

CHANGE OF OWNERSHIP**RECEIVED**

NOV 21 2016

STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY**Part I: Purchasing Organization Information**

Name of Organization: National Health Industries, Inc.

Facility Name: Gadsden Home Care Services, LLC d/b/a/
(ADPH Licensure name) Gadsden Regional Home Health

SHPDA ID Number: 055-H7155

Address (PO Box #): 301 South 4th Street

City, State, Zip, County: Gadsden, AL 35901

Number/Type Licensed Beds: Home Health Agency

Owner(s):

Operator(s):

Part II: Selling Organization Information

Name of Organization: Community Health United Home Care, LLC

Address (PO Box #): 4000 Meridian Blvd.

City, State, Zip, County: Franklin, TN 37067-6325

Number/Type Licensed Beds: n/a

Owner(s): Community Health United Home Care, LLC

Operator(s): Community Health United Home Care, LLC

Part III: Value of Consideration

Monetary Value of Purchase: \$ _____ No./Type Beds: N/A

Terms of Purchase: See Attached Letter

(add more pages as necessary to describe the sale)

Part IV: List of Certificate of Need Authority

Number of Beds: n/a

Types of Institutional Health Services: Home Health

List Service Area by County for Home Health Agencies: Services

area: Etowah County (CON), Blount (contiguous), Calhoun (contiguous), Cherokee (contiguous), DeKalb (contiguous), Marshall (contiguous), St. Clair (contiguous).

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): N/A

Operator(s): _____

Title/Date: _____

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.

☒ YES ☐ NO

The above Purchaser and Seller have agreed to these purchase terms.

Purchaser Signature: _____

James A. Dietz
ATTORNEYJAMES A. DIETZ

Title/Date: _____

11-14-16