

C02016-028

# CHANGE OF OWNERSHIP

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JUN 19 2016

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

## Part I: Purchasing Organization Information

Name of Organization: Stepping Stone Pediatric Therapy, Inc.

Facility Name:  
(ADPH Licensure name) (must receive CON approval first)

SHPDA ID Number: \_\_\_\_\_

Address (PO Box #): 143 Ana Drive

City, State, Zip, County: Florence, Alabama 35630, Lauderdale

Number/Type Licensed Beds: n/a

Owner(s): David Ainsworth & Miranda Ainsworth

Operator(s): David Ainsworth & Miranda Ainsworth

## Part II: Selling Organization Information

Name of Organization: Stepping Stone Pediatric Therapy, LLC

Address (PO Box #): 143 Ana Drive

City, State, Zip, County: Florence, Alabama 35630, Lauderdale

Number/Type Licensed Beds: n/a

Owner(s): Miranda Ainsworth

Operator(s): Miranda Ainsworth

## Part III: Value of Consideration

Monetary Value of Purchase: \$100.00 No./Type Beds: n/a

Terms of Purchase: To establish INC with 100 shares (\$1.00/share) and dissolve LLC  
*(add more pages as necessary to describe the sale)*

## Part IV: List of Certificate of Need Authority

Number of Beds: n/a

Types of Institutional Health Services: Occupational, Physical and Speech Therapy

List Service Area by County for Home Health Agencies: Lauderdale, Colbert and surrounding area

**On an Attached Sheet Please Address the Following:**

- \*1.) The financial scope of the project to include the preliminary estimate of costs broken down by equipment, construction, and yearly operating costs.
- \*2.) The services to be offered by the proposal (the applicant will state whether he has previously offered the service and whether the service is an extension of a presently offered service, or whether the service is a new service).
- \*3.) Whether the proposal will include the addition of any new beds.
- \*4.) Whether the proposal will involve the conversion of beds.
- \*5.) Whether the assets and stock (if any) will be acquired.

**Part V: Certification of Information**

I certify that I agree to provide the information necessary (financial, utilization of services and beds, etc.) so the new owner can have the necessary information to complete reports as necessary for the entire fiscal year. The purchaser has agreed to these terms,

**Seller(s) Signature(s):**

Owner(s):     *Muanda Amunah*    

Operator(s): \_\_\_\_\_

Title/Date:     *Owner / 1-14-16*    

I certify that I will be responsible for retaining records as necessary to complete reports required for the entire fiscal year, and agree to these terms. I have enclosed a check in the amount of \$2,500 made payable to 'Alabama State Health Planning and Development Agency' to cover the cost of the change of ownership.

YES     NO    The above Purchaser and Seller have agreed to these purchase terms.

Purchaser Signature:     *Muanda Amunah*    *Dalke*    

Title/Date:     *Corporate President / 1-14-16*    *CEO / 1-14-16*



143 Ana Drive  
Florence, Alabama 35630  
Phone: (256) 767-1576 Fax: (256) 767-1577

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## Change of Ownership Questions

To Whom It May Concern:

On the Change of Ownership Form, there were 5 questions that were needed to be answered on an attached sheet. Below are the answers to those questions.

- 1. There are no preliminary costs as all things under the LLC will be transferred to the Inc.*
- 2. The Inc. will provide the same services that were provided by the LLC which are Occupational, Physical and Speech Therapy for children.*
- 3. The LLC had no beds and the Inc. will not have beds either.*
- 4. The Inc. will not be involved in the conversion of beds.*
- 5. The LLC had no stock. The Inc. was established with 100 shares at 1.00/share and will assume any assets that can be acquired.*

Sincerely,

David Ainsworth  
CEO  
Stepping Stone Pediatric Therapy, Inc.