Mazie Bryant
Associate
mbryant@bradley.com
205.521.8011 direct

Bradley

CO2025-060
RECEIVED
Sep 25 2025
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

September 25, 2025

Via Email (shpda.online@shpda.alabama.gov)

Emily T. Marsal
Executive Director
State Health Planning & Development Agency
100 N. Union Street, Suite 870
Montgomery, Alabama 36104

RE: Notice of Change in Direct Ownership of Bio-Medical Applications of Alabama, Inc. d/b/a Fresenius Medical Care Alexander City
SHPDA Facility ID No. 123-D9649

Dear Ms. Marsal:

On behalf of Fresenius Medical Care Alexander City, LLC (the "Applicant"), we respectfully submit to the State Health Planning and Development Agency ("SHPDA" or the "Agency") a Notice of Change of Ownership/Control Application (the "Application"), enclosed herein as **Exhibit A**, for the above-referenced end stage renal disease ("ESRD") facility. As required by the Application, we submit the following information regarding this transfer.

I. Overview of Proposed Transaction

The proposed change of ownership is the result of an internal corporate reorganization in which Applicant will be acquiring substantially all of the assets of Bio-Medical Applications of Alabama, Inc. d/b/a Fresenius Medical Care Alexander City ("Seller," and together with Applicant, the "Parties"), which owns and operates a licensed ESRD treatment center located at 3368 Highway 280 Bypass, Suite G1, Alexander City, AL 35010 (SHPDA Facility ID No. 123-D9649) (the "Clinic"), pursuant to the terms of a definitive agreement between the Parties (the "Transaction"). The transaction is proposed to close on November 1, 2025. Attached as **Exhibit B** are the pre- and post-closing ownership charts associated with this Transaction. Following the closing, the name of the Clinic will be Fresenius Medical Care Alexander City, LLC d/b/a Fresenius Kidney Care Alexander City.

II. SHPDA Requirements for Change of Ownership

Concerning the questions posed in the Change of Ownership Application, please note the following:

1. Financial Scope. The financial scope of the project will encompass the afir market value payment that Applicant will make to Seller as consideration for the purchase of the assets from the Seller.

2. Offered Services. The contemplated transaction will not result in any new or additional services from those already authorized to be provided by the Facility.

3. Addition of Stations. The contemplated transaction will not result in the addition of new ESRD stations.

4. Conversion of Stations. The contemplated transaction will not result in the conversion of ESRD stations.

5. Type of Acquisition. As described more particularly above, the proposed transaction is an asset acquisition.

III. Requested Action

Based upon the above description of the proposed transaction and a showing that there will be no change in health services, conversion of beds, or increase or decrease in station capacity, we respectfully request that you exercise your authority under Chapter 410-1-7-.04(2) of the Alabama Administrative Code to process this Application.

Thank you in advance for your assistance with this matter. Please note that we will submit the filing fee associated with this Application via the Agency's electronic payment portal. Please contact me at mbryant@bradley.com or 205.521.8011 if you have any questions or need additional information or documentation to process this request

Sincerely,

Mazie Bryant

Enclosures

Exhibit A

Notice of Change of Ownership/Control Application

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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: 123-D9649
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Fresenius Medical Care Alexander City
(ADPH Licensure Name)

Physical Address: 3368 Highway 280 Bypass, Suite G1
Alexander City, AL 35010

County of Location: TALLAPOOSA

Number of Beds/ESRD Stations: 23

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: Bio-Medical Applications of Alabama, Inc.

Mailing Address: 920 Winter Street
Waltham, MA 02451

Operator (Entity Name): Fresenius Management Services, Inc.

Part III: Acquiring Entity Information

Name of Entity: Fresenius Medical Care Alexander City, LLC

Mailing Address: 920 Winter Street
Waltham, MA 02451

Operator (Entity Name): Fresenius Management Services, Inc.

Proposed Date of Transaction is on or after: 11/01/2025

Part IV: Terms of Purchase

Monetary Value of Purchase: $ See attached letter

Type of Beds: N/A

Number of Beds/ESRD Stations: 23

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): Bio-Medical Applications of Alabama, Inc.

Operator(s): Fresenius Management Services, Inc.

Title/Date: Director of Operators 9/25/2025

SWORN to and subscribed before me, this 25th day of September, 2025.

(Seal) Stephanie Holloway
Notary Public

My Commission Expires: July 2, 2028

STATE OF ALABAMA NOTARY PUBLIC
STEPHANIE HOLLOWAY
My Commission Expires
July 2, 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): Fresenius Medical Care Alexander City, LLC

Operator(s): Fresenius Management Services, Inc.

Title/Date: Director of Operations 9/25/2025

SWORN to and subscribed before me, this 25th day of September, 2025.

(Seal) Stephanie Holloway
Notary Public

My Commission Expires: July 2, 2025

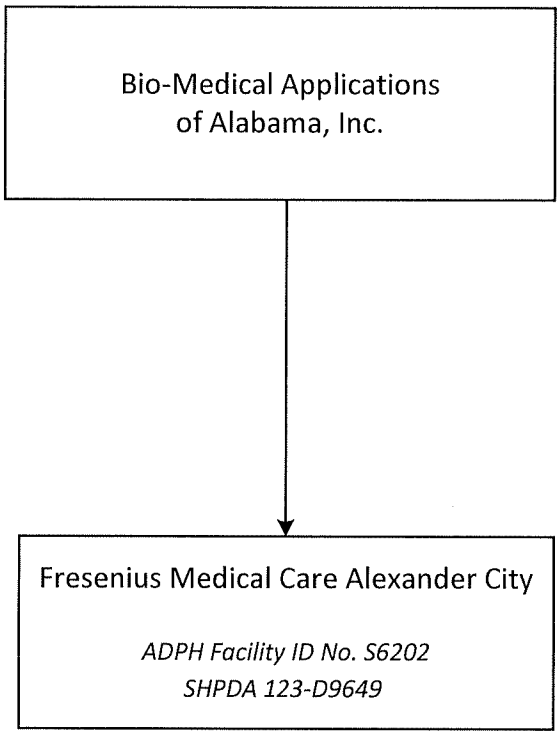
STATE OF ALABAMA NOTARY PUBLIC
STEPHANIE HOLLOWAY
My Commission Expires
July 2, 2028

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

Exhibit B

Pre- and Post-Closing Organizational Charts

Pre-Closing Organizational Chart



Post-Closing Organizational Chart