



David A. Lester
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December 12, 2024

CO2025-004

RECEIVED

Dec 12 2024

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

(DELIVERED BY EMAIL TO: 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 Home Health, LLC, 089-H7178

Dear Ms. Marsal:

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

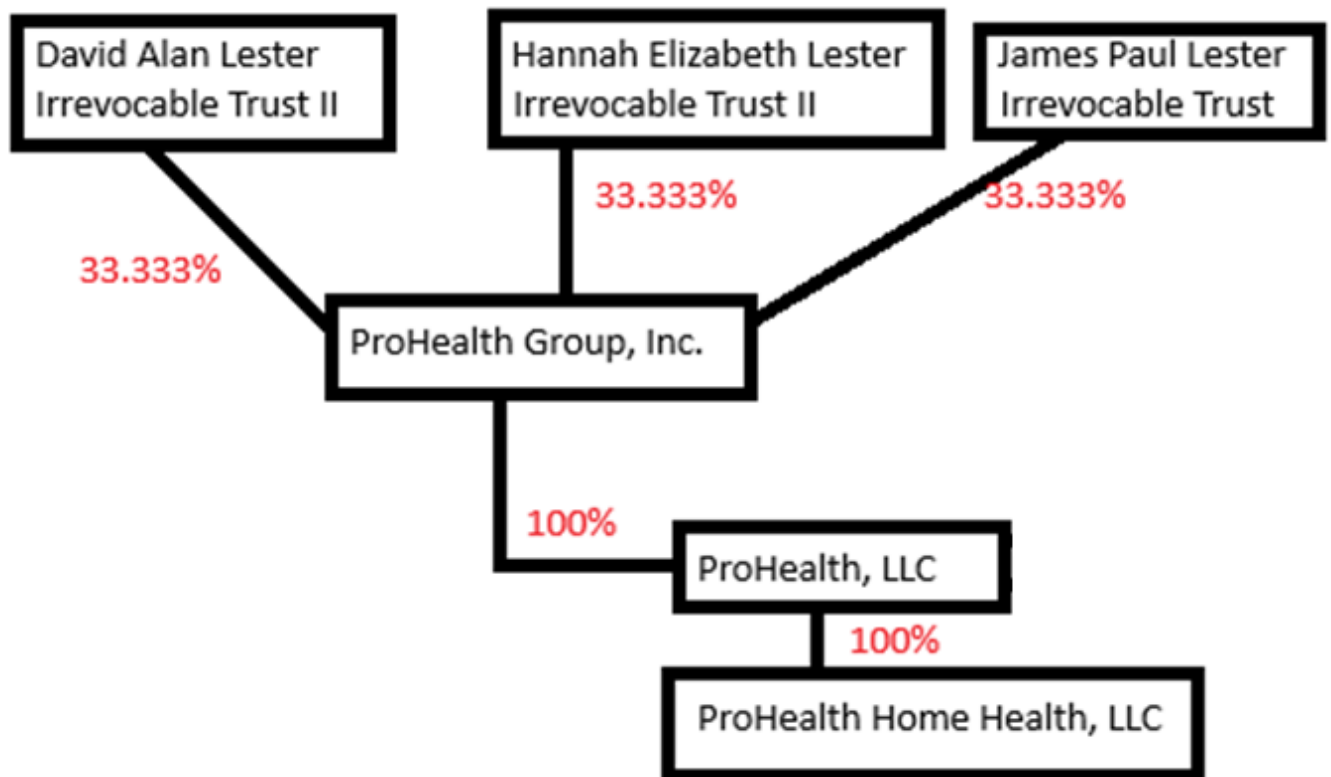
We sincerely appreciate your assistance in this process. Should additional information be needed please contact me.

Sincerely,

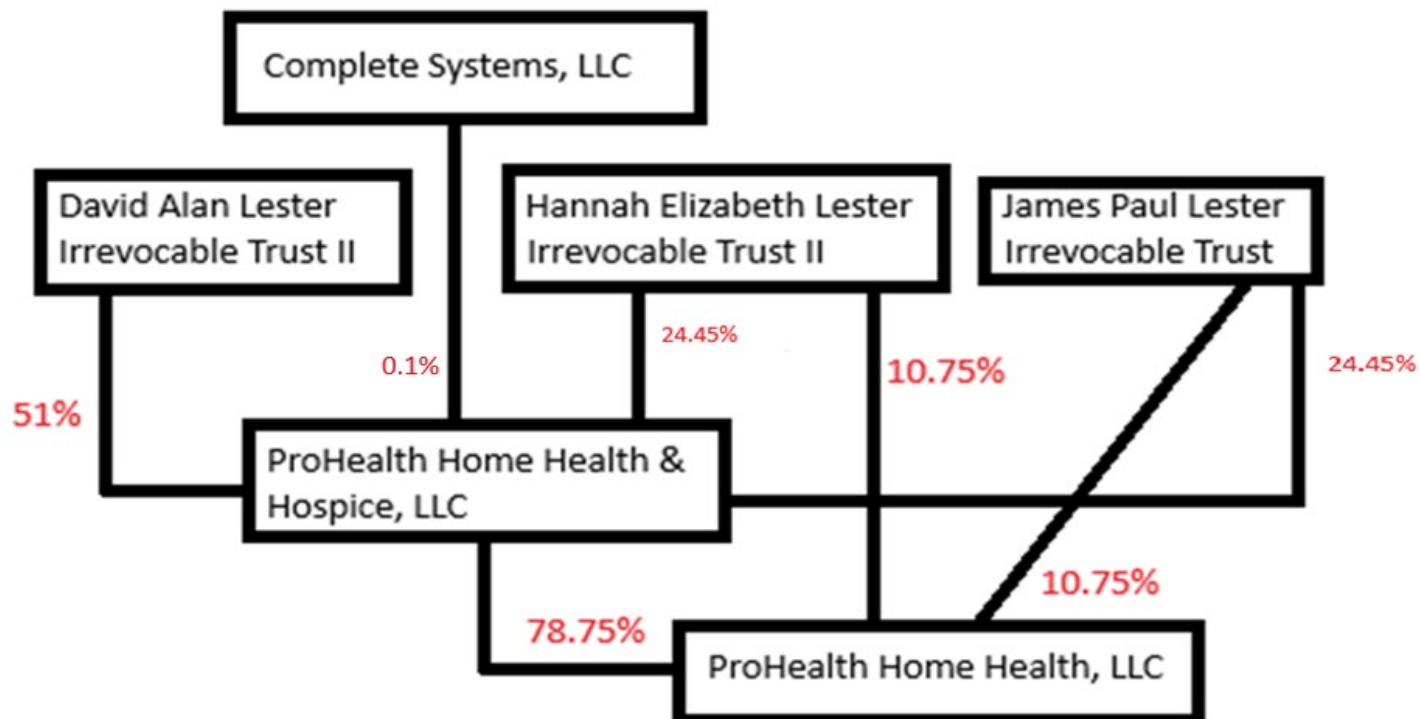
A handwritten signature in blue ink, consisting of a series of loops and a long horizontal stroke at the end.

David A. Lester

Current Ownership Structure:



Post-Closing Ownership Structure:



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: 089-H7178
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: ProHealth Home Health, LLC
(ADPH Licensure Name)

Physical Address: 4092 Memorial Parkway South, Suite 202
Huntsville, AL 35802

County of Location: MADISON

Number of Beds/ESRD Stations: 0

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. Blount, Calhoun, Cherokee, Clay, Cleburne, Cullman, DeKalb, Etowah, Franklin, Jackson, Lawrence, Limestone, Madison, Marion, Marshall, Morgan, Randolph, Saint Clair, Talladega, and Winston

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, LLC

Mailing Address: 1800 Corporate Drive
Birmingham, AL 35242

Operator (Entity Name): ProHealth, 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.

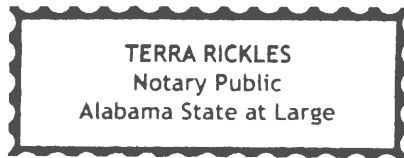
Owner(s):  David A. Lester

Operator(s):  David A. Lester

Title/Date: CEO, 10/30/2024 _____

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

(Seal)

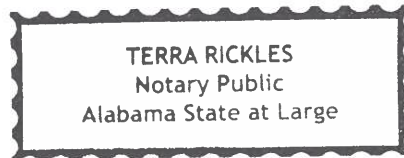
A handwritten signature in blue ink, appearing to read "Terra Rickles".

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, appearing to read "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