

**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: 013-6530500  
(This can be found at [www.shpda.alabama.gov](http://www.shpda.alabama.gov), Health Care Data, ID Codes)

Name of Facility/Provider: L. V. Stabler Memorial Hospital  
(ADPH Licensure Name)

Physical Address: 29 L.V. Stabler Drive  
Greenville, Alabama 36037

County of Location: Butler County

Number of Beds/ESRD Stations: 72 beds

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: Greenville Hospital Corporation

Mailing Address: 1573 Mallory Lane, Suite 100  
Brentwood, TN 37027

Operator (Entity Name): Greenville Hospital Corporation

**Part III: Acquiring Entity Information**

Name of Entity: The Health Care Authority of the City of Greenville – L.V. Stabler Hospital

Mailing Address: P.O. Box 158

Greenville, AL 36067

Operator (Entity Name): The Health Care Authority of the City of Greenville – L.V. Stabler Hospital

Proposed Date of Transaction is on or after: October 31, 2017

**Part IV: Terms of Purchase**

Monetary Value of Purchase: See attached letter.

Type of Beds: acute care beds, geriatric inpatient psychiatric beds

Number of Beds/ESRD Stations: 72 licensed beds (59 general acute care beds and 13 geriatric inpatient psychiatric beds)

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

See attached letter.

Projected Equipment Cost: \$ \_\_\_\_\_

Projected Construction Cost: \$ \_\_\_\_\_

Projected Yearly Operating Cost: \$ \_\_\_\_\_

Projected Total Cost: \$ \_\_\_\_\_

**On an Attached Sheet Please Address the Following:**

- 1.) The services to be offered by the proposal
- 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): Kenneth F. King 

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

Title/Date: Senior Vice President, Greenville Clinic Corporation Date: 09/26/2017

SWORN to and subscribed before me, this 26<sup>th</sup> day of September, 2017.

(Seal)



A-84

Rochelle D Payne  
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): Dexter McLendon \_\_\_\_\_

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

Title/Date: Chairman, The Health Care Authority Date: \_\_\_\_\_  
of The City of Greenville – L. V. Stabler Hospital

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

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

(Seal)

A-84

\_\_\_\_\_  
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): Dexter McLendon

*[Handwritten Signature]*  
\_\_\_\_\_

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

Title/Date: Chairman, The Health Care Authority Date: 9-26-17  
of The City of Greenville – L. V. Stabler Hospital

SWORN to and subscribed before me, this 26<sup>th</sup> day of September, 2017.

(Seal)



*Karen W. Fail*  
\_\_\_\_\_  
Notary Public

My Commission Expires: 2-4-18

Author: Alva M. Lambert

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

September 28, 2017

**Via Electronic Filing**

Mr. Alva M. Lambert  
Executive Director  
State Health Planning & Development Agency  
100 North Union Street  
Suite 870  
Montgomery, Alabama 36104

**Re: Notice of Proposed Change in Ownership of L. V. Stabler Memorial Hospital  
(SHPDA ID 013-6530500)**

Dear Mr. Lambert:

On behalf of Greenville Hospital Corporation, we respectfully submit to the State Health Planning and Development Agency (“SHPDA”) this letter and Exhibit A as an attachment to the Notice of Change of Ownership form that we are filing pursuant to Chapter 410-1-7-.04, Rules and Regulations of the Alabama Certificate of Need Program (the “Rules”). The proposed change of ownership involves the purchase by The Health Care Authority of the City of Greenville – L.V. Stabler Hospital (the “Buyer”) of the operating assets of The L.V. Stabler Memorial Hospital (the “Facility”), a 72-bed general acute care hospital in Greenville, Butler County, from Greenville Hospital Corporation (the “Seller”). The following summarizes the transaction proposed to take place on or about October 31, 2017 (the “Proposed Transaction”), and addresses SHPDA requirements for a change of ownership.

**SHPDA Requirements for Changes of Ownership**

In answer to the specific questions posed in the Change of Ownership Application, please note the following:

1. The Financial Scope of the Project. The financial scope of the project will encompass the fair market value payment that Buyer will make to Seller as consideration for the transfer of the Facility and related assets. The fair market value payment involved in the Proposed Transaction does not reflect new costs exceeding the following expenditure thresholds: (i) \$2,981,520 for major medical equipment; (ii) \$1,192,607 for new annual operating costs; and (iii) \$5,963,039 for capital expenditures.
2. Services to be Offered. The proposed transaction will not result in any new or additional services to those already authorized to be provided by the Facility.
3. Whether the Proposal Will Include the Addition of Any New Beds. The Proposed Transaction will not result in the addition of new beds.

Mr. Alva Lambert  
Re: SHPDA ID 013-6530500  
September 28, 2017  
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4. Whether the Proposal Will Involve the Conversion of Beds. The Proposed Transaction will not result in the conversion of beds.

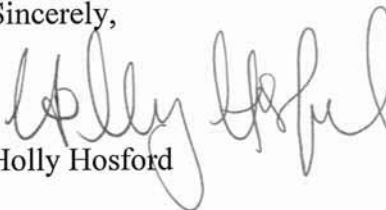
5. Whether the Assets and Stock (if any) Will be Acquired. As described more particularly above, Buyer will acquire the Facility operating assets from Seller.

**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, a check in the amount of \$2,500.00 made payable to the Alabama State Health Planning and Development Agency has been sent to the Agency via Federal Express.

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,



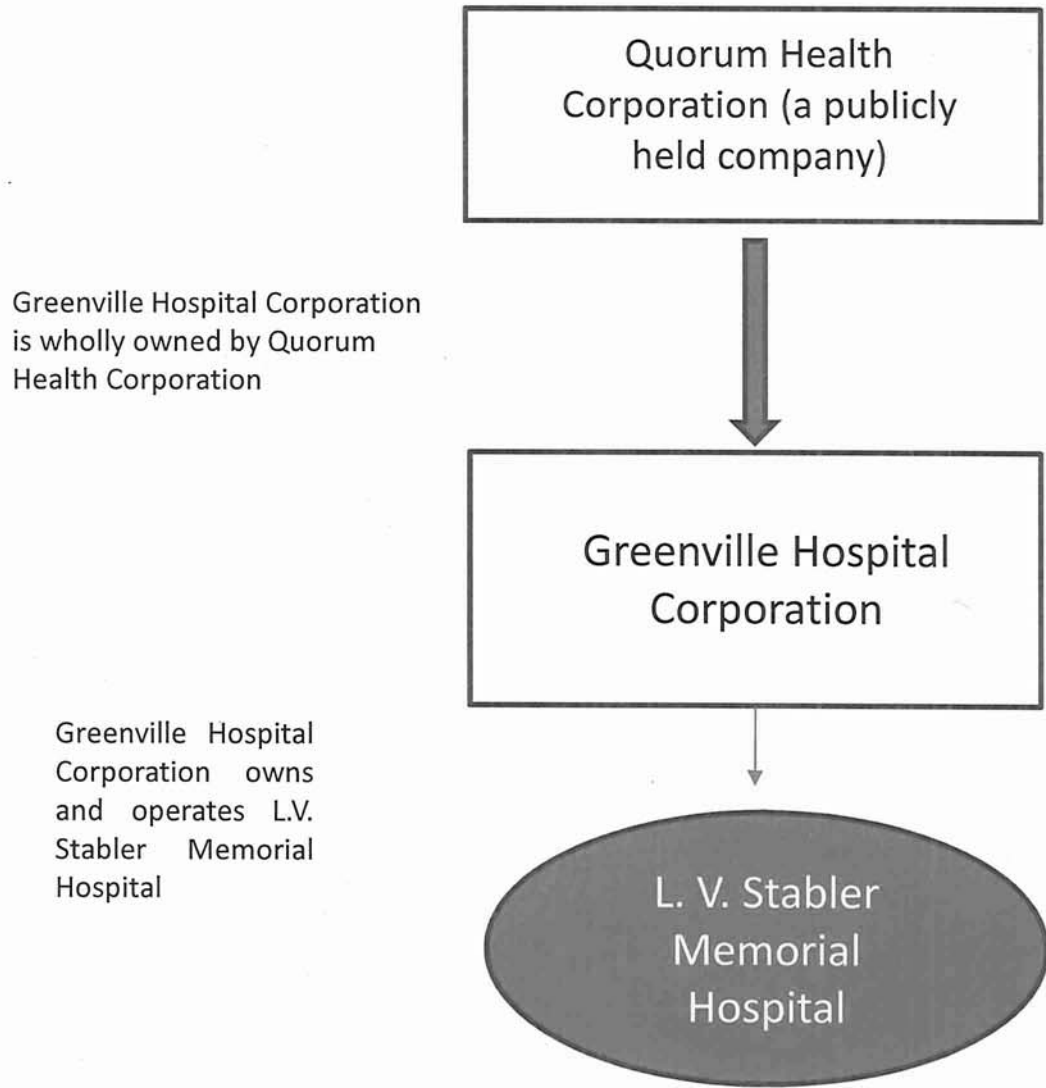
Holly Hosford

HSH/mgd

**Exhibit A**

**Organizational Charts**

## Pre-Closing Ownership and Control





## Post-Closing Ownership and Control

