
Cisco 4400 AP Switch (25 AP's)	0 S	\$ 10,500.00	
Cisco 4400 AP Switch (100 AP's)	0 S	\$ 26,000.00	
	<b>TOTAL 6 items</b>	\$	<b>6,306.00</b>
			<b>TOTAL, with 7% Taxes &amp; 4% Shipping \$ 6,999.66</b>

**Voice Hardware Cost**

## Handsets Needed (Cisco)

7906	0 S	\$ 250.00	
7941	0 S	\$ 600.00	
7961	0 S	\$ 650.00	
Slide Cards (Receptionist)	0 S	\$ 400.00	
Polycom Wireless Base Conference Units	0 S	\$ 800.00	
Polycom Wired Conference Units	0 S	\$ 750.00	
Cisco ATA 186	0 S	\$ 300.00	
Voice Switch/System (Cisco)	Complete System Installed up to 36 users	0 S	\$ 50,000.00
		<b>Total 0 items</b>	\$
			<b>TOTAL with 7% Taxes &amp; 4% Shipping \$</b>

**Desktop Hardware**

	Quantity	Price (each)	TOTAL
Workstations	13 S	\$ 700.00	\$ 9,100.00
19" Flat Panel Monitor	13 S	\$ 254.00	\$ 3,302.00
Laptop	0 S	\$ 1,295.00	
Laptop Accessories	0 S	\$ 392.00	
SCCM Distribution Server	0 S	\$ 3,900.00	
Laser Printer w/ toner	0 S	\$ 253.00	
Laser Printer w/ toner	0 S	\$ 775.00	
Laser Printer w/ toner	0 S	\$ 1,355.00	
Dot Matrix Printer	0 S	\$ 1,059.37	
Dot Matrix Printer	0 S	\$ 317.06	
Scanner	0 S	\$ 315.00	
Datcom - UPS	0 S	\$ 80.00	
	<b>Subtotal 26 items</b>	\$	<b>12,402.00</b>
			<b>TOTAL with 7% Taxes &amp; 4% Shipping \$ 13,766.22</b>

**Infrastructure Needs**

## Voice/Data cabling

Description	Quantity	Price (each)	TOTAL
Enter approx. number of employee's	58 S	\$ 286.00	\$ 16,470.00
(If multifloor enter number of additional floors)	1	\$	\$ 6,220.50
If cabling existing occupied space(s) enter 1	0	\$	
			<b>TOTAL \$ 47,690.50</b>

## Multifloor requirements

## Existing space

Total	\$	78,344.38
15% Contingency	\$	11,751.66
Grand Total:	\$	90,096.04

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***EXHIBIT B***

STATE OF CONNECTICUT  
Department of Public Health  
LICENSE

License No. 0283

Outpatient Surgical Facility

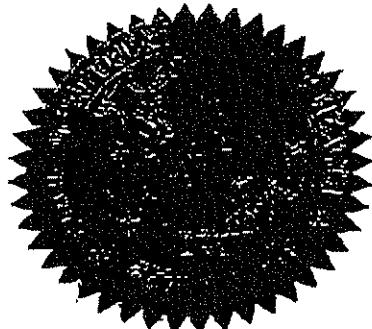
In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Surgery Center of Fairfield County, LLC of Bridgeport, CT, d/b/a Surgery Center of Fairfield County is hereby licensed to maintain and operate an Outpatient Surgical Facility.

Surgery Center of Fairfield County is located at 4920 Main Street, Bridgeport, CT 06606.

This license expires September 30, 2010 and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2008. RENEWAL.

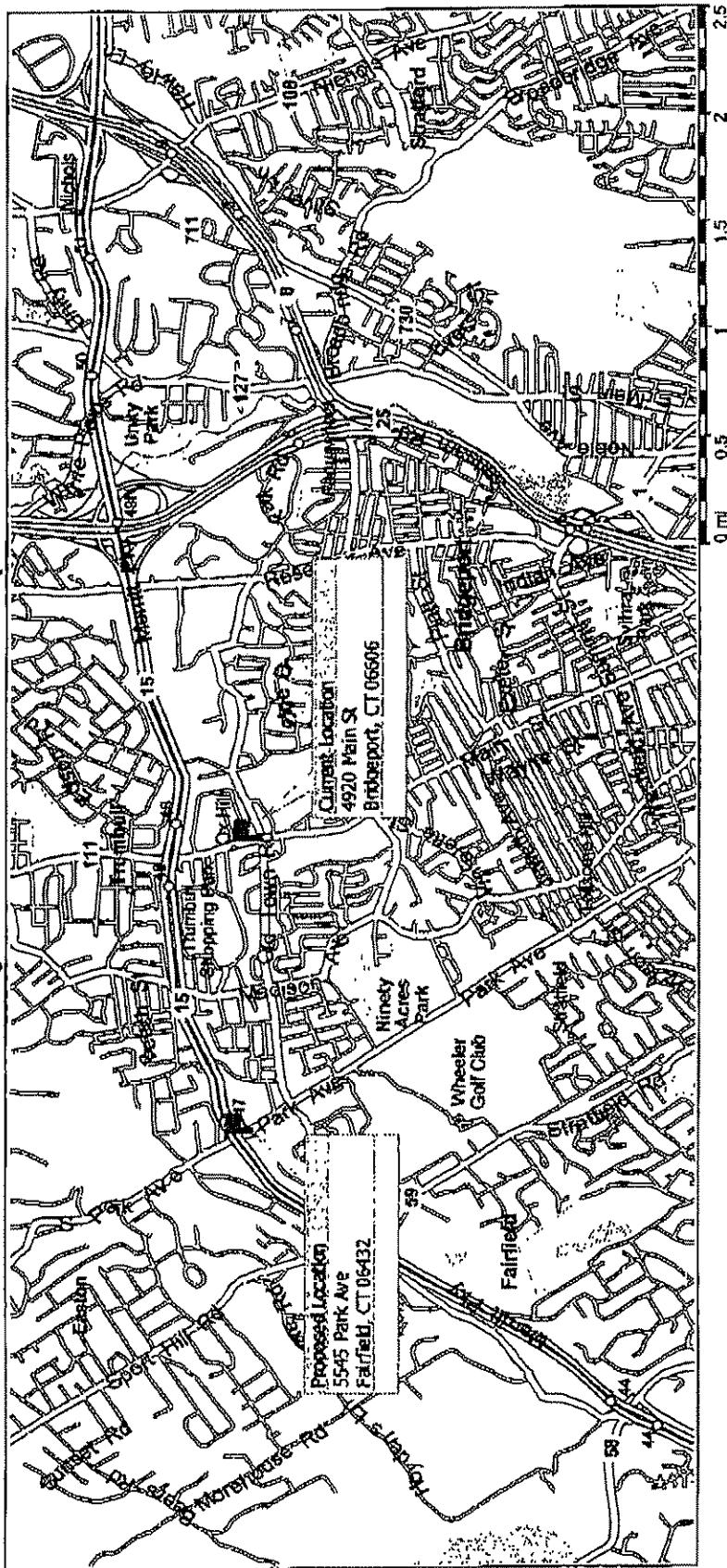


*J. Robert Galvin, MD, MPH, MBA*

J. Robert Galvin, MD, MPH, MBA, Commissioner

***EXHIBIT C***

## Surgical Center of Fairfield County



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