

September 29, 2016

VIA FEDERAL EXPRESS

Mr. Alva Lambert
Executive Director
State Health Planning and Development Agency
100 North Union Street
RSA Union Building, Suite 870
Montgomery, Alabama 36130-3025

***Re: Change of Ownership: Shelby Baptist Medical Center
Facility ID Number 117-6530010***

Dear Mr. Lambert:

We respectfully submit to the State Health Planning and Development Agency (“SHPDA”) this letter as an attachment to the Notice of Change of Ownership forms that we are filing pursuant to Chapter 410-1-7-.04 of the Rules and Regulations of the Alabama Certificate of Need Program (the “Rules”). This proposed change of ownership relates to the changes of ownership approved earlier by your agency (CO2015-034 and CO2015-035), which involved Shelby Baptist Medical Center as a part of the joint venture transaction between Baptist Health System, Inc. (“Baptist”) and certain affiliates of Tenet Healthcare Corporation (“Tenet”). As you may recall, as a result of that transaction, which closed on October 2, 2015, Baptist and Tenet together own three joint venture entities – Brookwood Baptist Health 1, LLC (“BBH 1”), Brookwood Baptist Health 2, LLC (“BBH2”), and Brookwood Baptist Health 3, LLC (“BBH3”) – each joint venture entity is the sole member of certain limited liability companies that are the legal entities for the operations of the health care providers encompassed in the transaction. Tenet owns 60% of the equity and Baptist owns 40% of the equity; each has equal representation on the each of the three boards.

I. Facts

Shelby Baptist Medical Center consists of 252 hospital beds, and is located at 1000 First Street North, Alabaster, AL 35007. As originally contemplated and filed with SHPDA on August 26, 2015, ownership of Shelby Baptist Medical Center would have passed from Baptist Health System, Inc., d/b/a Shelby Baptist Medical Center to The Medical Clinic Board of the City of Alabaster-General (the “Medical Clinic Board”), which would have immediately leased the hospital to BBH SBMC, LLC; the sole owner and member of BBH SBMC, LLC, as noted above, is BBH2.

However, on September 22, 2015, we notified your agency that the business operation model of the transaction would be changed to allow the transaction to proceed directly from Baptist to BBH SBMC, LLC, reflecting that the intervening transfer to the Medical Clinic Board and the contemporaneous lease to BBH SBMC, LLC did not occur prior to the closing of the transaction as contemplated.

Subsequent to the closing and as of September 30, 2016, the necessary arrangements with location governmental bodies are now in place and the transaction is now regard to proceed. Pursuant to a deed and bill of sale and as our applications indicate, transfer of the hospital will be made to the Medical Clinic Board, and subsequently leased back to the operating entity, BBH SBMC, LLC.

II. SHPDA Requirements for Change of Ownership

With regard to the questions posed in the Change of Ownership Applications, please note the following:

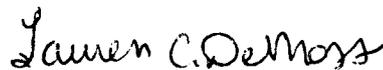
1. The Financial Scope of the Project. The transaction between Tenet and Baptist has been completed. This contemplated transaction will include fair market consideration in the form of payments to the governmental entity in lieu of certain taxes.
2. Services to be Offered. The contemplated transaction will not result in the offering of any new or additional services to those already being provided.
3. Addition of Any New Beds. The contemplated transaction will not result in the addition of any new beds.
4. Conversion of Any Beds. The contemplated transaction will not result in the conversion of any beds.
5. Whether the Assets and Stock (if any) will be Acquired. As described above, assets relating to the hospital will be acquired by the Medical Clinic Board and leased back to the operating LLC.

III. Requested Action

Based upon the above description of the proposed transaction and a showing that there will be no change in health services, conversion of beds, or increase or decrease in bed capacity, we respectfully request that you exercise your authority under Chapter 410-1-7-.04(2) of the Rules and determine that a Certificate of Need is not required for the consummation of this proposed transaction. In accordance with the Rules, I am enclosing with this request payment for this application in the amount of \$5,000 made payable to the State Health Planning and Development Agency.

Should you have any questions or need further information, please feel free to contact me at the number shown above. Thank you for your assistance with this matter.

Sincerely,



Lauren C. DeMoss

Enclosure

CHANGE OF OWNERSHIP

Part I: Purchasing Organization Information

Name of Organization: **The Medical Clinic Board of the City of Alabaster - General**
Facility Name:
(ADPH Licensure name) **Shelby Baptist Medical Center (Current Licensed Entity)**

SHPDA ID Number: **117-6530010**

Address (PO Box #): **1000 First Street North**

City, State, Zip, County: **Alabaster, Alabama 35007**

Number/Type Licensed Beds: **252**

Owner(s): **N/A**

Operator(s): **BBH SBMC, LLC**

Part II: Selling Organization Information

Name of Organization: **BBH SBMC, LLC d/b/a Shelby Baptist Medical Center**

Address (PO Box #): **1000 First Street North**

City, State, Zip, County: **Alabaster, Alabama 35007**

Number/Type Licensed Beds: **252**

Owner(s): **Brookwood Baptist Health 2, LLC**

Operator(s): **BBH SBMC, LLC**

Part III: Value of Consideration

Monetary Value of Purchase: **Available Upon Request** No./Type Beds: **252**
Terms of Purchase: **See Attached Cover Letter**

Part IV: List of Certificate of Need Authority

Number of Beds: **252**

Types of Institutional Health Services: **Hospital**

List Service Area by County for Home Health Agencies: **N/A**

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.
- *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).
- *3.) Whether the proposal will include the addition of any new beds.
- *4.) Whether the proposal will involve the conversion of beds.
- *5.) Whether the assets and stock (if any) 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): Angus D Jelut _____

Operator(s): _____

Title/Date: COO 9-23-16 _____

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** 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: Joseph E. Walden _____

Title/Date: Chairman 9-28-16 _____

CHANGE OF OWNERSHIP

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Name of Organization: **BBH SBMC, LLC**

Facility Name:
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Part V: Certification of Information

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Seller(s) Signature(s): Joseph E. Walden
 Owner(s): _____
 Operator(s): _____
 Title/Date: Chairman 9-28-16

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 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: Myron D. J. White
 Title/Date: COO 9-28-16