

NORTH AMERICA SOUTH AMERICA EUROPE ASIA

CO2026-001
RECEIVED
Oct 02 2025
STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

Partner (713) 651-2634
BPachuca@winston.com

October 2, 2025

Alabama State Health Planning & Development Agency (SHPDA) P.O. Box 303025 Montgomery, Alabama 36130-3025

Re: Notice of Change of Ownership/Control in Certificate of Need Holder – Community Hospice of South Alabama, LLC f/k/a Community Hospice of Baldwin County – SHPDA ID Number: 003-P2353

Dear Sir or Madam:

ACG South Alabama, LLC ("Acquiring Entity") is submitting this Notice of Change of Ownership/Control in a Certificate of Need Holder to effectuate a Change of Ownership ("CHOW") for the certificate of need held by Community Hospice of South Alabama, LLC f/k/a Community Hospice of Baldwin County ("Current Authority") (SHPDA ID Number: 003-P2353). Payment of the CHOW Fee has been made concurrent with this Notice through SHPDA's electronic payment portal. On September 26, 2025, Acquiring Entity and Current Authority entered into a Membership Interest Purchase Agreement for Acquiring Entity to acquire substantially all of the equity interests of Current Authority. Acquiring Entity and Current Authority intend to proceed to closing for the transaction immediately upon the approval of Acquiring Entity's CHOW application by the Alabama Department of Public Health ("ADPH") and fulfillment of this Notice of Change of Ownership/Control as required by Ala. Code § 22-21-270 et seq. and Ala. Admin. Code r. 410-1-7-.04.

Other than the change in ownership, there will be no changes to Current Authority following the transaction. Specifically, Current Authority will retain its NPI and federal and state tax identification numbers.

Should SHPDA require any additional information in connection with its review and processing of this application, please do not hesitate to contact me at (713) 651-2634 or bpachuca@winston.com.

Sincerely,

Banee Pachuca

Bance Packuca



Enclosures:

- -Notice of Change of Ownership/Control Form
- -Supplemental Response Attachment to Notice of Change of Ownership/Control Form
- -Structure Charts Reflecting Pre-CHOW Ownership and Post-CHOW Ownership

cc Bill Wood, Partner, Wood & Bembry LLC, Legal Counsel to Current Authority Rick Griffin, Esq., Griffin Law Firm, Legal Counsel to Current Authority



NORTH AMERICA SOUTH AMERICA EUROPE ASIA

CO2026-001
RECEIVED
Oct 14 2025
STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

Partner (713) 651-2634
BPachuca@winston.com

October 14, 2025

Alabama State Health Planning & Development Agency (SHPDA) P.O. Box 303025 Montgomery, Alabama 36130-3025

Re: Updated Page of Notice of Change of Ownership/Control in Certificate of Need Holder – Community Hospice of South Alabama, LLC; SHPDA ID Number: 003-P2353 & Withdraw of Notice of Change of Ownership/Control in Certificate of Need Holder – Community Hospice of South Alabama, LLC; SHPDA ID Number: 003-P2353A

Dear Sir or Madam:

ACG South Alabama, LLC is submitting the attached updated page of Notice of Change of Ownership/Control in a Certificate of Need Holder to effectuate a Change of Ownership for the certificate of need held by Community Hospice of South Alabama, LLC (SHPDA ID Number: 003-P2353).

Additionally, as requested, the previous Notice of Change of Ownership/Control in Certificate of Need Holder with respect to Community Hospice of South Alabama, LLC (SHPDA ID Number: 003-P2353A) is being withdrawn.

Should SHPDA require any additional information in connection with its review, please do not hesitate to contact me at (713) 651-2634 or bpachuca@winston.com.

Sincerely,

Banee Pachuca

Bance Parkuca

Enclosures:

-Updated Page to Notice of Change of Ownership/Control Form for SHPDA ID Number 003-P2353

State Health Planning and Development Agency

Alabama CON Rules & Regulation: Oct 14 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.

Ochange in Direct Ownership or Control (of a vested Facility; ALA. CODE §§ 22-20-271(d), (e))

O Change in Certificate of Need Holder (ALA. CODE § 22-20-271(f))

O 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:	003-P2353 / 003-P2353A		
(This can be found at $\underline{www.shpda.alabama.gov}$,	Health Care Data, ID Codes)		
Name of Facility/Provider: (ADPH Licensure Name)	Community Hospice of South Alabama, LLC		
Physical Address:	1450 N. McKenzie Street		
,	Foley, AL 36535		
County of Location:	BALDWIN		
Number of Beds/ESRD Stations:	0		
	Health and Hospice Providers Only). Attach additional unty, Escambia County, and Mobile County		
	<u> </u>		
	ote: If this transaction will result in a change in direct er ALA. CODE § 22-20-271(e), please attach organizational structures.)		
Owner (Entity Name) of	Community Hospice of South Alabama, LLC		

Part III: Acquiring Entity Information

Facility named in Part I:

Operator (Entity Name):

Mailing Address:

ACG South Alabama, LLC Name of Entity: 187 N. Church St., Suite 201 Mailing Address: Spartanburg, SC 29306

1450 N. McKenzie Street

Community Hospice of South Alabama, LLC

Foley, AL 36535

Operator (Entity	/ Name):	Community Ho	spice of South Alabama, LLC	
Proposed Date on or after:	of Transaction is	10/31/2025		
Part IV: Term	ns of Purchase			
Monetary Value	e of Purchase:	\$_Undisclose	d	
Type of Beds:		N/A (in-hom	e hospice, no inpatient beds)	
Number of Bed	s/ESRD Stations:		0	
	pe: to Include Prelimin		the Cost Broken Down by Equipment,	
Projected	Equipment Cost:	\$		
Projected	Construction Cost:	\$		
Projected	Yearly Operating Cost:	\$		
Projected	Total Cost:	\$		
1.) The services	vice, whether the service	oposal (the appl	Following: icant will state whether he has previously of a presently offered service, or whether	
2.) Whether the	proposal will include the	e addition of any	new beds.	
3.) Whether the	proposal will involve the	e conversion of b	eds.	
4.) Whether the	assets and stock (if any) will be acquired	d.	
Part V: Certi	ification of Informa	tion		
Current Autho	rity Signature(s):			
The information belief.	contained in this notification	ation is true and	correct to the best of my knowledge and	
Owner(s):	Tim Buttell, Edward	Phillip Stone	MILLE	
Operator(s):	Melanie Lomax			
Title/Date	Administrator			

(Seal) Commission E. 07/26/202		Notary Public My Commission Expires: 07/26/20
period, as spec		ovided during the current annual reporting .12. The information contained in this ge and belief.
Purchaser(s):	ACG South Alabama, LLC	
Operator(s):	ACG South Alabama, LLC	
Title/Date:	Treasurer and Secretary	
SWORN to and	subscribed before me, this day or	f,
(Seal)		Notary Public
		My Commission Expires:

Author: Alva M. Lambert

Statutory Authority: § 22-21-271(c), <u>Code of Alabama</u>, 1975 History: New Rule

Operator (Entity	Name):	Community Hospice of South Alabama, LLC			
Proposed Date on or after:	of Transaction is	10/31/2025			
Part IV: Tern	ns of Purchase				
Monetary Value	of Purchase:	\$ Undisclose	ed		
Type of Beds:		N/A (in-hom	e hospice, no inpatient	beds)	
Number of Beds	s/ESRD Stations;		0		
	oe: to Include Prelimin		the Cost Broken Down	n by Equipment,	
Projected	Equipment Cost:	\$			
Projected	Construction Cost:	\$			
Projected	Yearly Operating Cost:	\$			
Projected	Total Cost:	\$			
On an Attac	hed Sheet Please	Address the l	Following:		
	rice, whether the service		licant will state whether h of a presently offered se		
2.) Whether the	proposal will include the	addition of any	new beds.		
3.) Whether the	proposal will involve the	conversion of b	eds.		
4.) Whether the	assets and stock (if any) will be acquired	d.		
Part V: Corti	fication of Informa	tion			
		шоп			
Current Author	rity Signature(s):				
The information belief.	contained in this notification	ation is true and	correct to the best of my	knowledge and	
Owner(s):	Tim Buttell, Edward	Phillip Stone	Elwand Pry	& Some	
Operator(s):	Melanie Lomax			<u> </u>	
Title/Date:	Administrator		PRESIDENT	9.30 25	

State Health	Planning	and	Develo	pment	Agency

Alabama CON Rules & Regulations

SUBSCRIBED DEFORE ME, this 30 day of September SWORN to and

Notary Public

My Commission Expires: Quq. 18, 2027

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):

ACG South Alabama, LLC

Operator(s):

(Seal)

ACG South Alabama, LLC

Title/Date:

Treasurer and Secretary

SWORN to and subscribed before me, this _____ day of _

(Seal)

Notary Public

My Commission Expires: _____

Author: Alva M. Lambert

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

History: New Rule

O /F !!!	· NI	Community Hospice of South Alabama, LLC
Operator (Entity	,	
Proposed Date on or after:	of Transaction is	10/31/2025
Part IV: Tern	ns of Purchase	
Monetary Value	of Purchase:	\$ Undisclosed
Type of Beds:		N/A (in-home hospice, no inpatient beds)
Number of Beds	s/ESRD Stations:	0
	oe: to Include Preliminand Yearly Operating Cos	ary Estimate of the Cost Broken Down by Equipment:
Projected	Equipment Cost:	\$
Projected	Construction Cost:	\$
Projected	Yearly Operating Cost:	\$
Projected	Total Cost:	\$
1.) The services offered the serv	s to be offered by the price, whether the service	Address the Following: oposal (the applicant will state whether he has previousl is an extension of a presently offered service, or whether
the service is a	•	
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: Certi	fication of Informat	tion
Current Author	rity Signature(s):	
The information belief.	contained in this notifica	ation is true and correct to the best of my knowledge and
Owner(s):	Tim Buttell, Edward F	Phillip Stone
Operator(s):	Melanie Lomax	Welane Pohan

Administrator

Title/Date:

My Commission Expires:

	- ^		
SWORN to and	l subscribed before me, this 30	_day of <u>September</u> , 202	<u>5</u> .
(Seal)	MEGAN HADLEY My Commission Expires September 13, 2028	Mogun Xadley Notary Public My Commission Expires: 9 13 2	.0 <u>2</u> 6
Acquiring Auti	nority Signature(s):		
period, as spe		vices provided during the current annual rep 410-1-312. The information contained i knowledge and belief.	
Purchaser(s):	ACG South Alabama, LLC		_
Operator(s):	ACG South Alabama, LLC		
Title/Date:	Treasurer and Secretary		
SWORN to and	subscribed before me, this	day of,,	
(Seal)		Notary Public	

Author: Alva M. Lambert

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

History: New Rule

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):

ACG South Alabama, LLC

Operator(s):

ACG South Alabama, LLC

Title/Date:

Treasurer and Secretary

SWORN to and subscribed before me, this 29 day of September

(Seal)



My Commission Expires:

My Commission Expires: 04 · 29 · 2030

Author: Alva M. Lambert

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

History: New Rule

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).

ACG Alabama South, LLC intends to acquire 100% of the issued and outstanding membership interests of Community Hospice of South Alabama, LLC f/k/a Community Hospice of Baldwin County ("Community Hospice") and have Community Hospice continue to provide in-home hospice services to patients in the same service areas for which it is currently permitted pursuant to Facility IDs # 003-P2353 and 003-P2353A.

2.) Whether the proposal will include the addition of any new beds.

No.

3.) Whether the proposal will include the conversion of beds.

No.

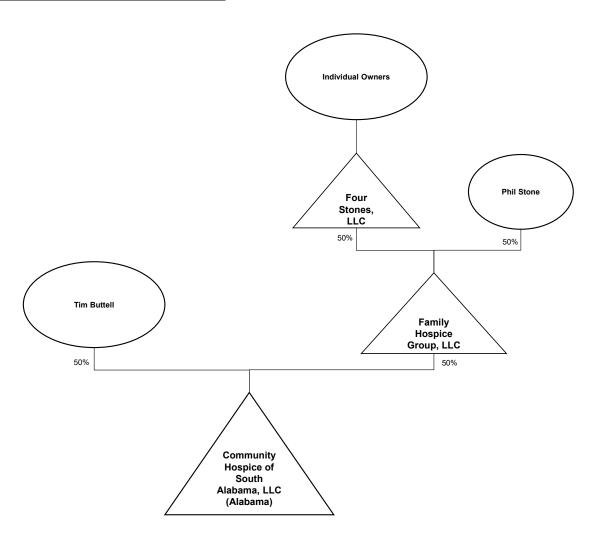
4.) Whether the assets and stock (if any) will be acquired.

Yes, ACG Alabama South, LLC intends to acquire 100% of the membership interests of Community Hospice. Community Hospice is currently owned by Tim Buttell (50%) and Family Hospice Group, LLC (50%).

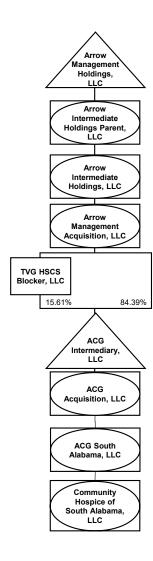
After the transaction, ACG South Alabama, LLC will hold 100% of the equity of Community Hospice. ACG Acquisition, LLC will hold 100% of the equity of ACG South Alabama, LLC.

Community Hospice will retain its same EIN and NPI following the transaction.

Part II – Pre-Closing Ownership Chart



Part II – Post-Closing Ownership Chart



Your Receipt

PURCHASE RECEIPT

SHPDA

PO Box 303025 Montgomery AL 36130-3025 (334)242-4109 bradford.williams@shpda.alabama.gov OTC Local Ref ID: 139789478 10/2/2025 11:26 AM

Status: APPROVED

Customer Name: Banafshe Pachuca

Type: Visa

Credit Card Number: **** **** 8380

Items	Quantity	TPE Order ID	Total Amount	
Change of Ownership	1	112880572	\$2,500.00	
Applicant Name: Community Ho	ospice of Sout	h Alabama, LLC		
Filing Date: 10/2/2025				
Phone Number: 281-659-4614				
Email Address: bpachuca@wins	ston.com			
Change of Ownership	1	112880572	\$2,500.00	
Applicant Name: Community He	ospice of Sout	h Alabama, LLC		
Filing Date: 10/2/2025				
Phone Number: 281-659-4614				
Email Address: bpachuca@winston.com				
Total remitted to the SHPDA			\$5,000.00	
Alabama total amount charged			\$5,152.00	