



CO2026-024
RECEIVED
Nov 21 2025
STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

November 20, 2025

VIA ELECTRONIC FILING AND OVERNIGHT MAIL

Alabama State Health Planning & Development Agency
Attention: Emily T. Marsal, Executive Director
P.O. Box 303025
Montgomery, Alabama 36130-3025
Shpda.online@shpda.alabama.gov

RE: Notice of Change of Ownership/Control – Legacy Hospice of the East, LLC (SHPDA ID No. 091-P2351)

Dear Ms. Marsal:

On October 23, 2025, Legacy Hospice of the East, LLC (the “**Provider**”) notified the State Health Planning & Development Agency (“**SHPDA**”) of an indirect stock transaction, whereby LH Holding Company, LLC (the indirect parent of the Provider) changed ownership. We are submitting this correspondence to supplement our application in response to SHPDA’s letter and request for additional information dated November 7, 2025.

To reiterate, no assets or direct stock of the Provider were acquired; the filing was submitted in good faith to keep SHPDA apprised of the Provider’s indirect ownership but, according to email correspondence we have with Kristin Norman at SHPDA, it does not constitute a change of ownership under Alabama law. Importantly, the transaction will not result in any change to the tax ID, Medicare or Medicaid numbers of the Provider, and will not result in any change or interruption to the Provider’s services or operations.

1. *The cover page states that the transaction is expected to occur and close on or after November 13, 2025. The application indicates a proposed date of transaction on or after November 14, 2025. Please confirm the correct transaction date and submit a revised application page.*

The transaction closed on November 10, 2025. A corrected form is attached at Exhibit A.

2. *The cover page states a reviewability determination fee was submitted. Please correct this statement to reflect the correct type of filing.*

Please consider this statement a correction of the type of filing and fee: Provider submitted a change of ownership fee on SHPDA’s online payment portal on October 31, 2025.

3. *Please confirm the current SHPDA ID number for the referenced provider. Provide one ID number only and submit a corrected page.*

Please consider this application as applicable to SHPDA ID 091-P2351.

4. *SHPDA records do not reflect Legacy Operating Company, LLC as the current Certificate of Need (“CON”) authority. Please verify the current authority and submit a corrected page.*

Apologies for the confusion. The current operator is the Provider (Legacy Hospice of the East, LLC). Legacy Operating Company, LLC is the parent of the Provider. For avoidance of doubt, after closing,

Legacy Hospice of the East, LLC will remain the operator of the relevant facility, and Legacy Operating Company, LLC will also remain the parent/owner of the Provider entity. A corrected form is attached at Exhibit A.

5. *Exhibit B is listed on the cover letter, but not within the document submitted. Please provide an organizational chart that reflects the pre- and post-transaction entities.*

Please see attached Exhibit B.

6. Exhibit C is listed on the cover letter, but not within the document submitted for this filing. Please provide responses.

Please see attached Exhibit C.

To the extent you have any questions about this submission, please feel free to contact me at 334-686-0138 or katie.sanders@legacyhospice.net. Thank you for your assistance with this matter.

Best regards,

Katie Sanders, MJ, BSN, RN, CHC

A handwritten signature in black ink, appearing to read "Katie Sanders", with a stylized, cursive script.

VP of Compliance



CO2026-024
RECEIVED

Oct 31 2025

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

October 24, 2025

VIA ELECTRONIC FILING (shpda.online@shpda.alabama.gov)

Alabama State Health Planning & Development Agency
Attention: Emily T. Marsal, Executive Director
P.O. Box 303025
Montgomery, Alabama 36130-3025

Re: Notice of Change of Ownership/Control – Legacy Operating Company, LLC the direct owner of Legacy Hospice of the East, LLC (SHPDA ID No. 023-P2351)

Dear Ms. Marsal:

Please accept this submission of a Notice of Change of Ownership/Control (the “**Notice**”) in anticipation of a merger transaction (the “**Transaction**”) that will result in an indirect change of control of Legacy Operating Company, LLC (the “**Owner**”), the parent entity of Legacy of the East, LLC (the “**Provider**”). No assets or stock of the Owner or Provider will be acquired. This indirect change of ownership is within the context of a larger transaction, and no monetary value was assigned specifically to this subsidiary or location

Importantly, the Transaction will *not* result in any change to the tax ID, Medicare or Medicaid numbers of the actual Provider entity that holds the CON. The Transaction will not result in any change or interruption to the Provider’s services or operations. The Transaction is expected to occur and close at a time that is on or after November 13, 2025.

Enclosed for your consideration are the following:

Exhibit A – Notice of Change of Ownership/Control;

Exhibit B – Pre- and Post-Closing Organizational Charts (Part II); and

Exhibit C – Responses to Additional Questions (Part IV).

Please be advised that the Provider is submitting the reviewability determination fee on the same date as this letter pursuant to SHPDA’s online payment portal.

To the extent you have any questions about this submission, please feel free to contact me at 334-686-0138 or katie.sanders@legacyhospice.net. Thank you for your assistance with this matter

Best regards,

Katie Sanders, MJ, BSN, RN, CHC
VP of Compliance



Enclosures

- Exhibit A – Notice of Change of Ownership/Control
- Exhibit B – Pre-and Post-Closing Organizational Charts (Part II)
- Exhibit C – Responses to Additional Questions (Part IV)

Exhibit A
Corrected Form

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: 091-P2351
 (This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Legacy Hospice of the East, LLC
 (ADPH Licensure Name)

Physical Address: 951 US Highway 80 W Suite D
Demopolis, AL 36732

County of Location: MARENGO

Number of Beds/ESRD Stations: 0

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. Choctaw, Clark, Greene, Hale, Marengo, Perry, Sumter, Washington

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: Legacy Hospice of the East, LLC

Mailing Address: PO Box 2130
Daphne AL 36526

Operator (Entity Name): Legacy Hospice of the East, LLC

Part III: Acquiring Entity Information

Name of Entity: Legacy Hospice of the East, LLC

Mailing Address: PO Box 2130
Daphne AL 36526

Operator (Entity Name): Legacy Hospice of the East, LLC

Proposed Date of Transaction is on or after: 11/10/2025

Part IV: Terms of Purchase *

Monetary Value of Purchase: \$ 0.00

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: \$ 0.00

Projected Construction Cost: \$ 0.00

Projected Yearly Operating Cost: \$ 0.00


Projected Total Cost: \$ 0.00

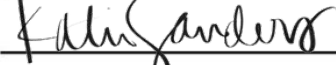
On an Attached Sheet Please Address the Following:

- 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):  11/20/2025

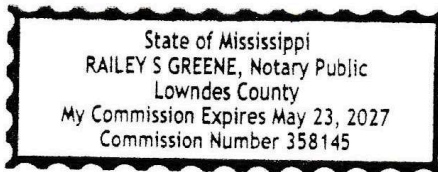
Operator(s):  11/20/2025

Title/Date: VP of Compliance Katie Sanders

***This is within the context of a larger transaction. No monetary was assigned specifically to this subsidiary or location.**

SWORN to and subscribed before me, this 20th day of NOVEMBER, 2,025.

(Seal)



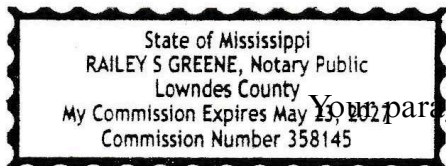
Notary Public

My Commission Expires: May 23, 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): [Signature] 11/20/2025Operator(s): [Signature] 11/20/2025Title/Date: VP COMPLIANCESWORN to and subscribed before me, this 20th day of NOVEMBER, 2,025.

(Seal)



Notary Public

My Commission Expires: May 23, 2027

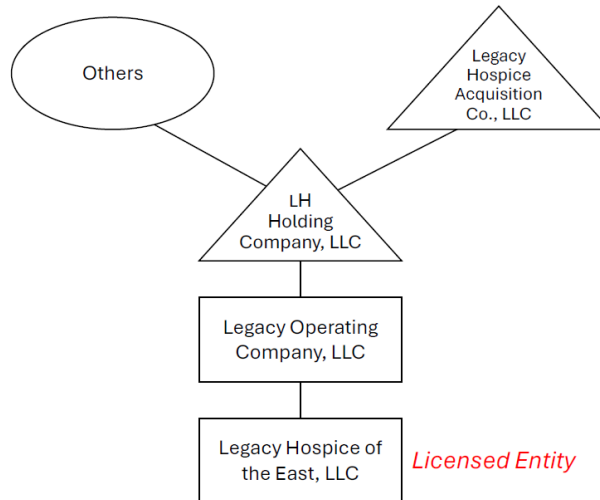
Author: Alva M. Lambert

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

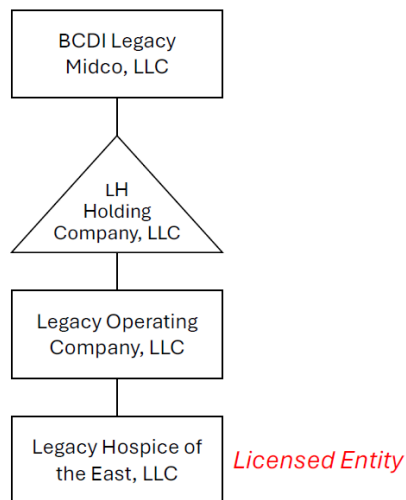


Exhibit C
Responses to Additional Questions (Part IV)

- 1) The proposed transaction will not result in any change in services being provided by the Provider.
- 2) The proposed transaction will not involve the addition of any new beds.
- 3) The proposed transaction will not involve the conversion of any beds.
- 4) The proposed transaction involves a merger of entities levels above the Provider. The proposed transaction will not involve the acquisition of assets or stock of the Provider.