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July 6, 2023

*Via E-mail (shpda.online@shpda.alabama.gov)*

Hon. Emily T. Marsal  
Executive Director  
State Health Planning & Development Agency  
RSA Union Building  
100 N. Union Street - Suite 870  
Montgomery, AL 36104

Re: Change of Ownership – Providence Hospital, SHDPA ID # 097-6530630

Dear Ms. Marsal:

On behalf of USA Health HCA Providence Hospital, LLC (“Buyer”), a wholly-owned subsidiary of University of South Alabama Health Care Authority (“USA Health”), please accept this letter and the enclosed Change of Ownership (“CHOW”) form as notice of a change of ownership of Providence Hospital, located in Mobile, AL (the “Hospital”), SHPDA ID number 097-6530630. The Hospital is currently owned by Gulf Coast Health System (“Seller”). Also enclosed is a copy of the receipt from SHPDA evidencing payment of the CHOW filing fee of \$2,500.00.

Under the proposed transaction (“Transaction”), Buyer will acquire substantially all of the operating assets of the Hospital and USA Health will operate the Hospital after the closing of the Transaction. In addition, as an asset of the Buyer, Buyer intends to change the name of the Hospital to USA Health Providence Hospital. The Transaction is expected to close on or about October 1, 2023.

The Transaction will not result in the addition of any new beds or the conversion of beds, and will not result in any new services or any change in services at this time. The Hospital will continue to offer acute care hospital services after the Transaction is complete.

Hon. Emily T. Marsal  
July 6, 2023  
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Should you have any questions or need further information, please feel free to contact me at the number or address listed above. Thank you in advance for your assistance with this matter.

Sincerely yours,

HOLLAND & KNIGHT LLP



Colin H. Luke

CHL:rdl  
Attachment

cc: William Grete, General Counsel USA Health ([wgrete@health.southalabama.edu](mailto:wgrete@health.southalabama.edu))  
Sarah Hannah, VP & Assoc. Gen. Counsel, Ascension ([sarah.hannah@ascension.org](mailto:sarah.hannah@ascension.org))

## 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: 097-6530630  
(This can be found at [www.shpda.alabama.gov](http://www.shpda.alabama.gov), Health Care Data, ID Codes)

Name of Facility/Provider: Providence Hospital  
(ADPH Licensure Name)

Physical Address: 6801 Airport Boulevard

Mobile, AL 36608

County of Location: Mobile

Number of Beds/ESRD Stations: 349

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.) --- SEE ATTACHMENT 1

Owner (Entity Name) of Facility named in Part I: Gulf Coast Health System

Mailing Address: Gulf Coast Health System c/o Ascension Health  
4600 Edmundson Road, St. Louis, MO 63134 Attn: Eduardo Conrado

Operator (Entity Name): Gulf Coast Health System

### Part III: Acquiring Entity Information

Name of Entity: USA Health HCA Providence Hospital, LLC (100% ownership)

Mailing Address: 307 N. University Blvd., #140  
Mobile, AL 36688

Operator (Entity Name): University of South Alabama Health Care Authority

Proposed Date of Transaction is on or after: October 1, 2023

**Part IV: Terms of Purchase**

Monetary Value of Purchase: \$85,000,000

Type of Beds: Acute Care Hospital Beds

Number of Beds/ESRD Stations: 349

**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: No Change

Projected Total Cost: No Change

**On an Attached Sheet Please Address the Following: -- See Attachment 1**

- 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): \_\_\_\_\_

Operator(s): [Signature] \_\_\_\_\_

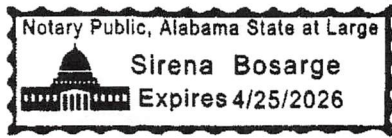
Title/Date: 6/30/2023 \_\_\_\_\_

President



SWORN to and subscribed before me, this 30<sup>th</sup> day of JUNE, 2023.

(Seal)



Sirena Bosarge  
Notary Public

My Commission Expires: 4/25/26

**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): \_\_\_\_\_

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

Title/Date: \_\_\_\_\_

SWORN to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

Author: Alva M. Lambert

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

History: New Rule

SWORN to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Seal)

Notary Public

My Commission Expires: \_\_\_\_\_

**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): USA Health HCA Providence Hospital, LLC

[Signature]

Operator(s): University of South Alabama Health Care Authority

[Signature]

Title/Date: \_\_\_\_\_

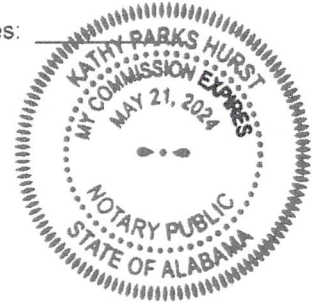
CEO 7.6.23

SWORN to and subscribed before me, this 6th day of July, 2023.

(Seal)

Notary Public

My Commission Expires: \_\_\_\_\_



Author: Alva M. Lambert

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

History: New Rule

**ATTACHMENT 1**  
**TO SHPDA NOTICE OF CHANGE OF OWNERSHIP/CONTROL**

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).**

University of South Alabama Health Care Authority (“USA Health”) was created by, and is an affiliate of, the University of South Alabama (the “University”), owner and operator of acute care hospitals in the area. USA Health is an experienced provider of health care services and will continue to offer the acute care hospital services currently offered at Providence Hospital. In addition, it is expected that Providence Hospital’s current management team, including its current administrator, will join USA Health and continue to provide services at the Hospital after the transaction closes. No new services will be added at this time as a result of the transaction.

2. **Whether the proposal will include the addition of any new beds.**

This transaction does not seek to, and will not, add any new beds.

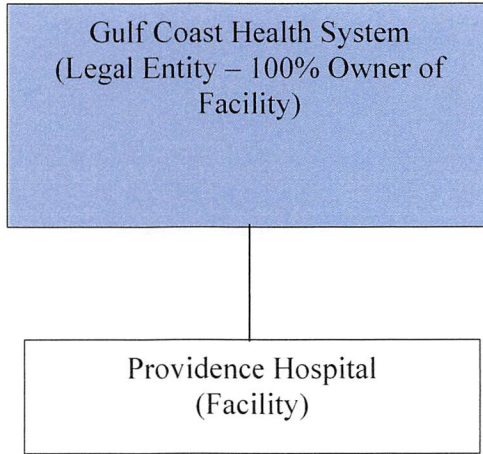
3. **Whether the proposal will involve the conversion of beds.**

This transaction does not propose to, and will not, convert any beds. All beds will continue to be operated as acute care hospital beds.

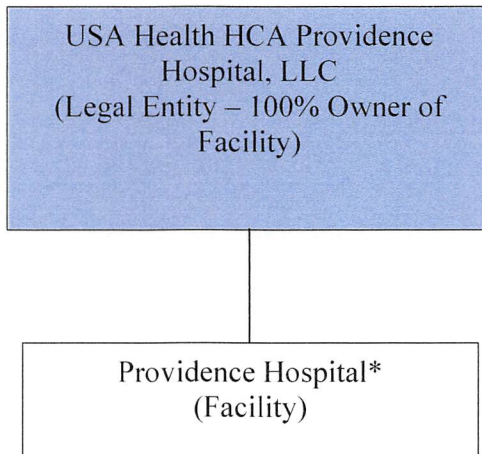
4. **Whether the assets and stock (if any) will be acquired.**

This transaction is structured as an asset purchase. The acquiring entity is acquiring the assets of Providence Hospital and is not acquiring any stock in Gulf Coast Health System.

**PRE-CLOSING**



**POST-CLOSING**



\* Post-Closing, Buyer intends to change the name of the Facility to USA Health Providence Hospital.