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CO2023-002 RECEIVED

Nov 30 2022

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

Justin K. Brown justin.brown@bassberry.com +1 (615) 742-7725

November 30, 2022

via Electronic Filing (shpda.online@shpda.alabama.gov)

Emily Marsal, Esq.
Executive Director
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

Re: Cutaneous Oncology & Surgery Center, LLC d/b/a SmoothRock Surgery Center

(SHPDA ID 073-U3714) - Corrected Notice of Change of Ownership/Control

Dear Ms. Marsal:

We respectfully submit this letter and corrected Notice of Change of Ownership/Control form (attached as Attachment A) in connection with a proposed transaction involving a change of control in Cutaneous Oncology & Surgery Center, LLC, an Alabama limited liability company (the "CON Holder"), which holds a certificate of need ("CON") to operate, and which operates, an ambulatory surgery center located in Jefferson County at 1940 Stonegate Drive, Suite 140, Vestavia Hills, Alabama (the "ASC"). This letter and the attached Notice of Change of Ownership/Control form correct the letter and Notice of Change of Ownership/Control form that were previously submitted on November 22, 2022.

I. Overview

Under the proposed transaction, Pinnacle Dermatology Management, LLC, a Delaware limited liability company (the "<u>Purchaser</u>"), would acquire 100% of the outstanding equity interest in the CON Holder from Christopher Harmon, M.D. (the "<u>Seller</u>"), who currently owns such interest. Attachment B includes ownership charts of the CON Holder before and after the proposed transaction.

As depicted in these ownership charts, the CON Holder will remain the same before and after the proposed transaction. As a result, we understand that consummation of the proposed transaction would not constitute a "transfer, assignment, or conversion" of the CON under the Rules and Regulations of the Alabama Certificate of Need Program, Rule 410-1-11-.09. The CON Holder's employer identification number (EIN) / tax identification number will remain the same.

Subject to a determination by the Alabama State Health Planning and Development Agency ("SHPDA"), in accordance with the Rules and Regulations of the Alabama Certificate of Need Program, Rule 410-1-7-.04(2), that a CON is not required to consummate the proposed transaction, the parties intend to close the transaction on December 16, 2022 (or as soon as possible thereafter).

II. Financial Scope

Under the proposed transaction, the Purchaser will acquire 100% of the equity interest in the CON Holder from Seller, in exchange for a price set at fair market value, to be determined prior to the closing of the

transaction. The proposed transaction will not involve the purchase of any new equipment, new operating costs, or other capital expenditures in excess of the spending thresholds of \$3,241,543 for new equipment, \$1,296,615 for new operating costs, or \$6,483,085 for capital expenditures.

III. Notice of Change of Ownership/Control Form Additional Questions

In accordance with the Notice of Change of Ownership/Control form, we provide the following additional information:

- 1. <u>Services offered</u>. The proposed transaction will not result in any new or additional services not already authorized and offered by the ASC.
- 2. New beds. The ASC has currently no beds, and the proposed transaction will not result in the addition of beds.
- 3. <u>Conversion of beds</u>. Likewise, the proposed transaction will not result in the conversion of beds.
- 4. <u>Acquisition of assets or stock</u>. As described above, the proposed transaction involves the transfer of 100% of the equity interest in the CON Holder from the Seller to the Purchaser.

IV. Requested Action

Based on the foregoing, including that the proposed transaction will not constitute a "transfer, assignment, or conversion" of the CON, and will not result in a change in health service, expenditures in excess of the respective thresholds, or any other circumstances that would require issuance of a certificate of need, we respectfully request that you exercise your authority under Rule 410-1-7-.04(2) to determine that a certificate of need is not required to consummate the proposed transaction. In accordance with SHPDA's rules, a check for \$2,500 has been delivered to SHPDA.

If you have any questions or need further information, please contact me at by telephone at (615) 742-7725, by email at justin.brown@bassberry.com, or by mail at address listed above. Thank you for your assistance with this matter.

Sincerely,

Justin K. Brown

Enc.

Cc: Colin Luke, via email (colin.luke@wallerlaw.com)

Chris Thompson, via email (chris.thompson@wallerlaw.com)

ATTACHMENT A:

Notice of Change of Ownership/Control Form

See attached.

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.

O Change in Certificate of Need Hold	
O Change in Facility Management (F Any transaction other than those above	acility Operator) e-described requires an application for a Certificate of Need.
Part I: Facility Information	
SHPDA ID Number: (This can be found at www.shpda.alabama.gov , I	073-U3714
	Health Care Data, ID Codes) SmoothRock Surgery Center
Name of Facility/Provider: (ADPH Licensure Name)	
Physical Address:	1940 Stonegate Drive, Suite 140
	Vestavia Hills, AL 35242
County of Location:	JEFFERSON
Number of Beds/ESRD Stations:	0
CON Authorized Service Area (Home F pages if necessaryn/a	Health and Hospice Providers Only). Attach additional
Part II: Current Authority (No ownership or control, as defined unde charts outlining current and proposed s	te: If this transaction will result in a change in direct r ALA. CODE § 22-20-271(e), please attach organizational tructures.)
Owner (Entity Name) of Facility named in Part I:	Cutaneous Oncology & Surgery Center, LLC
Mailing Address:	1040 Stonegate Drive, Suite 140
· ·	Vestavia Hills, AL 35242
Operator (Entity Name):	Cutaneous Oncology & Surgery Center, LLC
Part III: Acquiring Entity Inform	nation
Name of Entity:	Cutaneous Oncology & Surgery Center, LLC
Mailing Address:	1040 Stonegate Drive, Suite 140
	Vestavia Hills, AL 35242

	Operator (Entity Name):	Cutaneous Oncology & Surgery Center, LLC	
	Proposed Date of Transaction is on or after:	12/16/2022	
	Part IV: Terms of Purchase		
	Monetary Value of Purchase:	\$ Please see attached letter.	
	Type of Beds:	n/a	
	Number of Beds/ESRD Stations:	0	
	Financial Scope: to Include Prelimina Construction, and Yearly Operating Cos	ary Estimate of the Cost Broken Down by Equipment, st:	
	Projected Equipment Cost:	\$ 0.00	
	Projected Construction Cost:	\$ 0.00	
	Projected Yearly Operating Cost:	\$ 0.00	
	Projected Total Cost:	\$ <u>0.00</u>	
Pleas	e see attached letter.		
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 Informat	tion	
	Current Authority Signature(s):		
	The information contained in this notificate belief.	ation is true and correct to the best of my knowledge and	
	Owner(s):	Christopher B. Harmon, M.D.	
	Operator(s):	Christopher B. Harmon, M.D.	
	Title/Date: Anthonized Mem	ber 11/30/22 Authorized Member, 11/30/2022	

SWORN to and subscribed before me, this 30th day of November Notary Public, Alabama State at L. Notary Public

Karen Vaughn La Notary Public (Seal) Expires 8/10/202 My Commission Expires: 8/10/2026 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. ADMN. CODE r. 410-1-3-.12. The information contained in this notification is true and correct to the best of my knowledge and belief. Christopher B. Harmon, M.D. Purchaser(s): Operator(s): Christopher B. Harmon, M.D. Authorized Member 11/30/2002 Authorized member 11/30/20 Title/Date: SWORN to and subscribed before me, this 30 day of November Karen Vaughan Salu
Notary Public

My Commission Expires: 8/10/2006 Notary Public, Alabama State at Large Karen Vaughn Lake Expires 8/10/2026

Author: Alva M. Lambert

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

History: New Rule

ATTACHMENT B:

Ownership Charts: Before and After the Proposed Transaction

