STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

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))		
O Change in Certificate of Need I	t (Facility Operator)		
Any transaction other than those ab	pove-described requires an application for a Certificate of Need.		
Part I: Facility Information			
SHPDA ID Number:	083-S4203		
(This can be found at www.shpda.alabama.g Name of Facility/Provider:	iov, Health Care Data, ID Codes) Heritage Memory Care		
(ADPH Licensure Name) Physical Address:	11682 County Line Rd Madison AL 35756		
	CHOOSE ONE Limestone		
County of Location:			
Number of Beds/ESRD Stations:			
CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary.			
Part II: Current Authority (ownership or control, as defined un charts outlining current and propose	(Note: If this transaction will result in a change in direct nder ALA. CODE § 22-20-271(e), please attach organizational d structures.)		
Owner (Entity Name) of Madison H Facility named in Part I:	ealthcare Properties LLC Heritage Assisted Living and Memory Care		
Mailing Address:	11682 County Line Rd Madison AL 35756		
Operator (Entity Name): Madison Healthcare Properties LLC Heritage Assisted Living and Memory Care			
Part III: Acquiring Entity Info	ormation		
Name of Entity: Heritage As	ssisted Living and Memory Care LLC Madison		
Mailing Address:	2409 Redwood Trail Thompson Station Tn 37179		

Operator (Entity Name):	eritage Assisted Living and Memory Care Madison LLC
Proposed Date of Transaction is on or after:	7/14/22
Part IV: Terms of Purchase	
Monetary Value of Purchase:	\$
Type of Beds:	SCALF
Number of Beds/ESRD Stations:	16
Financial Scope: to Include Prelimi Construction, and Yearly Operating Co	nary Estimate of the Cost Broken Down by Equipment, ost:
Projected Equipment Cost:	\$
Projected Construction Cost:	\$
Projected Yearly Operating Cost	\$1,506,000
Projected Total Cost:	\$ <u>0.00</u> 1,506,000
	Address the Following: proposal (the applicant will state whether he has previously e is an extension of a presently offered service, or whether
2.) Whether the proposal will include th	e addition of any new beds.
3.) Whether the proposal will involve th	e conversion of beds.
4.) Whether the assets and stock (if an	y) will be acquired.
Part V: Certification of Informa	ntion
Current Authority Signature(s):	
The information contained in this notific belief.	cation is true and correct to the best of my knowledge and
Owner(s):	6.S. PAO
Operator(s):	
Title/Date: MANAGING DI	PROTOR OWNER
7/15/22	and the same of th

SWORN to and subscribed before me, this 15 day of (Seal)	Notary Public My Commission Expires: My Commission Expires 09/22/2025	
Acquiring Authorit Analysture(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. 410-1-312. The information contained in this notification is true and correct to the best of my knowledge and belief.		
Purchaser(s):	John Keelon	
Operator(s):		
Title/Date:		
SWORN to and subscribed before me, this 15th day of July , 2022.		
(Seal) Notary Public State of Florida	Chris C Dance Notary Public	
Chris C. Dance My Commission HH 251506 Exp. 4/11/2026	My Commission Expires: 04/11/2026	

Author: Alva M. Lambert

Statutory Authority: § 22-21-271(c), <u>Code of Alabama</u>, 1975 History: New Rule

Jul 13 2022

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 Certificate of Need Hold Change in Facility Management (Fa	
Part I: Facility Information	
SHPDA ID Number:	083-s4203
(This can be found at www.shpda.alabama.gov, H	Assisted Living and Memory Care LLC Madison
Name of Facility/Provider: (ADPH Licensure Name)	
Physical Address:	11682 County Line rd Madison Al 35756
County of Location:	CHOOSE ONE Limestone
County of Education.	16
Number of Beds/ESRD Stations:	10
	lealth and Hospice Providers Only). Attach additional
Part II: Current Authority (Not ownership or control, as defined under charts outlining current and proposed st	te: If this transaction will result in a change in direct ALA. CODE § 22-20-271(e), please attach organizational tructures.)
Owner (Entity Name) of Madison Healt Facility named in Part I:	thcare Properties LLC Heritage Assisted Living and Memory Care
Mailing Address: 11682 Co	unty Line Rd Madison AL 35756
Operator (Entity Name): Madison Heal	thcare Properties LLC Heritage Assisted Living and Memory Care
Part III: Acquiring Entity Inform	ation
Name of Entity: Heritage Assisted Li	iving and Memory Care LLC Madison
Mailing Address: 2409 Redwood To	rail Thompson Station Tn 37179

	Heritage Assisted Living and Memory Care Madison ЦС
Operator (Entity Name):	
Proposed Date of Transaction is on or after:	7/14/22
Part IV: Terms of Purchase	
Monetary Value of Purchase:	\$ <u>5.100,000</u>
Type of Beds:	Sca If
Number of Beds/ESRD Stations:	16
Financial Scope: to Include Preliminal Construction, and Yearly Operating Cost:	ry Estimate of the Cost Broken Down by Equipment,
Projected Equipment Cost	\$
Projected Construction Cost:	\$
Projected Yearly Operating Cos	t: \$1,506,000
	\$ <u>0.00</u> 1,506,000
offered the service, whether the service is	posal (the applicant will state whether he has previously san extension of a presently offered service, or whether es will stay in place, no services will be added or changed
3.) Whether the proposal will involve the o	conversion of beds. No
4.) Whether the assets and stock (if any)	will be acquired. No
Part V: Certification of Information	on
Current Authority Signature(s):	
The information contained in this notification belief.	on is true and correct to the best of my knowledge and
Owner(s):	65.KHO
Operator(s):	
Title/Date: 7/1/2022	

SWORN to and subscribed before me, this

分 __day of 2022

(Seal)



DEBRA LUCAS NOTARY PUBLIC STATE OF ALABAMA COMM. EXP. 07-20-2022

Notary Public

My Commission Expires: 7-20-2022

Acquiring Authority Signature(s):

l 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):

Joh Krelen

19-1-

Operator(s):

Title/Date:

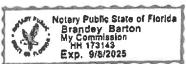
6-30-22

SWORN to and subscribed before me, this

day of Une

2022

(Seal)



Notary Public

My Commission Expires: 09/08/2025

Author: Alva M. Lambert

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

History: New Rule

Jul 05 2022
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

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.

Part I: Facility Information	above-described requires an application for a Certificate of Need.
	083-S4203
SHPDA ID Number: (This can be found at www.shpda.alabama	
Name of Facility/Provider: (ADPH Licensure Name)	Madison Healthcare Properties LLC Heritage Assisted Living and Memory care
Physical Address:	11682 county line rd madison al
County of Location:	CHOOSE ONE Madison
Number of Beds/ESRD Stations:	16
pages if necessary.	
Part II: Current Authority ownership or control, as defined u	(Note: If this transaction will result in a change in direct under ALA. CODE § 22-20-271(e), please attach organizational sed structures.)
Part II: Current Authority ownership or control, as defined uncharts outlining current and propose Owner (Entity Name) of	under ALA. CODE § 22-20-271(e), please attach organizational
Part II: Current Authority ownership or control, as defined u charts outlining current and propos Owner (Entity Name) of Facility named in Part I:	under ALA. CODE § 22-20-271(e), please attach organizational sed structures.) Madison Healthcare Properties LLC Heritage
Part II: Current Authority ownership or control, as defined u charts outlining current and propos Owner (Entity Name) of Facility named in Part I: Mailing Address:	under ALA. CODE § 22-20-271(e), please attach organizational sed structures.) Madison Healthcare Properties LLC Heritage Assisted Living and Memory care
Part II: Current Authority ownership or control, as defined u charts outlining current and propos Owner (Entity Name) of Facility named in Part I: Mailing Address: Operator (Entity Name):	Madison Healthcare Properties LLC Heritage -Assisted Living and Memory care 11682 county line rd Madison AL Madison Healthcare Properties LLC Heritage Assisted Living and Memory Care Madison Healthcare Properties LLC Heritage Assisted Living and Memory Care
Part II: Current Authority	Madison Healthcare Properties LLC Heritage Assisted Living and Memory care 11682 county line rd Madison AL Madison Healthcare Properties LLC Heritage Assisted Living and Memory Care

Operator (Entity Name):	Heritage Assisted Living and Memory Care Madison LLC
Proposed Date of Transaction is on or after:	7/14/22
Part IV: Terms of Purchase	
Monetary Value of Purchase:	\$_5,100,000
Type of Beds:	Scalf
Number of Beds/ESRD Stations:	16
Financial Scope: to Include Prelimina Construction, and Yearly Operating Cost:	ry Estimate of the Cost Broken Down by Equipment,
Projected Equipment Cost:	\$
Projected Construction Cost:	\$
Projected Yearly Operating Cost: \$	\$
Projected Total Cost:	\$ 0.00
offered the service, whether the service is	posal (the applicant will state whether he has previously s an extension of a presently offered service, or whether es will stay in place, no services will be added or changed.
3.) Whether the proposal will involve the o	· · · · · · · · · · · · · · · · · · ·
4.) Whether the assets and stock (if any)	
Part V: Certification of Information	on
Current Authority Signature(s):	
belief.	ion is true and correct to the best of my knowledge and
Owner(s):	65.KAO
Operator(s):	

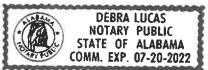
7/1/2022

Title/Date:

SWORN to and subscribed before me, this

day of

(Seal)



My Commission Expires: 7-20-2022

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 \

(Seal)



Notary Public

My Commission Expires:

Author: Alva M. Lambert

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

History: New Rule

Sourcer - John Kedon &