



David A. Lester  
Chief Executive Officer  
717 37<sup>th</sup> Street South  
Birmingham, AL 35222  
Tel: (205) 820-7000  
Fax: (855) 301-9880  
Email: [david.lester@prohealthgroup.com](mailto:david.lester@prohealthgroup.com)

RECEIVED  
July 26 2019  
STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

July 26, 2019

**(DELIVERED BY EMAIL TO [online.filing@shpda.alabama.gov](mailto:online.filing@shpda.alabama.gov))**

Ms. Emily Marsal, Executive Director  
State Health Planning and Development Agency  
100 North Union Street, Suite 870  
Montgomery, AL 36104

Re: Relocation of Home Health Agency

Dear Ms. Marsal,

I am writing on behalf of ProHealth of Northeast Alabama, LLC (the “Agency”) in accordance with Rule 410-1-7-.02 to notify the State Health Planning and Development Agency (“SHPDA”) that the Agency will be relocating its administrative office to another site in Cherokee County and to request a determination that such relocation is not subject to Certificate of Need Review.

Effective August 1, 2019, the Agency will relocate to 590 East Main Street, Centre, AL 35960. The distance between the Agency’s current office and new office is 2.3 miles. The relocation of the Agency’s administrative office will not include the addition or conversion of any beds, will not involve the acquisition of stock, and the services to be offered from the new location will be the same as the services offered from the current location. The capital expenditure for the relocation of the administrative office is expected to be less than \$15,000. In addition, there will be no changes in the staff, management, or service area of the Agency as a result of this location.

We will submit the filing fee electronically contemporaneously with the filing of this request.

If you have any questions or need any additional information from us, please do not hesitate to let me know.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Lester", with a long horizontal flourish extending to the right.

David A. Lester

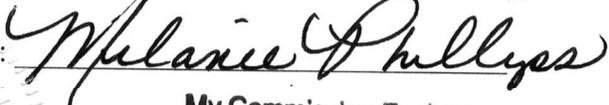
cc: Mr. Guy Nevins, Alabama Department of Public Health

**Affirmation of Requesting Party**

The undersigned, being first duly sworn, hereby make oath or affirm that he is the Chief Executive Officer of ProHealth of Northeast Alabama, LLC, has knowledge of the facts in this request, and to the best of his knowledge and belief, such facts are true and correct.

Affiant: 

Subscribed and sworn to before me this 26<sup>th</sup> day of July, 2019.

Notary Public: 

My commission expires: My Commission Expires  
May 24, 2023

