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CO2021-028

RECEIVED

May 19 2021

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

May 18, 2021

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

Re: Change of Ownership: Northwest Alabama Cancer Care, LLC

Dear Ms. Marsal:

I am writing to submit the enclosed Change of Ownership ("CHOW") form regarding the Certificate of Need, CON 2852-H (the "CON"), that was granted to Northwest Alabama Cancer Care, LLC ("NACC") by the Alabama Certificate of Need Review Board. Also enclosed is a copy of the receipt from SHPDA evidencing payment of the CHOW filing fee of \$2,500.00. NACC has incurred a firm commitment for the CON project and the CON project is currently under construction.

NACC is presently 51% owned by RCHP-Florence, LLC, ("RCHP") and 49% owned by UAB Health System ("UAB"). Under the proposed transaction, UAB will transfer its interest in NACC to RCHP pursuant to an agreement between UAB and RCHP. This transfer does not involve a change of ownership or control since RCHP already owns more than 50% of NACC. *See* Ala. Admin. Code r. 410-1-11-.09; *see also*, Ala. Admin Code. r. 410-1-7-.04.

The services to be provided under this proposal will remain the same. The proposal will not involve the addition of any new beds or the conversion of beds, and the entirety of UAB's ownership interest in NACC will be acquired by RCHP. This transaction is anticipated to occur on June 15, 2021.

Following this transaction, NACC will be merged with its parent entity, RCHP, and RCHP will become the new holder of the CON. While the CON has not yet vested, a Certificate of Need can be transferred between entities under common ownership or control prior to the vesting of the Certificate of Need pursuant to Ala. Admin. Code r. 410-1-11-.09(b). As previously mentioned, RCHP and NACC are, and will continue to be, under common control, and therefore the CON can be transferred between the two entities.

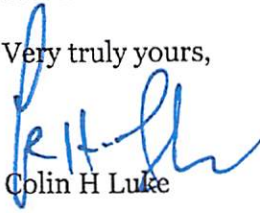
The services to be provided under this proposal will remain the same. The proposal will not involve the addition of any new beds or the conversion of beds, and NACC will be entirely merged into RCHP. This transaction is also anticipated to occur on June 15, 2021, immediately after the transfer of UAB's interest.

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Ms. Emily T. Marsal
May 18, 2021
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Please do not hesitate to let me know if you have any questions about this form, or if there is anything I can do to help with the process.

Very truly yours,



Colin H Luke

CHL:

Enclosures

Your Receipt

PURCHASE RECEIPT

SHPDA

PO Box 303025
Montgomery AL 36130-3025
(334)242-4109
bradford.williams@shpda.alabama.gov
OTC Local Ref ID: 60454830
5/12/2021 09:51 AM

Status: **APPROVED**
Customer Name: Karen Courtney
Type: Visa
Credit Card Number: **** * 7642

Items	Quantity	TPE Order ID	Total Amount
Change of Ownership	1	74180994	\$2,500.00
Applicant Name: Northwest Alabama Cancer Care, LLC			
Filing Date: May 12, 2021			
Phone Number: 205-226-5717			
Email Address: colin.luke@wallerlaw.com			
Total remitted to the SHPDA			\$2,500.00
Alabama total amount charged			\$2,588.50


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: n/a (CON Number 2852-H)
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)
 Name of Facility/Provider: Northwest Alabama Cancer Care, LLC
(ADPH Licensure Name)
 Physical Address: 1700 Veterans Drive
Florence, Alabama 35630
 County of Location: LAUDERDALE 
 Number of Beds/ESRD Stations: 0
 CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. n/a

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: Northwest Alabama Cancer Care, LLC
 Mailing Address: 1700 Veterans Dr.
Florence, Alabama 35630
 Operator (Entity Name): Northwest Alabama Cancer Care, LLC

Part III: Acquiring Entity Information

Name of Entity: RCHP-Florence, LLC
 Mailing Address: 330 Seven Springs Way
Brentwood, TN 37027

Operator (Entity Name): RCHP-Florence, LLC

Proposed Date of Transaction is on or after: 06/15/2021

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: \$ _____

Projected Construction Cost: \$ _____

Projected Yearly Operating Cost: \$ _____

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): Northwest Alabama Cancer Care, LLC



Operator(s): Northwest Alabama Cancer Care, LLC

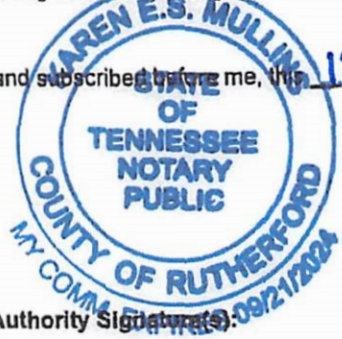


Title/Date: AVP, Corporate Secretary

May 18, 2021

SWORN to and subscribed before me, this 18th day of May, 2021.

(Seal)



Karen E.S. Mullins
Notary Public

My Commission Expires: 09.21.2024

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): RCHP- Florence, LLC Kathy Torgue

Operator(s): RCHP-Florence, LLC Kathy Torgue

Title/Date: AVP, Corporat Secretary May 18, 2021

SWORN to and subscribed before me, this 18th day of May, 2021.

(Seal)



Karen E.S. Mullins
Notary Public

My Commission Expires: 09.21.2024

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

Pre-Merger

RCHP-Florence, LLC
100%

Northwest Alabama
Cancer Care, LLC
(CON Holder)

Post-Merger

RCIP-Florence, LLC
(CON Holder)