



RV2026-016
RECEIVED
May 20 2026
STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

May 20, 2026

Ms. Emily Marsal
Executive Director, State Health Planning and Development Agency
100 North Union Street
RSA Union Building, Suite 870
Montgomery, AL 36130-3025

RE: RV2026-016
Saad Enterprises, Inc. d/b/a Saad Healthcare Services

Dear Ms. Marsal:

This letter is in response to your letter dated today, May 20, 2026, requesting additional information to process our Reviewability Determination Request of May 18, 2026.

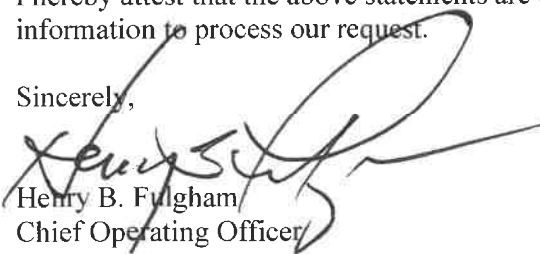
- 1. Please reference the Certificate of Need (CON) associated with this filing.**
The CON associated with this filing is the Home Health Certificate of Need currently held by Saad Enterprises, Inc. d/b/a Saad Healthcare Services

- 2. Please submit approximated costs for the proposed project to include capital expenditures, major medical equipment, and first-year annual operating costs.**
Since we will be relocating our Branch Office from Spanish Fort to Fairhope, the proposed project will not include any capital expenditures or major medical equipment during this transition. The first year annual operating costs are estimated as follows:
 - a. \$454,600 – Annual Salaries – Fairhope employees
 - b. \$ 60,000 - Annual Lease Payments to Center Street Holdings, LLC, inclusive of utilities.
 - c. **\$514,600** - Total First Year Annual Operating Costs.

- 3. Please provide a disclosure of financial interests in the entity requesting the reviewability determination held by any other healthcare facilities or groups.**
There are no other financial interests in the entity requesting the reviewability determination, Saad Enterprises, Inc. d/b/a Saad Healthcare Services is wholly owned.

I hereby attest that the above statements are true and correct. Please let us know if you need any further information to process our request.

Sincerely,



Henry B. Fulgham
Chief Operating Officer



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

May 20, 2026

Mr. Henry B. Fulgham
Chief Operating Officer
Saad Healthcare
1515 University Boulevard South
Mobile, Alabama 36609

RE: RV2026-016
Saad Enterprises, Inc. d/b/a
Saad Healthcare Services

Dear Mr. Fulgham:

This letter is written in response to the referenced Reviewability Determination Request received May 18, 2026, on behalf of *Saad Enterprises, Inc. d/b/a Saad Healthcare Services*, regarding the relocation of the existing branch office currently located at 6450 Highway 90, Suite F, in the city of Spanish Fort, Baldwin County, Alabama to 368 Commercial Park Drive in the city of Fairhope, Baldwin County, Alabama. The applicant indicates this request only pertains to the relocation of the branch office and is not a relocation of the Home Health Agency (HHA) administrative offices currently sited in Mobile County, Alabama. It is also noted the services offered at the new location will be the same as those provided at the parent location.

Additional information is required on behalf of this request.

1. Please reference the Certificate of Need (CON) associated with this filing.
2. The request indicates the expenses associated with the proposed branch relocation will not exceed any of the Certificate of Need expenditure thresholds in effect at the time of this filing, which were \$3,436,510.00 for *major medical equipment*; \$1,373,260.00 for *new annual operating costs*; and \$6,866,313.00 for *capital expenditures*. Please submit approximated costs for the proposed project to include capital expenditures, major medical equipment, and first year annual operating costs.
3. Please provide a disclosure of financial interests in the entity requesting the reviewability determination held by any other healthcare facilities or groups.

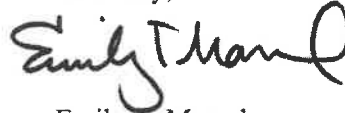
Additional review will be conducted upon receipt of the requested information.

Pursuant to ALA. ADMIN. CODE r. 410-1-3-.09, all documents to be filed must be submitted electronically to shpda.online@shpda.alabama.gov in text searchable, PDF format.

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May 20, 2026
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Should you have any questions, please contact the Agency at (334) 242-4103.

Sincerely,

A handwritten signature in black ink, appearing to read "Emily T. Marsal". The signature is fluid and cursive, with a large loop at the end of the last name.

Emily T. Marsal
Executive Director

ETM/mst

cc: Loree Skelton, Esquire

Saad Healthcare

RV2026-016
RECEIVED
May 18 2026
STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

May 15, 2026

Ms. Emily Marsal
Executive Director, State Health Planning and Development Agency
100 North Union Street
RSA Union Building, Suite 870
Montgomery, AL 36130-3025

Re: Reviewability Determination Request from Saad Enterprises Inc. dba Saad Healthcare Services for relocating a current Branch Office within Baldwin County, Alabama

Dear Ms. Marsal:

As the primary representative for the home health agency, Saad Enterprises Inc., dba, Saad Healthcare Services (the HHA), I would like to request a reviewability determination to relocate our current Baldwin County Branch Office from Spanish Fort to Fairhope, AL. As you know, Baldwin County is one of the counties included in the HHA's CON area of Mobile, Baldwin, Escambia and Conecuh Counties. Pursuant to Alabama Certificate of Need Program Rules and Regulations & 410-1-4-.02, I am writing to request the Letter of Determination that the HHA's relocation from Spanish Fort to Fairhope, both within Baldwin County, is not subject to a Certificate of Need review. This request is only for the relocation of our Branch Office and not a relocation of the HHA's Administrative offices, which are currently in Mobile County.

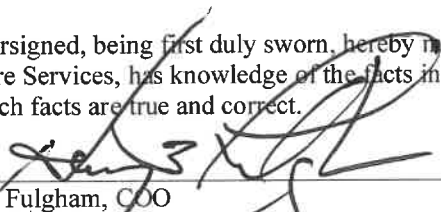
The HHA proposes to relocate the Branch Office **from** 6450 Highway 90, Ste. F, Spanish Fort, AL 36527 **to** **368 Commercial Park Drive, Fairhope, AL 36532-1910**. The opening of the Branch Office will not include the addition, conversion, or relocation of any beds, nor will it involve the acquisition of stock. The services offered at the new location will be the same as those offered at the parent location. The opening and operation of the Branch Office will not result in expenditures exceeding the Certificate of Need cost thresholds.

Payment of the **associated fee** for the Reviewability Determination will be made by credit card today, thru SHPDA's online payment portal. Confirmation of which will be attached.

Please let me know if you have any questions regarding the opening of this Branch Office.

Affirmation of Requesting Party:

The undersigned, being first duly sworn, hereby make oath or affirm that he is the Chief Operating Officer of Saad Healthcare Services, has knowledge of the facts in this request, and to the best of his information, knowledge and belief, such facts are true and correct.

Affiant 
Henry B. Fulgham, COO
Henry.fulgham@saadhealthcare.com

Subscribed and sworn to before me this 15th day of May, 2026


Notary Public
My Commission Expires: 1/30/27.

