

NOTICE OF INTENT

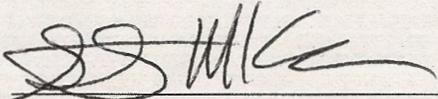
CERTIFICATE OF PUBLIC REVIEW

1. Name of Applicant: CEDAR TREE SURGICAL CENTER
2. Address: 32711 LONG NECK ROAD, MILLSBORO DE
3. Telephone: 945-9730 Fax: 945-9732 Email: SM ABBOND@AOL.COM
4. Person to Contact: STEPHEN KELLNER
5. Type of Ownership:

- Public  Proprietary (Individual)
- Private Non-profit  Proprietary (Partnership)
- Proprietary (Corporation)

6. Anticipated Date of Filing Application: 8-7-15
7. Estimated Capital Expenditure: \$ N/A
8. Please attach a brief Narrative (one page or less if possible) which describes the project.
9. STATEMENT OF CERTIFICATION:

The statements and information provided herein are true and correct to the best of my knowledge and belief.

  
\_\_\_\_\_  
Signature of Chief Executive Officer

7-6-15  
\_\_\_\_\_  
Date



32711 Longneck Road  
Millsboro, Delaware 19966  
302-945-9730  
302-945-9732 (Fax)

June 17, 2015

Dear Sir/Madam,

This letter is to inform the Delaware Health Care Commission/Delaware Health Resources Board (DHRB) that, pursuant to the title 16 statute, Cedar Tree Surgical Center will be requesting relief from the restriction to not administer General Anesthesia as stated in the initial CON approval letter from the DHRB dated October 23, 1998.

Cedar Tree Surgical Center intends to submit a CPR application within the next 90 days, but no sooner than the next 30 days, to request this change and provide evidence supporting the reason for this change.

Upon review of this initial notice, any and all questions from the DHRB can be directed to my retained consultant Stephen M. Kellner. Mr. Kellner and I will be working together, along with the DHRB, to provide all information and documentation required for the CPR process.

I thank you in advance for the consideration of my application and look forward to working with you in the future.

Sincerely,

  
Semaan Abboud, MD

6/19/15  
Date:

  
Stephen M. Kellner

7-6-15  
Date:

Contact info:

(856) 889-4261

stephenkellner@gmail.com

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