

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: 093-6531027
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Northwest Medical Center, Inc. d/b/a Northwest Regional Health
(ADPH Licensure Name)

Physical Address: 1530 U.S. Highway 43
Winfield, Alabama 35594

County of Location: MARION

Number of Beds/ESRD Stations: 71

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

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: The Healthcare Authority of Winfield, Alabama d/b/a Northwest Regional Health

Mailing Address: 1530 U.S. Highway 43
Winfield, Alabama 35594
Northwest Medical Center, Inc. d/b/a Northwest Regional Health

Operator (Entity Name): Regional Health

Part III: Acquiring Entity Information

Name of Entity: Marion Regional Health-Winfield, Inc.

Mailing Address: 830 Gloster St.
Tupelo, MS 38801
 Attn: Bruce J. Toppin

Operator (Entity Name): Marion Regional Health-Winfield, Inc.

Proposed Date of Transaction is on or after: 04/01/2025

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ 20.00 (Total Lease Value)

Type of Beds: general acute care, psych unit, swing bed unit

Number of Beds/ESRD Stations: 71

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: \$ _____

Projected Total Cost: \$ 0.00

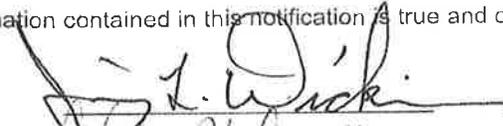
On an Attached Sheet Please Address the Following:

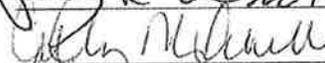
- 1.) The services to be offered by the proposal (the applicant will state whether he has previously offered the service, whether the service is an extension of a presently offered service, or whether the service is a new service).
- 2.) Whether the proposal will include the addition of any new beds.
- 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):  _____

Operator(s):  _____

Title/Date: CFO 03/17/25 _____

SWORN to and subscribed before me, this 17th day of March, 2025
Donna Harden
Notary Public

(Seal)

My Commission Expires: July 6, 2028

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): [Signature] Bruce J Topplin

Operator(s): [Signature] Bruce J Topplin

Title/Date: Corporate Secretary 3-20-25

SWORN to and subscribed before me, this 20th day of March, 2025

(Seal)



[Signature]
Notary Public

My Commission Expires: 12/18/26

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

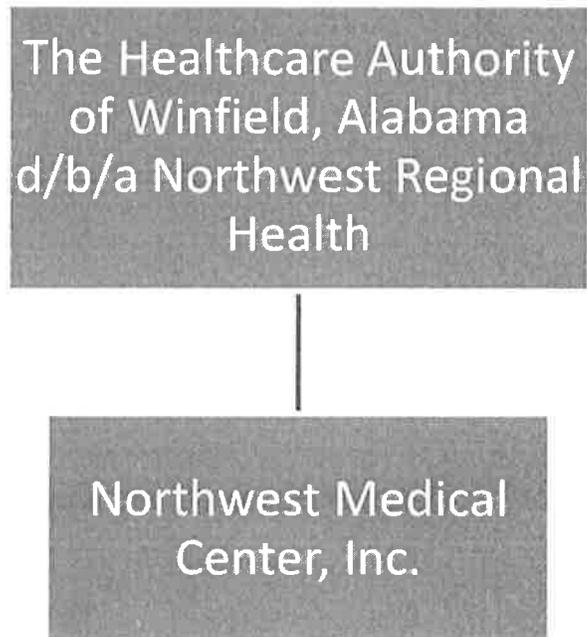
Attachment to Notice to SHPDA of Change of Ownership/Control

- 1) The services offered by the applicant have been offered at the applicant's other hospitals and the services to be offered pursuant to the lease agreement are the same as the services currently offered by Northwest Regional Health.
- 2) The lease of the hospital will not involve the addition of any new beds.
- 3) The lease of the hospital will not involve the conversion of any beds.
- 4) No assets or stock will be acquired.

Note:

The monetary value of purchase in Section IV represents the total lease payment.

Organizational Chart
Current Structure



ORGANIZATIONAL CHART OF PROPOSED STRUCTURE

