



Affinity
Home Hospice Services

Affinity Healthcare Services, Inc.
234 Aquarius Drive
Suite 111
Homewood, AL 35209-5867
205.949.0400

RECEIVED

NOV 26 2014

STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY

November 24, 2014

State of Alabama
State Health Planning and Development Agency
P.O. Box 303025
Montgomery, AL 36130-3025

Re: SHPDA ID no. 073-P2323 - Change of Ownership Application

Dear Sir or Madam:

Enclosed is our completed **Change of Ownership Application**, submitted per instructions confirmed with your office in a recent telephone conversation. Also enclosed is our check in the amount of \$2500.00 for payment of the transfer fee.

We have faithfully completed the application and trust that we have completed it accurately. Correspondence regarding this application should be sent to my attention at the above noted address. E-mail correspondence is welcome at k.mckenzie@affinityhomehospice.com. We seek to have our application approved as quickly as possible so please let me know if we need to do anything further to complete this process.

Sincerely,

Kevin B. McKenzie
Chairman of the Board

Enclosures (3)

CHANGE OF OWNERSHIP**RECEIVED****Part I: Purchasing Organization Information****NOV 26 2014**STATE HEALTH PLANNING
AND DEVELOPMENT AGENCYName of Organization: **Affinity Acquisitions, LLC**Facility Name:
(ADPH Licensure name) **Affinity Healthcare Services, Inc.** (Name of facility being purchased)SHPDA ID Number: **073-P2323**Address (PO Box #): **111 Blumberg Drive**City, State, Zip, County: **Dothan, AL 36303**Number/Type Licensed Beds: **None – Affinity is an in-home hospice service provider**Owner(s): **Affinity Acquisitions, LLC**Operator(s): **Ray L. Shrout – Manager
Deborah C. Oakley - Manager****Part II: Selling Organization Information**Name of Organization: **Affinity Healthcare Services, Inc.**Address (PO Box #): **234 Aquarius Drive, Suite 111**City, State, Zip, County: **Birmingham, AL 35209-5867**Number/Type Licensed Beds: **None – Affinity is an in-home hospice service provider**Owner(s): **See attached list**Operator(s): **Sandra R. McKenzie – President and CEO****Part III: Value of Consideration**Monetary Value of Purchase: **\$1,350,000.00** No./Type Beds: **Not applicable**Terms of Purchase: **Affinity Acquisitions, LLC is purchasing all of the assets of
Affinity Healthcare Services, Inc.****Part IV: List of Certificate of Need Authority**Number of Beds: **Not applicable**Types of Institutional Health Services: **In-home hospice services provider**

List Service Area by County for Home Health Agencies: **Affinity's CON covers the Alabama counties of Jefferson, St. Clair, Blount, Walker, Shelby, Bibb, Talladega and Chilton.**

On an Attached Sheet Please Address the Following:

- *1.) The financial scope of the project to include the preliminary estimate of costs broken down by equipment, construction, and yearly operating costs. **Not applicable as Affinity Acquisitions, LLC is buying an existing Alabama licensed hospice operation. No meaningful financial changes to the operation are planned.**
- *2.) The services to be offered by the proposal (the applicant will state whether he has previously offered the service and whether the service is an extension of a presently offered service, or whether the service is a new service). **Not applicable as Affinity Acquisitions, LLC is buying an existing Alabama licensed hospice operation and will continue to operate the business.**
- *3.) Whether the proposal will include the addition of any new beds. **Not applicable**
- *4.) Whether the proposal will involve the conversion of beds. **Not applicable**
- *5.) Whether the assets and stock (if any) will be acquired. **This transaction is being completed as an asset purchase agreement. No stock will be acquired.**

Part V: Certification of Information

I certify that I agree to provide the information necessary (financial, utilization of services and beds, etc.) so the new owner can have the necessary information to complete reports as necessary for the entire fiscal year. The purchaser has agreed to these terms.

Seller(s) Signature(s):

Owner(s) Sandra R. McGonigle on behalf of the shareholders)

Operator(s) Sandra R. McGonigle

Title/Date: **President and CEO** **November 24, 2013**

I certify that I will be responsible for retaining records as necessary to complete reports required for the entire fiscal year, and agree to these terms. I have enclosed a check in the amount of \$2,500.00 made payable to 'Alabama State Health Planning and Development Agency' to cover the cost of the change of ownership.

X YES ☐ NO ☐ The above Purchaser and Seller have agreed to these purchase terms.

Purchaser Signature: 

Title/Date: **Manager** **November 24, 2014**