RECEIVED
Sep 23 2025
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))
◉ 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: 127-P2339
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Alabama Hospice Care of Jasper
(ADPH Licensure Name)

Physical Address: 1706 Highway 78 East
Jasper, AL 35501

County of Location: WALKER

Number of Beds/ESRD Stations: 0

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. Fayette, Lamar, Marion, Walker, and Winston counties.

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: LHCG XXII, LLC

Mailing Address: 1706 Highway 78 East
Jasper, AL 35501

Operator (Entity Name): Alabama Hospice Care of Jasper

Part III: Acquiring Entity Information

Name of Entity: LHCG XXII, LLC

Mailing Address: 1706 Highway 78 East
Jasper, AL 35501

Operator (Entity Name): Alabama Hospice Care of Jasper

Proposed Date of Transaction is on or after: 10/01/2025

Part IV: Terms of Purchase

Monetary Value of Purchase: $ 3,360,346.00

Type of Beds: 0

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: $ 0.00

Projected Construction Cost: $ 0.00

Projected Yearly Operating Cost: $ 3,445,748.00

Projected Total Cost: $ 3,445,748.00

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): Alabama Health Care Group, LLC

Operator(s): Joshua L Proffitt

Title/Date: President / 9-16-25

SWORN to and subscribed before me, this 16th day of September, 2025.

(Seal) Joni Bonin
Notary Public
Notary ID No. 23476
Lafayette Parish, Louisiana

Notary Public Joni Bonin

My Commission Expires: At Death

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):	Cornerstone Healthcare, Inc.	Cornerstone Healthcare, Inc.
Operator(s):	Amber Tueller	Michael Magette
Title/Date:	Secretary 09/10/2025	Treasurer

SWORN to and subscribed before me, this 10 day of September 2025.

(Seal)

Notary Public

My Commission Expires: 8-10-2030

SARA JANE KENNEDY
NOTARY PUBLIC - STATE OF IDAHO
COMMISSION NUMBER 20181490
MY COMMISSION EXPIRES 8-10-2030

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

Alabama Hospice Care of Jasper
PTAN: 011662