

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 101-H7067
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider Intrepid USA Healthcare Services
(ADPH Licensure Name)

Physical Address 4141 Wall Street
Montgomery, AL 36106

County of Location MONTGOMERY

Number of Beds/ESRD Stations 0

CON Authorized Service Area (Home Health and Hospice Providers Only) Attach additional pages if necessary. Autauga, Bullock, Crenshaw, Elmore Lowndes, Macon, Montgomery, Pike

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 Intrepid USA Healthcare Services

Mailing Address 3220 Keller Springs Road, Suite 108
Carrollton, TX 75006

Operator (Entity Name) Intrepid USA Healthcare Services

Part III: Acquiring Entity Information

Name of Entity ProHealth HH-MGM, LLC

Mailing Address 717 37th Street South
Birmingham, AL 35222

Operator (Entity Name): ProHealth Home Health-Montgomery

Proposed Date of Transaction is on or after: 06/01/2019

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ Fair Market Value

Type of Beds: N/A

Number of Beds/ESRD Stations: 0

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

Projected Equipment Cost: \$ 10,000.00

Projected Construction Cost: \$ 0.00

Projected Yearly Operating Cost: \$ 500,000.00

Projected Total Cost: \$ 510,000.00

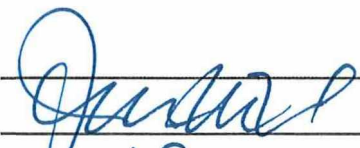
On an Attached Sheet Please Address the Following:

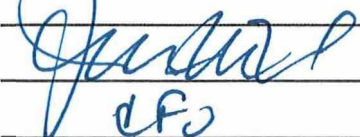
- 1.) The services to be offered by the proposal (the applicant will state whether he has previously offered the service, whether the service is an extension of a presently offered service, or whether the service is a new service).
- 2.) Whether the proposal will include the addition of any new beds.
- 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):  _____

Title/Date: dfj _____

5.20.19

SWORN to and subscribed before me, this 20th day of May, 2019.



Kristy Steger
 Notary Public
 My Commission Expires 7-16-19

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

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): _____

Title/Date: _____

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): DALE David A. Lester

Operator(s): _____

Title/Date: CEO _____

SWORN to and subscribed before me, this 3rd day of June, 2019.

(Seal)  Terra Rickles
Notary Public
My Commission Expires: 06/22/2019

Author: Alva M. Lambert
Statutory Authority: § 22-21-271(c), Code of Alabama, 1975
History: New Rule