



FILE: [shpda.online@shpda.alabama.gov](mailto:shpda.online@shpda.alabama.gov)

May 11, 2023

Ms. Emily T. Marsal, Executive Director  
State Health Planning and Development Agency  
100 North Union Street, Suite 870  
Montgomery, AL 36532

RE: Thomas Hospital ASC  
Change of Ownership (CHOW)

Dear Ms. Marsal:

In accordance with the Alabama Certificate of Need Rules and Regulations, 410-1-7-.04 Notice of Change of Ownership, please see attached NOTICE OF CHANGE OF OWNERSHIP/CONTROL and supporting information:

**Part IV: Terms of Purchase**

Monetary Value of Purchase: Fair Market Value

**Financial Scope:** Preliminary Estimates will not exceed:

Projected Equipment Cost:	\$3,241,543.00
Projected Construction Cost:	\$6,483,085.00
Projected First Year Operating Cost:	\$1,296,615.00

Projected Total Cost: \$0

- The proposed transaction will not result in any new or additional services to those already authorized. Infirmary ASC - Fairhope, LLC, is a newly formed entity
- The proposed transaction will not include the addition of any new beds.
- The proposed transaction will not involve the conversion of beds.
- Infirmary ASC - Fairhope LLC, will acquire the facility assets; however the proposed transaction does not involve the acquisition of stock.



The reviewability determination fee of \$2,500 is being submitted electronically through the SHPDA Payment Portal. If you have any questions or need any additional information, please contact me.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Stephen D. Preston', is displayed within a light blue rectangular box.

Stephen D. Preston

# 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: 003-U0201  
 (This can be found at [www.shpda.alabama.gov](http://www.shpda.alabama.gov), Health Care Data, ID Codes)

Name of Facility/Provider: Thomas Hospital Ambulatory Surgery Center  
 (ADPH Licensure Name)

Physical Address: 411 N. Section Street  
Fairhope, Alabama 36532

County of Location: BALDWIN 

Number of Beds/ESRD Stations: 0

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: Gulf Health Hospitals, Inc., d/b/a Thomas Hospital

Mailing Address: 750 Morphy Avenue  
Fairhope, Alabama 36532

Operator (Entity Name): Gulf Health Hospitals, Inc., d/b/a Thomas Hospital

## Part III: Acquiring Entity Information

Name of Entity: Infirmiry ASC - Fairhope, LLC

Mailing Address: 411 N. Section Street  
Fairhope, Alabama 36532

Operator (Entity Name): Infirmiry ASC - Fairhope, LLC

Proposed Date of Transaction is on or after: 05/31/2023

**Part IV: Terms of Purchase**

Monetary Value of Purchase: \$ \_\_\_\_\_

Type of Beds: ASC

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: \$ \_\_\_\_\_

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

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

Projected Total Cost: \$ 0.00

**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.

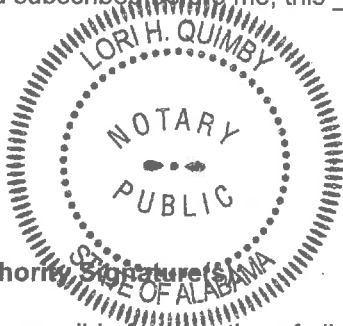
Owner(s):  D. Mark Niy \_\_\_\_\_

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

Title/Date: President: CEO 5/11/2023 \_\_\_\_\_

SWORN to and subscribed before me, this 11<sup>th</sup> day of May, 2023.

(Seal)



Lori H. Quimby  
Notary Public

My Commission Expires: 5/9/2027

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 5 410-1-3-.12. The information contained in this notification is true and correct to the best of my knowledge and belief.

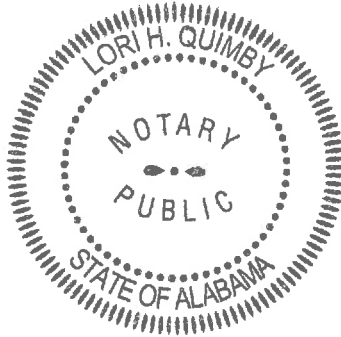
Purchaser(s):  \_\_\_\_\_

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

Title/Date: Vice President 5/11/2023

SWORN to and subscribed before me, this 11<sup>th</sup> day of May, 2023.

(Seal)



Lori H. Quimby  
Notary Public

My Commission Expires: 5/9/2027

Author: Alva M. Lambert

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

History: New Rule