CO2026-026

RECEIVED
Nov 04 2025
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

DaySpring
hospice & palliative care

October 29, 2025

Alabama State Health Planning and Development Agency

P O Box 278

Montgomery, Alabama 36130

Re: Notification of Change of Indirect Ownership

Provider Name: DaySpring Hospice, LLC

To Whom It May Concern:

I am writing on behalf of the above-referenced provider, DaySpring Hospice, LLC (the "Provider") to notify the Alabama State Health Planning and Development Agency (the "Agency") of a change in equity ownership of the Provider, occurring at the parent level of the Provider, which is expected to occur on or about November 24, 2025. (the "Transaction").

The Transaction involves the acquisition by Bristol Hospice, LLC ("Bristol") of 100% of the equity interests of the Provider from the current owners of Provider, making Bristol the parent of the Provider. Please note that the Transaction will not result in any changes to the name, tax identification number, address of the Provider, nor will it involve any anticipated capital investment or changes to the types of services offered by the Provider. Provider will continue to be a provider of hospice services, as it currently is.

We understand that Alabama law requires that the Provider notify the Agency of the change in indirect ownership resulting from the Transaction. Accordingly, we are providing this notice so that the Agency may update its records and coordinate with the Provider as needed prior to the Transaction.

Thank you for your time and attention to this matter. If you have any questions regarding the Transaction or if you require any additional information, please contact me directly on the email or phone number provided below.

Very truly yours,

Donna Hendrix

Executive Director, Co-Owner

Corporate Office - Enterprise
100 Professional Lane
Enterprise, AL 36330
334-347-2999
www.dayspringhospice.com

Dothan
2464 West Main St., Suite 2
Dothan, AL 36301
334-305-0333

Andalusia
1133 MLK Jr. Expressway, Suite A
Andalusia, AL 36340
334-923-1780

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Nov 18 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: 031-P2429
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: DaySpring Hospice LLC
(ADPH Licensure Name)

Physical Address: 100 Professional Lane
Enterprise AL 36330

County of Location: CHOOSE ONE Coffee

Number of Beds/ESRD Stations: n/a

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. Coffee, Covington, Dale, Geneva, Houston, Pike

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: DaySpring Hospice LLC

Mailing Address: 100 Professional Lane
Enterprise AL 36330

Operator (Entity Name): DaySpring Hospice LLC

Part III: Acquiring Entity Information

Name of Entity: DaySpring Hospice LLC

Mailing Address: 100 Professional Lane
Enterprise AL 36330

Operator (Entity Name): DaySpring Hospice LLC

Proposed Date of Transaction is on or after: on/after 11/24/2025 (pending SHPDA Approval)

Part IV: Terms of Purchase

Monetary Value of Purchase: $ Nominal Fee

Type of Beds: 0 Not an Inpatient Facility

Number of Beds/ESRD Stations: N/A

Financial Scope: to Include Preliminary Estimate of the Cost Broken Down by Equipment, Construction, and Yearly Operating Cost:

Projected Equipment Cost: $ Not to exceed Thresholds

Projected Construction Cost: $ n/a

Projected Yearly Operating Cost: $ Not to exceed Thresholds

Projected Total Cost: $ 0.00 No Expected Cost

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: Executive Director/co owner 10/27/2025

SWORN to and subscribed before me, this 27 day of October, 2025

Regina Sanders
Notary Public

(Seal)

My Commission Expires: _____

Regina Sanders
Notary Public, Alabama State At Large
My Commission Expires 12/14/27

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): Bristol Hospice CEO (Alex Mauricio)

Operator(s): Donna Hendrix Exec. Director

Title/Date: Oct. 28, 2025

SWORN to and subscribed before me, this 28 day of October, 2025

Regina Sanders
Notary Public

(Seal)

My Commission Expires: _____

Regina Sanders
Notary Public, Alabama State At Large
My Commission Expires 12/14/27

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

November 17, 2025

RE: C02026-026

DaySpring Hospice LLC

SHPDA ID: 031-P2429

Correction Part IV

1. The services to be offered by the proposal (the applicant will state whether he has previously offered the services, whether the service is an extension of a presently offered service, or whether the service is a new service).
   WE HAVE PREVIOUSLY OFFERED THE SERVICES OF DAYSPRING HOSPICE LLC
2. Whether the proposal will include the addition of any new beds.
   NOT APPLICABLE (Not an inpatient agency)
3. Whether the proposal will involve the conversion of beds.
   NOT APPLICABLE (Not an inpatient agency)
4. Whether the assets and stock (if any) will be acquired. YES