

**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: 083-S4203  
(This can be found at [www.shpda.alabama.gov](http://www.shpda.alabama.gov), Health Care Data, ID Codes)

Name of Facility/Provider: Heritage Memory Care  
(ADPH Licensure Name)

Physical Address: 11682 County Line Rd Madison AL 35756

County of Location: CHOOSE ONE Limestone

Number of Beds/ESRD Stations: 16

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

**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 Madison Healthcare Properties LLC Heritage Assisted Living and Memory Care Facility named in Part I:

Mailing Address: 11682 County Line Rd Madison AL 35756

Operator (Entity Name): Madison Healthcare Properties LLC Heritage Assisted Living and Memory Care

**Part III: Acquiring Entity Information**

Name of Entity: Heritage Assisted Living and Memory Care LLC Madison

Mailing Address: 2409 Redwood Trail Thompson Station Tn 37179

Operator (Entity Name): Heritage Assisted Living and Memory Care Madison LLC

Proposed Date of Transaction is on or after: 7/14/22

**Part IV: Terms of Purchase**

Monetary Value of Purchase: \$ 5,100,000

Type of Beds: SCALF

Number of Beds/ESRD Stations: 16

**Financial Scope:** to Include Preliminary Estimate of the Cost Broken Down by Equipment, Construction, and Yearly Operating Cost:

Projected Equipment Cost: \$ 0

Projected Construction Cost: \$ 0

Projected Yearly Operating Cost: \$ 1,506,000

Projected Total Cost: \$ 0.00 1,506,000

**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.

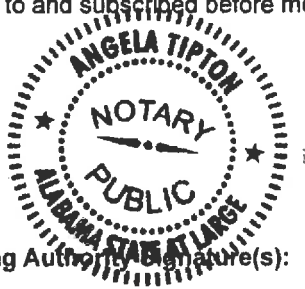
Owner(s): G. S. Rao G. S. RAO

Operator(s): \_\_\_\_\_

Title/Date: MANAGING DIRECTOR | OWNER  
7/15/22

SWORN to and subscribed before me, this 15 day of July, 2022.

(Seal)



Angela Tipton  
Notary Public

My Commission Expires: \_\_\_\_\_  
My Commission Expires 09/22/2025

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.

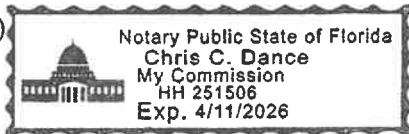
Purchaser(s): \_\_\_\_\_ John Keelon

Operator(s): \_\_\_\_\_

Title/Date: 7-15-22

SWORN to and subscribed before me, this 15<sup>th</sup> day of July, 2022.

(Seal)



Chris C. Dance  
Notary Public

My Commission Expires: 04/11/2026

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

## NOTICE OF CHANGE OF OWNERSHIP/CONTROL

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### Part I: Facility Information

SHPDA ID Number: 083-s4203  
 (This can be found at [www.shpda.alabama.gov](http://www.shpda.alabama.gov), Health Care Data, ID Codes)

Name of Facility/Provider: Heritage Assisted Living and Memory Care LLC Madison  
 (ADPH Licensure Name)

Physical Address: 11682 County Line rd Madison AL 35756

County of Location: CHOOSE ONE Limestone

Number of Beds/ESRD Stations: 16

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

**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 Madison Healthcare Properties LLC Heritage Assisted Living and Memory Care  
 Facility named in Part I: \_\_\_\_\_

Mailing Address: 11682 County Line Rd Madison AL 35756

Operator (Entity Name): Madison Healthcare Properties LLC Heritage Assisted Living and Memory Care

### Part III: Acquiring Entity Information

Name of Entity: Heritage Assisted Living and Memory Care LLC Madison

Mailing Address: 2409 Redwood Trail Thompson Station Tn 37179

Operator (Entity Name): Heritage Assisted Living and Memory Care Madison LLC

Proposed Date of Transaction is on or after: 7/14/22

**Part IV: Terms of Purchase**

Monetary Value of Purchase: \$ 5,100,000

Type of Beds: Scarf

Number of Beds/ESRD Stations: 16

**Financial Scope:** to Include Preliminary Estimate of the Cost Broken Down by Equipment, Construction, and Yearly Operating Cost:

Projected Equipment Cost	\$	<u>0</u>	
Projected Construction Cost:	\$	<u>0</u>	
Projected Yearly Operating Cost:	\$	<u>1,506,000</u>	
Projected Total Cost:	\$	<u>0.00</u>	<u>1,506,000</u>

**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). All services will stay in place, no services will be added or changed.
- 2.) Whether the proposal will include the addition of any new beds. No.
- 3.) Whether the proposal will involve the conversion of beds. No
- 4.) Whether the assets and stock (if any) will be acquired. No

**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): G.S. Rao G.S. Rao

Operator(s): \_\_\_\_\_

Title/Date: 7/1/2022

SWORN to and subscribed before me, this 1<sup>st</sup> day of July, 2022.

(Seal)



Debra Lucas  
Notary Public

My Commission Expires: 7-20-2022

**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): John Keelon [Signature]

Operator(s): \_\_\_\_\_

Title/Date: 6-30-22 \_\_\_\_\_

SWORN to and subscribed before me, this 30<sup>th</sup> day of June, 2022

(Seal)



[Signature]  
Notary Public

My Commission Expires: 09/08/2025

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

Jul 05 2022

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY**NOTICE OF CHANGE OF OWNERSHIP/CONTROL**

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**Part I: Facility Information**

SHPDA ID Number: 083-S4203  
 (This can be found at [www.shpda.alabama.gov](http://www.shpda.alabama.gov), Health Care Data, ID Codes)

Name of Facility/Provider: Madison Healthcare Properties LLC Heritage  
 (ADPH Licensure Name) Assisted Living and Memory care

Physical Address: 11682 county line rd madison al

County of Location: CHOOSE ONE Madison

Number of Beds/ESRD Stations: 16

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

**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: Madison Healthcare Properties LLC Heritage  
~~Assisted Living and Memory care~~

Mailing Address: 11682 county line rd Madison AL

Operator (Entity Name): Madison Healthcare Properties LLC Heritage  
~~Assisted Living and Memory Care~~

**Part III: Acquiring Entity Information**

Name of Entity: Heritage Assisted Living and Memory Care Madison LLC

Mailing Address: 2407 redwood trail thompson station tn 37179

Operator (Entity Name): Heritage Assisted Living and Memory Care Madison LLC

Proposed Date of Transaction is on or after: 7/14/22

**Part IV: Terms of Purchase**

Monetary Value of Purchase: \$ 5,100,000

Type of Beds: Scarf

Number of Beds/ESRD Stations: 16

**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:**

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- 4.) Whether the assets and stock (if any) will be acquired. No

**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): G.S. Rao G.S. Rao

Operator(s): \_\_\_\_\_

Title/Date: 7/1/2022



SWORN to and subscribed before me, this 1<sup>st</sup> day of July, 2022.

(Seal)



Debra Lucas  
Notary Public

My Commission Expires: 7-20-2022

**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.

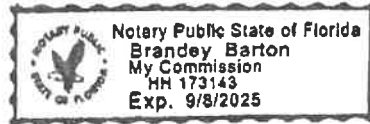
Purchaser(s): John Keelon [Signature]

Operator(s): \_\_\_\_\_

Title/Date: 6-30-22

SWORN to and subscribed before me, this 30<sup>th</sup> day of June, 2022.

(Seal)



[Signature]  
Notary Public

My Commission Expires: 09/08/2025

Author: Alva M. Lambert

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

History: New Rule

Owner - John Keaton ←

Owner - HM Nowlin ←