



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 7, 2012

Ms. Dianne Goldenberg
Chief Executive Officer
Northwest Medical Center, Inc.
d/b/a Northwest Medical Center
2801 North State Road 7
Margate, Florida 33063-9002

Letter of Intent (LOI) Number: H1208013
Applicant: Northwest Medical Center, Inc.
Service Area: District 10 (Broward County)

Dear Ms. Goldenberg:

This letter is to inform you, the applicant's authorized representative, that effective August 6, 2012 the letter of intent to establish a comprehensive medical rehabilitation unit of up to 25 beds has been accepted for submission of an application in the upcoming review cycle. It is anticipated that your proposed project will be reviewed according to the following schedule:

Application filed by: 09/05/2012
Application Completed: 10/10/2012
Date of Agency Decision: 12/07/2012

Certificate of Need (CON) Statutes and Rules can be obtained at http://ahca.myflorida.com/MCHQ/CON_FA/Rules/index.shtml. The application is located at http://ahca.myflorida.com/MCHQ/CON_FA/Application/index.shtml and just click on 'Application 2009'. Rules pertinent to the CON review process include Rules 59C-1.002 through 59C-1.030 Florida Administrative Code and the rule specific to your proposed program (i.e. 59C-1.0355 for hospice, 59C-1.036 for nursing facility beds, etc). If your project involves licensed beds, the application must identify the number of beds to be converted, added, or delicensed.

The application filing fee is \$10,000.00 plus 0.015 times the total project cost up to a maximum fee of \$50,000.00. The minimum fee for projects with no capital expenditure is \$10,000.00. The non-refundable filing fee should be submitted with the application on or before the application due date listed above. If you have questions concerning LOIs or application requirements, please contact this office at (850) 412-4401.

Sincerely,

James B. McLemore
Health Services & Facilities Consultant Supervisor
Certificate of Need

cc: Broward Regional Health Planning Council, Inc.

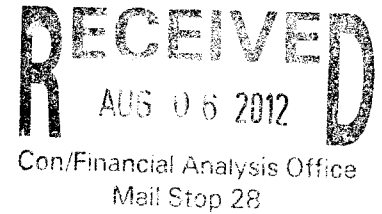




NORTHWEST
MEDICAL CENTER

August 3, 2012

Jeffrey N. Gregg, Bureau Chief
Certificate of Need
Agency for Health Care Administration
2727 Mahan Drive, Building 1
Tallahassee, Florida 32308



H1208013

Re: Letter of Intent – Northwest Medical Center

Dear Mr. Gregg:

This Letter of Intent is being filed pursuant to Section 408.039(2), Florida Statutes, and Rule 59C-1.008(1), Florida Administrative Code, for the upcoming Second Batching Cycle - 2012, for Hospital Beds and Facilities, with an initial application due date of September 5, 2012. The following information is provided in accordance with Rule 59C-1.008(1), Florida Administrative Code.

1. The legal name, mailing address, and telephone number of the applicant are:
Northwest Medical Center, Inc. d/b/a Northwest Medical Center, 2801 North State Road 7, Margate, Florida 33063, (954) 974-0400.
2. The legal name of the license holder is Northwest Medical Center, Inc., and the hospital license number is 4383, with a license expiration date of August 31, 2012.
3. The type of project proposed is the establishment of up to 25 inpatient comprehensive medical rehabilitation (“CMR”) beds for the provision of comprehensive medical rehabilitation services at Northwest Medical Center; described in Section 408.036(1)(f), Florida Statutes (2011), as “the establishment of tertiary health services, including inpatient comprehensive rehabilitation services.”
4. The location of the proposed CMR beds and services is Northwest Medical Center, 2801 North State Road 7, Margate, Florida 33063, Health Planning District 10, Acute Care Subdistrict 10-1, Broward County.

Please let me know if you need any further information.

Sincerely,

Dianne Goldenberg
Chief Executive Officer
Northwest Medical Center, Inc.
d/b/a Northwest Medical Center