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December 23, 2024

CO2025-001

RECEIVED

Dec 23 2024

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

(DELIVERED BY EMAIL TO: [shpda.online@shpda.alabama.gov](mailto:shpda.online@shpda.alabama.gov))

Ms. Emily T. Marsal, Executive Director  
State Health Planning and Development Agency  
100 North Union Street, Suite 870  
Montgomery, AL 36104

**Re: Change of Ownership: ProHealth Hospice-Alabama, LLC, 117-P3740**

Dear Ms. Marsal:

Please find attached the updated Change of Ownership form with the name of the provider corrected pursuant to your request of November 14, 2024.

Attached is a copy of the Approved Medicare Enrollment Record providing the legal name of the provider as ProHealth Hospice-Alabama, LLC. The name ProHealth Hospice – Central Alabama is a d/b/a indicating the location of the office, as are the other names which also indicate the location of each office. The legal name is the name that must be used on behalf of the proposed transaction.

We sincerely appreciate your assistance in this process. Should additional information be needed please contact me.

Sincerely,

A handwritten signature in blue ink, consisting of a series of loops and a long horizontal stroke at the end.

David A. Lester

## 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: 117-P3740  
(This can be found at [www.shpda.alabama.gov](http://www.shpda.alabama.gov), Health Care Data, ID Codes)

Name of Facility/Provider: ProHealth Hospice - Alabama, LLC  
(ADPH Licensure Name)

Physical Address: 1800 Corporate Drive  
Birmingham, AL 35242

County of Location: SHELBY

Number of Beds/ESRD Stations: 0

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. Bibb, Blount, Calhoun, Cherokee, Chilton, Coosa, DeKalb, Etowah, Jefferson, Marshall, Saint Clair, Shelby, Tuscaloosa, Walker.

**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: ProHealth Hospice, LLC

Mailing Address: 1800 Corporate Drive  
Birmingham, AL 35242

Operator (Entity Name): ProHealth Hospice, LLC

### Part III: Acquiring Entity Information

Name of Entity: ProHealth Home Health & Hospice, LLC

Mailing Address: 1800 Corporate Drive  
Birmingham, AL 35242

Operator (Entity Name): ProHealth Home Health & Hospice, LLC

Proposed Date of Transaction is  
on or after: 12/31/2024

#### Part IV: Terms of Purchase

Monetary Value of Purchase: \$ Nominal fee

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: \$ Not to exceed thresholds

Projected Construction Cost: \$ Not to exceed thresholds

Projected Yearly Operating Cost: \$ Not to exceed thresholds

Projected Total Cost: \$ 0.00

#### 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.

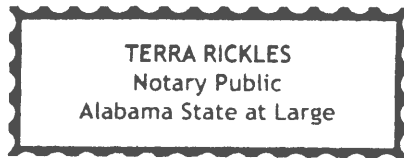
Owner(s):  David A. Lester

Operator(s):  David A. Lester

Title/Date: CEO, 10/30/2024 \_\_\_\_\_

SWORN to and subscribed before me, this 30th day of October, 2024.

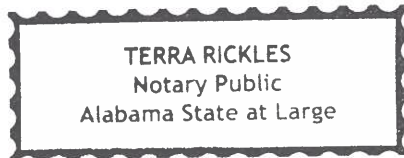
(Seal)

A handwritten signature in blue ink, reading "Terra Rickles".  
\_\_\_\_\_  
Notary PublicMy Commission Expires June 30, 2027  
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): \_\_\_\_\_  
David A. LesterOperator(s): \_\_\_\_\_  
David A. LesterTitle/Date: CEO, 10/30/2024 \_\_\_\_\_SWORN to and subscribed before me, this 30th day of October, 2024.

(Seal)

A handwritten signature in blue ink, reading "Terra Rickles".  
\_\_\_\_\_  
Notary PublicMy Commission Expires June 30, 2027  
My Commission Expires: \_\_\_\_\_

Author: Alva M. Lambert

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

History: New Rule