

NOTICE OF CHANGE OF OWNERSHIP/CONTROL

The following notification of intent is provided pursuant to all applicable provisions of ALA. CODE § 22-21-270 (1975 as amended) and ALA ADMIN. CODE r 410-1-7-.04 This notice must be filed at least twenty (20) days prior to the transaction

- ☐ Change in Direct Ownership or Control (of a vested Facility, ALA CODE §§ 22-20-271(d), (e))
☒ Change in Certificate of Need Holder (ALA CODE § 22-20-271(f))
☐ Change in Facility Management (Facility Operator)

Any transaction other than those above-described requires an application for a Certificate of Need

Part I: Facility Information

SHPDA ID Number 073-H7030
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)
Name of Facility/Provider Intrepid USA Healthcare Services
(ADPH Licensure Name)
Physical Address 103 Quintard Avenue
Anniston, AL 36201
County of Location CALHOUN
Number of Beds/ESRD Stations 0
CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary See Attached.

Part II: Current Authority (Note If this transaction will result in a change in direct ownership or control, as defined under ALA CODE § 22-20-271(e), please attach organizational charts outlining current and proposed structures)

Owner (Entity Name) of Facility named in Part I Intrepid USA Healthcare Services
Mailing Address 3220 Keller Springs Road, Suite 108
Carrollton, TX 75006
Operator (Entity Name) Intrepid USA Healthcare Services

Part III: Acquiring Entity Information

Name of Entity ProHealth of Northeast Alabama, LLC
Mailing Address 717 37th Street South
Birmingham, AL 35222

Operator (Entity Name): ProHealth of Northeast Alabama, LLC

Proposed Date of Transaction is on or after: 06/01/2019

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ Fair Market Value

Type of Beds: N/A

Number of Beds/ESRD Stations: 0

Financial Scope: to Include Preliminary Estimate of the Cost Broken Down by Equipment, Construction, and Yearly Operating Cost:

Projected Equipment Cost: \$ 10,000.00

Projected Construction Cost: \$ 0.00

Projected Yearly Operating Cost: \$ 800,000.00

Projected Total Cost: \$ 810,000.00

On an Attached Sheet Please Address the Following:

- 1.) The services to be offered by the proposal (the applicant will state whether he has previously offered the service, whether the service is an extension of a presently offered service, or whether the service is a new service).
- 2.) Whether the proposal will include the addition of any new beds.
- 3.) Whether the proposal will involve the conversion of beds.
- 4.) Whether the assets and stock (if any) will be acquired.

Part V: Certification of Information

Current Authority Signature(s):

The information contained in this notification is true and correct to the best of my knowledge and belief.

Owner(s):  _____

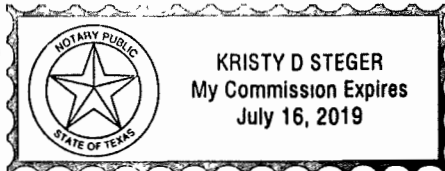
Operator(s): _____

Title/Date: CFO _____

5.22.19

SWORN to and subscribed before me, this 20th day of May, 2019

(Seal)



Kristy Steger
Notary Public

My Commission Expires 7-16-19

Acquiring Authority Signature(s):

I agree to be responsible for reporting of all services provided during the current annual reporting period, as specified in ALA ADMIN. CODE r. 410-1-3- 12. The information contained in this notification is true and correct to the best of my knowledge and belief

Purchaser(s) _____

Operator(s) _____

Title/Date _____

SWORN to and subscribed before me this _____ day of _____, _____

(Seal)

Notary Public

My Commission Expires _____

Author: Alva M. Lambert

Statutory Authority: § 22-21-271(c), Code of Alabama, 1975

History: New Rule

Part V: Certification of Information**Current Authority Signature(s):**

The information contained in this notification is true and correct to the best of my knowledge and belief.

Owner(s): _____

Operator(s): _____

Title/Date: _____

SWORN to and subscribed before me, this _____ day of _____,

(Seal)

A-84

Notary Public

My Commission Expires: _____

Acquiring Authority Signature(s):

I agree to be responsible for reporting of all services provided during the current annual reporting period, as specified in ALA. ADMIN. CODE r. 410-1-3-.12. The information contained in this notification is true and correct to the best of my knowledge and belief.

Purchaser(s): DALE David A. Lester

Operator(s): _____

Title/Date: CEO

SWORN to and subscribed before me, this 3rd day of June, 2019.

(Seal)

TERRA NICHOLE RICKLES
Notary Public
Alabama State at Large

Notary Public

My Commission Expires: 06/22/2019

Author: Alva M. Lambert

Statutory Authority: § 22-21-271(c), Code of Alabama, 1975

History: New Rule

SHPDA ID Number: 073-H7030

CON Authorized Service Area:

Autauga
Bibb
Blount
Calhoun
Cherokee
Chilton
Clay
Cleburne
Coosa
Cullman
DeKalb
Elmore
Etowah
Fayette
Franklin
Jackson
Jefferson
Lawrence
Madison
Maion
Marshall
Morgan
Perry
Randolph
Shelby
St. Clair
Talladega
Tallapoosa
Tuscaloosa
Walker
Winston