

CO2022-054
RECEIVED
Jan 25 2022
STATE HEALTH PLANNING AND

D. Mark Nix President Chief Executive Officer

January 25, 2022

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

> RE: Change of Ownership SHPDA ID#: 003-U0201 Thomas Medical Center Ambulatory Surgery Center

Dear Ms. Marsal:

In accordance with the Alabama Certificate of Need Rules and Regulations Chapter 410-1-7-.04 Notice of Change of Ownership, this correspondence and attachment will provide notice of a change in ownership with respect to Thomas Medical Center Ambulatory Surgery Center (TMC ASC).

Currently, TMC ASC is owned and operated by Gulf Health Hospitals, Inc., d/b/a Thomas Hospital. On or after February 14, 2022, Gulf Health Hospitals, Inc., d/b/a Thomas Hospital will sell and Infirmary ASC - Daphne, LLC, will purchase the facility. This transaction will result in a change of ownership and control of the facility.

Terms of Purchase

• Gulf Health Hospitals, Inc., d/b/a Thomas Hospital will transfer ownership of the facility to Infirmary ASC - Daphne, LLC, in exchange for a fair market value payment.

• The proposed transaction does not involve new costs associated with the facility exceeding the following expenditure thresholds:

Major Medical Equipment	\$3,165,569
New Annual Operating Costs	\$1,266,226
Any Other Capital Expenditure	\$6,331,138

- The proposed transaction will not result in any new or additional services to those already authorized. Infirmary ASC Daphne, LLC, is a newly formed entity within the Infirmary Health System.
- The proposed transaction will not include the addition of any new beds.
- The proposed transaction will not involve the conversion of beds.
- Infirmary ASC Daphne, LLC, will acquire the facility assets, however the proposed transaction does not involve the acquisition of stock.

The reviewability determination fee of \$2,500 is being submitted electronically to the SHPDA Payment Portal.

Please let me know if you have any questions or need any additional information at this time.

Sincerely.

Mark Nix

President & CEO

DMN/lhq

Jan 25 2022
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.

X_ Change in Certificate of Need Holde Change in Facility Management (Faci			
Part I : Facility Information			
SHPDA ID Number: (This can be found at www.shpda.alabama.gov , H Name of Facility/Provider: (ADPH Licensure Name)	003-U0201 lealth Care Data, D Codes) Thomas Medical Center Ambulatory Surgery Center Daphn		
Physical Address:	27961 U.S. Highway 98		
	Daphne, Alabama 36526		
County of Location:	BALDWIN		
Number of Beds/ES RD Stations:	0		
CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessaryNot Applicable			
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 t	Gulf Health Hospitals, Inc., d/b/a Thomas Hospital		
Mailing Address:	5 Mobile Infirmary Circle		
Maining / Nations.	Mobile, Alabama 36607		
Operator (Entity Name):	Gulf Health Hospitals, Inc., d/b/a Thomas Hospital		
Part III: Acquiring Entity Informa	ation		
	Infirmary ASC - Daphne, LLC		
Name of Entity:	5 Mobile Infirmary Circle		
Mailing Address:	Mobile, Alabama 36607		

Operator (Entity Name):	Infirmary ASC - Daphne, LLC
Proposed Date of Transaction is on or after:	02/14/2022
Part V: Terms of Purchase See Attached Correspondence Monetary Value of Purchase:	\$
Type of Beds:	Not applicable
Number of Beds/ESRD Stations:	0
Financial Scope: to Include Preliminar Construction, and Yearly Operating Cost:	ry Estimate of the Cost Broken Down by Equipment, See Attached Correspondence
Projected Equipment Cost:	\$
Projected Construction Cost:	\$
Projected Yearly Operating Cost:	\$
Projected Total Cost:	\$ 0.00
	address the Following: sposal (the applicant will state whether he has previously is an extension of a presently offered service, or whether
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 Informati	ion
Current Authority Signature(s):	
belief. Owner(s):	on is true and correct to the best of my knowledge and
Operator(s):	Ilaglasa.
Title/Date: Presidud: CEO	1 25 2022

SWORN to and subscribed begge (Seal) me, this 25th day of Januar 2022 Notary Public My Commission Expires: 5 Acquiring Authorit I agree to be responsible for reporting of all services provided during the current annual reporting period, as specified in ALA ADMIN. CQDE 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): Operator(s): Vice President 1/25/2022 Title/Date: SWORN to and subscribed before me, this 25th day of January (Seal) Notary Public My Commission Expires:

Author: Alva M. Lambert

Statutory Authority: § 22-21-27l(c), Code of Alabama, 1975

History: New Rule



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

FILED: shpda.online@shpda.alabama.gov

January 28, 2022

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

RE: CO2022-054

Thomas Medical Center Ambulatory Surgery Center - Daphne

SHPDA ID: 003-U0201

Dear Ms. Marsal:

This letter will confirm my receipt of your January 28, 2022, correspondence requesting additional information on the Change of Ownership (CHOW) notification submitted January 25, 2022.

Attached please find correct page 1 of the CHOW form which properly reflects the Change in Direct Ownership or Control of the vested facility.

Please let me know if you have any questions.

Sincerely,

Stephen D. Preston

NOTICE OF CHANGE OF OWNERSHIP/CONTROL

The following notification of intent is provided pursuant to all applicable provisions of ALA. codes 22-21-270 (1975 as amended) and ALA. ADMIN. CODE r. 41 0-1-7-.04. This notice must be filed at least twenty (20) days prior to the transaction.

"X Change in Direct Ownership or Control (of a vested Facility; Al.A CODE§§ 22-20-271 (d), (e))

__ Change | Certificate of Need Holder (Al.A CXXE § 22-20-271 (f)) _X Change h Facility Management (Facility Operator) Any transaction other than those above-described requires an application for a Certificate of Need. Part I: Facility Information SHPDA D Number: 003-U0201 (This can be found at www.shpda.alabama.gbv. Health Care Data, D Codes) Thomas Medical Center Ambulatory Surgery Center Daphne Name of Facility/Provider: (ADPH Licensure Name) 27961 U.S. Highway 98 **Physical Address:** Daphne, Alabama 36526 **BALDWIN** County of Location: 0 Number of Beds/ES RD Stations: CON Authorized Service Area (Home Health and Hospice Providers Only). Attach ..Not Applicable_______ additional pages if necessary. Part II: Current Authority (Note: If this transaction will result it a change in direct ownership or control, as defined under Al.A CXXE § 22-20-271 (e), please attach organizational charts outlining current and proposed structures.) Owner (Entity Name) of Gulf Health Hospitals, Inc., d/b/a Thomas Hospital Facility named n Part t 5 Mobile Infirmary Circle Mailing Address: Mobile, Alabama 36607 Gulf Health Hospitals, Inc., d/b/a Thomas Hospital Operator (Entity Name): Part III: Acquiring Entity Information Infirmary ASC - Daphne, LLC Name of Entity: 5 Mobile Infirmary Circle Mailing Address: Mobile, Alabama 36607