

## 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: 049-P2342  
(This can be found at [www.shpda.alabama.gov](http://www.shpda.alabama.gov), Health Care Data, ID Codes)

Name of Facility/Provider: HOS ABC LLC dba ABC Hospice  
(ADPH Licensure Name)

Physical Address: 266 Industrial Drive

Rainsville, AL 35986

County of Location: DeKalb

Number of Beds/ESRD Stations: 0

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. Counties: DeKalb, Jackson, Madison, Marshall, Etowah, Cherokee

**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: HOS ABC LLC dba ABC Hospice

Mailing Address: 266 Industrial Drive

Rainsville, AL 35986

Operator (Entity Name): HOS ABC LLC dba ABC Hospice

### Part III: Acquiring Entity Information

Name of Entity: Care Hospice, Inc.

Mailing Address: 500 Faulconer Drive

Charlottesville, VA 22903

Operator (Entity Name): HOS ABC LLC dba ABC Hospice

Proposed Date of Transaction is on or after: September 15, 2021

**Part IV: Terms of Purchase**

Monetary Value of Purchase: \$ 2,500,000

Type of Beds: 0

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: \$ 0

Projected Construction Cost: \$ 0

Projected Yearly Operating Cost: \$ 950,000

Projected Total Cost: \$ 950,000

**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: \_\_\_\_\_

Aug 17 2021

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

Chambliss, Bahner & Stophel, P.C.  
Liberty Tower  
605 Chestnut Street, Suite 1700  
Chattanooga, TN 37450  
chamblisslaw.com

Jared R. Adams  
Direct Dial (423) 757-0271  
Direct Fax (423) 508-1271  
jadams@chamblisslaw.com

August 17, 2021

VIA EMAIL (shpda.online@shpda.alabama.gov)

State of Alabama  
State Health Planning and Development Agency

Re: Notice of Change of Ownership/Control – HOS ABC LLC, SHPDA ID No. 049-P2342

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Dear Examiner:

We represent Hospice of the South, Inc. ("Seller"). Seller has entered into an Asset Purchase Agreement with Care Hospice, Inc. ("Care Hospice") and Hospice of the South Holdings, LLC, pursuant to which Seller will transfer to Care Hospice all of the equity interest it has in one of Seller's subsidiaries, HOS ABC LLC ("HOS ABC"), an Alabama limited liability company. HOS ABC has a CON, SHPDA ID No. 049-P2342.

We previously filed the CON Notice of Change of Ownership/Control form with your office and paid the associated \$2,500 fee on August 13, 2021. We incorrectly listed ABC Hospice, Inc. as the name of the Facility rather than HOS ABC. The attached Notice of Change of Ownership/Control makes the necessary corrections to Parts I-III on pages 1 and 2 to clarify the proper parties and licenses being transferred.

Closing on the change of ownership is projected to take place upon finalization of regulatory approvals, which we expect to occur by no later than September 15, 2021.

If you have any questions regarding the information contained in this application, please contact me. Thank you for your attention to this matter.

Sincerely yours,

A handwritten signature in blue ink, appearing to read 'J. Adams', is written over a horizontal line.

Jared R. Adams

Enclosure

cc: Hospice of Chattanooga, Inc.  
Care Hospice, Inc.  
Hospice of Chattanooga, LLC

## NOTICE OF CHANGE OF OWNERSHIP/CONTROL

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Change in Certificate of Need Holder (ALA. CODE § 22-20-271(f))

Change in Facility Management (Facility Operator)

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### Part I: Facility Information

SHPDA ID Number: 049-P2342  
(This can be found at [www.shpda.alabama.gov](http://www.shpda.alabama.gov), Health Care Data, ID Codes)

Name of Facility/Provider: HOS ABC LLC dba ABC Hospice  
(ADPH Licensure Name)

Physical Address: 266 Industrial Drive

Rainsville, AL 35986

County of Location: DeKalb

Number of Beds/ESRD Stations: 0

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. Counties: DeKalb, Jackson, Madison, Marshall, Etowah, Cherokee

**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: Hospice of the South, Inc.

Mailing Address: 4411 Oakwood Drive

Chattanooga, TN 37416

Operator (Entity Name): HOS ABC LLC dba ABC Hospice

### Part III: Acquiring Entity Information

Name of Entity: Care Hospice, Inc.

Mailing Address: 500 Faulconer Drive

Charlottesville, VA 22903

Operator (Entity Name): HOS ABC LLC dba ABC Hospice

Proposed Date of Transaction is on or after: September 15, 2021

**Part IV: Terms of Purchase**

Monetary Value of Purchase: \$ 2,500,000

Type of Beds: 0

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: \$ 0

Projected Construction Cost: \$ 0

Projected Yearly Operating Cost: \$ 950,000

Projected Total Cost: \$ 950,000

**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: \_\_\_\_\_

Aug 13 2021

## 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.

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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: 049-P2342  
(This can be found at [www.shpda.alabama.gov](http://www.shpda.alabama.gov), Health Care Data, ID Codes)

Name of Facility/Provider: ABC Hospice, Inc.  
(ADPH Licensure Name)

Physical Address: 266 Industrial Drive  
Rainsville, AL 35986

County of Location: Dekalb

Number of Beds/ESRD Stations: 0

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. Counties: Dekalb, Jackson, Madison, Marshall, Etowah, Cherokee

**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: ABC Hospice Inc.

Mailing Address: PO Box 1486, Rainsville, AL 35986

Operator (Entity Name): ABC Hospice Inc.

### Part III: Acquiring Entity Information

Name of Entity: Care Hospice Inc.

Mailing Address: 500 Faulconer Drive, Charlottesville, VA 22903

Operator (Entity Name): ABC Hospice Inc.

Proposed Date of Transaction is on or after: September 15, 2021

**Part IV: Terms of Purchase**

Monetary Value of Purchase: \$ 2,500,000

Type of Beds: NA

Number of Beds/ESRD Stations: NA

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

Projected Equipment Cost: \$ 0

Projected Construction Cost: \$ 0

Projected Yearly Operating Cost: \$ \$950,000

Projected Total Cost: \$ \$950,000

**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):**

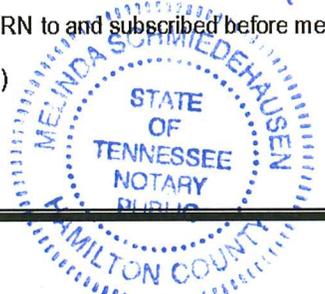
The information contained in this notification is true and correct to the best of my knowledge and belief.

Owner(s): \_\_\_\_\_

Operator(s): Tracy L. Wood \_\_\_\_\_

Title/Date: CEO 8/13/2021 \_\_\_\_\_

SWORN to and subscribed before me, this 13th day of August, 2021.

(Seal)  Melinda Schmiedehausen  
 Notary Public  
 My Commission Expires: February 25, 2024

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): Robert Wolf \_\_\_\_\_

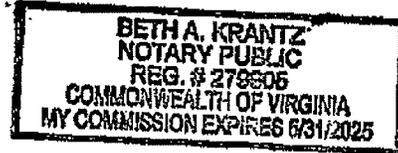
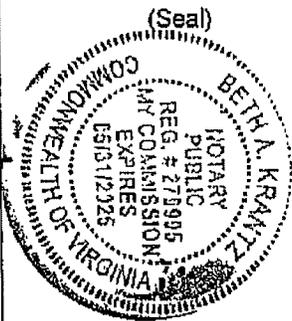
Operator(s): \_\_\_\_\_

Title/Date: CFR / 8-11-2021 \_\_\_\_\_

SWORN to and subscribed before me, this 11<sup>th</sup> day of August, 2021.

Beth Krantz  
Notary Public

My Commission Expires: 5/31/2025



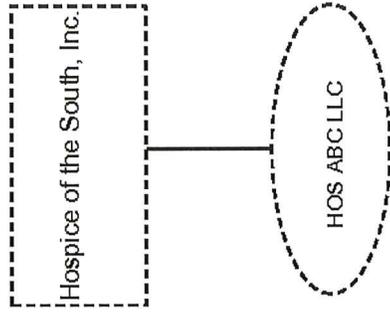
Author: Alva M. Lambert  
Statutory Authority: § 22-21-271(c), Code of Alabama, 1975  
History: New Rule

**ALABAMA – CON CHANGE OF OWNERSHIP  
APPLICATION**

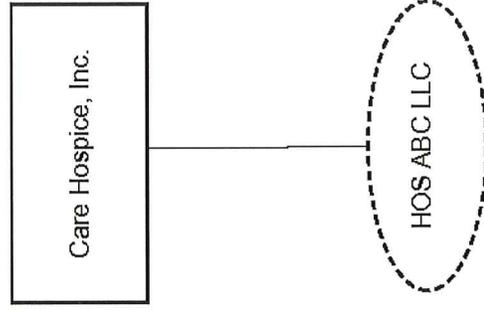
**HOS ABC, LLC**

**Attachment to Part II: Pre/Post Closing Transaction Organizational Charts**

# PRE-CLOSING STRUCTURE



# POST-CLOSING STRUCTURE



Part IV: Q. 1-4

Notice of Change of Ownership/Control Application (ABC Hospice Inc.)

- 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).

*ABC Hospice Inc. has previously offered routine hospice care. No change to service will take place with this transaction.*

- 2.) Whether the proposal will include the addition of any new beds.

*ABC Hospice Inc. is a routine hospice provider. No beds.*

- 3.) Whether the proposal will involve the conversion of beds.

*There is no conversion of beds.*

- 4.) Whether the assets and stock (if any) will be acquired.

*Care Hospice Inc. is acquiring 100% of the stock of HOS ABC, LLC (ABC Hospice Inc.).*