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Oct 14 2020

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

Name of Facility/Provider:
(ADPH Licensure Name)

Physical Address:

100 Concourse Parkway, Suite 120

Hoover, AL 35244

SHELBY

County of Location:

Number of Beds/ESRD Stations:

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary.

St. Clair, Jefferson, Chilton, Bibb and Shelby

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:

3525 Piedmont RD NE Ste. 8-515

Mailing Address:

Atlanta, GA 30305

Operator (Entity Name): Five Points Home Health

Part III: Acquiring Entity Information

Name of Entity: Aveanna Healthcare Senior Services, LLC

Mailing Address: 400 Interstate North Parkway SE

Atlanta, GA 30339

Name of Facility/Provider: (ADPH Licensure Name)

Number of Beds/ESRD Stations:

Alabama CON Rules & Regulations

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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 Certificate of Need Change in Facility Managemer				
Part I: Facility Information				
SHPDA ID Number:	117-7182			
(This can be found at www.shpda.alabama.	ov, Health Care Data, ID Codes)			
Name of Facility/Dravidor:	Five Points Health of Alabama, LLC			

Physical Address: 100 Concourse Parkway, Suite 120
Hoover, AL 35244

County of Location:

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. St. Clair, Talladega, Jefferson, Coosa, Chilton, Bibb and Shelby (based on list from Medicare 855)

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:

Mailing Address:

Atlanta, GA 30305

Operator (Entity Name):

Five Points Healthcare, LLC

3525 Piedmont RD NE Ste. 8-515

Atlanta, GA 30305

Five Points Home Health

Part III: Acquiring Entity Information

Name of Entity:

Mailing Address:

Aveanna Healthcare Senior Services, LLC

400 Interstate North Parkway SE Ste. 1600

Atlanta, GA 30339

Operator (Entity Name):	Five Points Health of Alabama. LLC
Proposed Date of Transaction is on or after:	10/18/2020
Part IV: Terms of Purchase	
Monetary Value of Purchase:	\$
Type of Beds:	N/A
Number of Beds/ESRD Stations:	
Financial Scope: to Include Prelimina Construction, and Yearly Operating Cos	ary Estimate of the Cost Broken Down by Equipment t:
Projected Equipment Cost:	\$ 0.00
Projected Construction Cost:	\$ 0.00
Projected Yearly Operating Cost:	\$ 3,681,254.00
Projected Total Cost:	\$ 3,681,254.00
offered the service, whether the service	Address the Following: oposal (the applicant will state whether he has previously is an extension of a presently offered service, or whethe
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 Informat	tion
Current Authority Signature(s):	
The information contained in this notificatelief.	ation is true and correct to the best of my knowledge and
Owner(s): May C. Wool	Zein MARY C. WOLLSTEIN
Operator(s):	
Title/Date: VP OF STRATEGIC	INITIATIVES 10/02/2020

SWORN to and subscribed before me, this and day of	<u> </u>
(Seal) AND	Notary Public My Commission Expires: 9/4/33
Acquiring Authority Signature(s):	
I agree to be responsible for reporting of all services prepariod, as specified in ALA. ADMIN. CODE r. 410-1-3 notification is true and correct to the best of my knowled Purchaser(s): Operator(s):	312. The information contained in this
Title/Date: Executive Chairman	
SWORN to and subscribed before me, this 2nd day of	of October ,2020.
(Seal)	Wicke Whites de Notary Public
COCIO	My Commission Expires: 61/23/2024

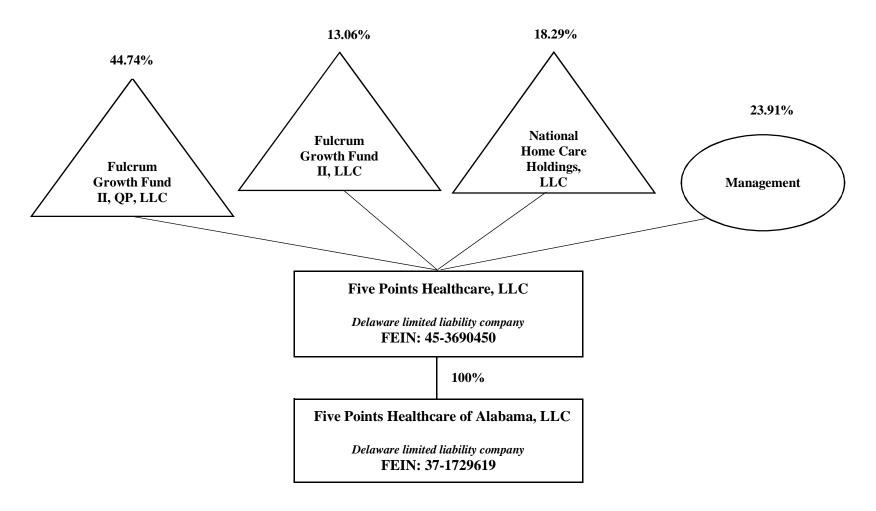
Author: Alva M. Lambert

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

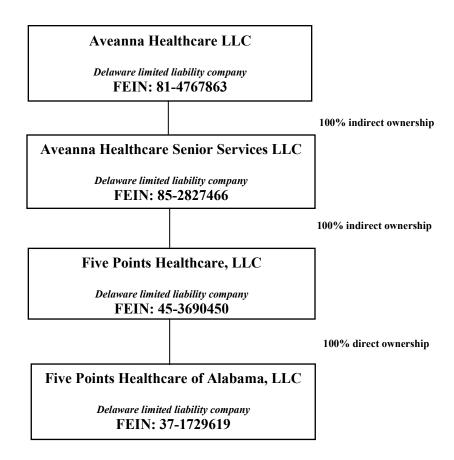
History: New Rule

Pre-Closing Organizational Chart for Five Points Healthcare of Alabama, LLC

Confidential



Post-Closing Organizational Chart for Five Points Healthcare of Alabama, LLC Confidential



Part IV: Term of Purchase

- 1.) The services to be offered by the proposal (the applicant will state whether has previously offered the service, whether the service is an extension of a presently offered service, or whether the service is a new service.)
 - The services held by the current CON holder will remain the same. The change in "In-Direct Ownership" will not affect any services being offered
- 2.) Whether the proposal will include the addition of any new beds
 - Not applicable
- 3.) Whether the proposal will involve the conversion of beds.
 - Not applicable
- 4.) Whether the assets and stock (if any) will be acquired.
 - Aveanna Healthcare Senior Services, LLC will acquire 100% of the membership interests of Five Points Healthcare, LLC