

## 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: 055-52802  
(This can be found at [www.shpda.alabama.gov](http://www.shpda.alabama.gov), Health Care Data, ID Codes)

Name of Facility/Provider: CRM Meadowood, LLC  
(ADPH Licensure Name)

Physical Address: 509 Pineview Ave  
Glenco, AL 35905

County of Location: ETOWAH

Number of Beds/ESRD Stations: 51

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. N/A

**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: Meadowood Retirement Village

Mailing Address: 509 Pineview Ave  
Glenco, AL 35905  
CRM of Meadowood, LLC

Operator (Entity Name): \_\_\_\_\_

### Part III: Acquiring Entity Information

Name of Entity: Meadowood Operations, LLC

Mailing Address: 454 Satellite Blvd, Suite 100  
Suwanee, GA 30024

Operator (Entity Name): Meadowood Operations, LLC

Proposed Date of Transaction is on or after: 03/31/2022

**Part IV: Terms of Purchase**

Monetary Value of Purchase: \$ 100.00

Type of Beds: SCALE

Number of Beds/ESRD Stations: 51

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

Projected Equipment Cost: \$ \_\_\_\_\_

Projected Construction Cost: \$ \_\_\_\_\_

Projected Yearly Operating Cost: \$ 1,700,000.00

Projected Total Cost: \$ 1,700,000.00

**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.

PLEASE SIGN AND DATE

Owner(s): [Signature] \_\_\_\_\_

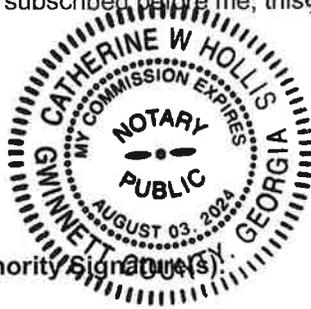
PLEASE SIGN AND DATE

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

Title/Date: 2/15/2022 \_\_\_\_\_

SWORN to and subscribed before me, this 25<sup>th</sup> day of February, 2022.

(Seal)



Catherine W. Hollis  
Notary Public

My Commission Expires: August 3, 2024

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.

PLEASE SIGN AND DATE

Purchaser(s): [Signature]

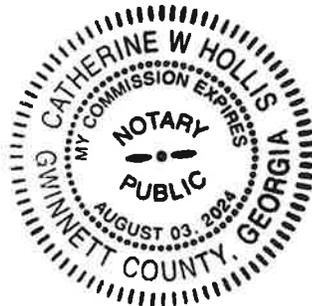
PLEASE SIGN AND DATE

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

Title/Date: CEO 2/15/2022

SWORN to and subscribed before me, this 25 day of February, 2022.

(Seal)



Catherine W. Hollis  
Notary Public

My Commission Expires: August 3, 2024

Author: Alva M. Lambert

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

History: New Rule

## CON Questions

1. Will services offered by the proposal (the applicant will state whether he has previously offered the services, whether the service is an extension of a presently offered services, or whether the service is a new service).

No. There will not be any changes to the services currently offered at the facility.

2. Whether the proposal will include the addition of any new beds: No. The proposal will not include an addition to any new beds.

3. Whether the proposal will involve the conversion of beds: No. The proposal will not involve the conversation of beds.

4. Whether the assets and stock (if any) will be acquired: No. There are no assets and stock to be acquired with the transaction.

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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: 055-S2802  
(This can be found at [www.shpda.alabama.gov](http://www.shpda.alabama.gov), Health Care Data, ID Codes)

Name of Facility/Provider: Meadowood Retirement Village SCALF  
(ADPH Licensure Name)

Physical Address: 509 Pineview Ave  
Glenco, AL 35905

County of Location: ETOWAH

Number of Beds/ESRD Stations: 51

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. N/A

**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: Meadowood Retirement Village

Mailing Address: 509 Pineview Ave  
Glenco, AL 35905

Operator (Entity Name): CRM of Meadowood, LLC

### Part III: Acquiring Entity Information

Name of Entity: Meadowood Operations, LLC

Mailing Address: 454 Satellite Blvd, Suite 100  
Suwanee, GA 30024

Operator (Entity Name): Meadowood Operations, LLC

Proposed Date of Transaction is on or after: 03/31/2022

**Part IV: Terms of Purchase**

Monetary Value of Purchase: \$ 100.00\*

Type of Beds: SCALF

Number of Beds/ESRD Stations: 51

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

Projected Equipment Cost: \$ \_\_\_\_\_

Projected Construction Cost: \$ \_\_\_\_\_

Projected Yearly Operating Cost: \$ 1,700,000.00

Projected Total Cost: \$ 1,700,000.00

**On an Attached Sheet Please Address the Following:** Please see attached.

- 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: \_\_\_\_\_

\* The nominal consideration is \$100 obligation associated with operating the SCALF. We believe this fee is a fair consideration for the transaction and the transfer of operations to the new operator.

SWORN to and subscribed before me, this 25<sup>th</sup> day of February, 2022.

(Seal)



Catherine W. Hollis  
Notary Public

My Commission Expires: August 3, 2024

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.

PLEASE SIGN AND DATE

Purchaser(s): [Signature] \_\_\_\_\_

PLEASE SIGN AND DATE

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

Title/Date: CEO 1/15/2022 \_\_\_\_\_

SWORN to and subscribed before me, this 25 day of February, 2022.

(Seal)



Catherine W. Hollis  
Notary Public

My Commission Expires: August 3, 2024

Author: Alva M. Lambert

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

History: New Rule

## CON Questions

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No. There will not be any changes to the services currently offered at the facility.

2. Whether the proposal will include the addition of any new beds: No. The proposal will not include an addition to any new beds.

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Name of Entity: Meadowood Operations, LLC

Mailing Address: 454 Satellite Blvd, Suite 100  
Suwanee, GA 30024

Operator (Entity Name): Meadowood Operations, LLC

Proposed Date of Transaction is on or after: 03/31/2022

**Part IV: Terms of Purchase**

Monetary Value of Purchase: \$ 100.00\* (See comment below)

Type of Beds: SCALF

Number of Beds/ESRD Stations: 51

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

Projected Equipment Cost: \$ \_\_\_\_\_

Projected Construction Cost: \$ \_\_\_\_\_

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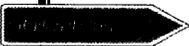
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**Part V: Certification of Information**

**Current Authority Signature(s):**

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



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



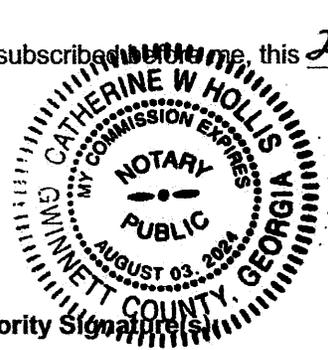
Operator(s): \_\_\_\_\_

Title/Date: President and CEO / 3.24.22

\* The nominal consideration is \$100 obligation associated with operating the SCALF. We believe this fee is a fair consideration for the transaction and the transfer of operations to the new operator.

SWORN to and subscribed before me this 24<sup>th</sup> day of March, 2022.

(Seal)



Catherine W. Hollis  
Notary Public

My Commission Expires: August 3, 2024

Acquiring Authority Signatures

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): [Signature] 3/22/2022

Operator(s): [Signature] 3/22/2022

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

SWORN to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Seal)

Notary Public

My Commission Expires: \_\_\_\_\_

**Acquiring Authority Signature(s):**

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Purchaser(s): \_\_\_\_\_

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

Title/Date: \_\_\_\_\_

SWORN to and subscribed before me, this 24 day of March, 2022.

(Seal)



Catherine W. Hollis  
Notary Public

My Commission Expires: August 3, 2024

Author: Alva M. Lambert

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

History: New Rule

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Operator (Entity Name): CRM of Meadowood, LLC

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Name of Entity: Meadowood Operations, LLC

Mailing Address: 454 Satellite Blvd, Suite 100  
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Operator (Entity Name): Meadowood Operations, LLC

Proposed Date of Transaction is on or after: 03/31/2022

**Part IV: Terms of Purchase**

Monetary Value of Purchase: \$ 100.00 \* (See comment below)

Type of Beds: SCALF

Number of Beds/ESRD Stations: 51

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

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Projected Construction Cost: \$ \_\_\_\_\_

Projected Yearly Operating Cost: \$ 1,700,000.00

Projected Total Cost: \$ 1,700,000.00

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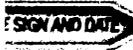
**Part V: Certification of Information**

**Current Authority Signature(s):**

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

 Owner(s): [Signature]

3/29/2022

 Operator(s): [Signature]

3/29/2022

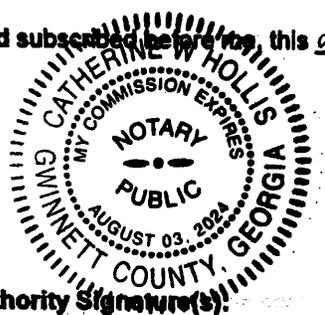
Title/Date: President and CEO

3/29/22

\*The nominal consideration is a \$100 obligation associated with operating the SCALF. We believe this fee is a fair consideration for the transaction and the transfer of operations to a new operator.

SWORN to and subscribed before me, this 29<sup>th</sup> day of March, 2022

(Seal)



Catherine W. Hollis  
Notary Public

My Commission Expires: August 3, 2024

**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.

SIGN AND DATE

Purchaser(s): [Signature] 3/29/2022

SIGN AND DATE

Operator(s): [Signature] 3/29/2022

Title/Date: USO 3/29/2022

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

## CON Questions

1. Will services offered by the proposal (the applicant will state whether he has previously offered the services, whether the service is an extension of a presently offered services, or whether the service is a new service).

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