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Stephanie DeGennaro
Attorney at Law
sdegennaro@mwe.com
+1 305 329 4493

August 24, 2023

CO2023-022
RECEIVED

Aug 24 2023

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

VIA EMAIL shpda.online@shpda.alabama.gov
State Health Planning and Development Agency
Attn: Ms. Emily Marsal, Executive Director
RSA Union Building
100 North Union Street, Ste. 870
Montgomery, Alabama 36104

RE: Notice of Reportable Changes of Sunrise Skin Cancer Surgery Center (AL2015-029, CON 2726-ASC)

Dear Ms. Marsal,

In response to your letter dated August 16, 2023 regarding Sunrise Skin Cancer Surgery Center, LLC d/b/a Sunrise Skin Cancer Surgery Center Change of Ownership/Control filing (CO2023-022; SHPDA ID 097-U4909), and pursuant to our conversations with Ms. Norman, please find enclosed with this cover letter revised pages to the Change of Ownership/Control Filing, correcting (a) the zip code for the facility and Current Authority and (b) the Acquiring Entity Information. We have also enclosed a corrected pre- and post-closing organizational chart.

Please note, there is no change in the proposed transaction structure described in the original cover letter. As reflected on the included organizational chart, prior to the closing, Sunrise Skin Cancer Surgery Center, an ambulatory surgery center with SHPDA ID 097-U4909 (the "ASC"), is wholly owned by Sunrise Skin Cancer Surgery Center, LLC ("SSCSC, LLC"), which in turn is wholly owned by Dr. Scott Freeman. The transaction entails Dr. Freeman transferring his 100% ownership interest in SSCSC, LLC to Aqua Dermatology Management, LLC ("Aqua"). After the closing of the transaction, the ASC will continue to be wholly-owned by SSCSC, LLC, but SSCSC, LLC will be wholly-owned by Aqua.

Should you have any questions or need any additional information, please do not hesitate to contact me at sdegennaro@mwe.com or 305.329.4493.

Sincerely,

DocuSigned by:
Stephanie DeGennaro
sdegennaro@mwe.com

Stephanie DeGennaro

Enclosures:
Notice of Change of Ownership/Control Form
Pre- and Post-Closing Organization Chart

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: 097-U4909

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

Name of Facility/Provider:
(ADPH Licensure Name) Sunrise Skin Cancer Surgery Center

Physical Address: 70 Midtown Park East, Mobile, AL 36606

County of Location: Mobile

Number of Beds/ESRD Stations: N/A

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. N/A

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: Sunrise Skin Cancer Surgery Center, LLC

Mailing Address: 70 Midtown Park East, Mobile, AL 36606

Operator (Entity Name): Sunrise Skin Cancer Surgery Center, LLC

Part III: Acquiring Entity Information

Name of Entity: Sunrise Skin Cancer Surgery Center, LLC

Mailing Address: 70 Midtown Park East, Mobile, AL 36606

Operator (Entity Name): Sunrise Skin Cancer Surgery Center, LLC

Proposed Date of Transaction is on or after: September 1, 2023

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ 3,750,000

Type of Beds: N/A (ASC)

Number of Beds/ESRD Stations: N/A

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

Projected Equipment Cost: \$ No increase expected

Projected Construction Cost: \$ No increase expected

Projected Yearly Operating Cost: \$ No increase expected

Projected Total Cost: \$ No increase expected

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

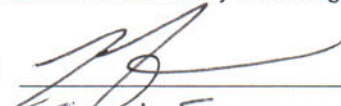
Current Authority Signature(s):

The information contained in this notification is true and correct to the best of my knowledge and belief.

Owner(s): Sunrise Skin Cancer Surgery Center, LLC

Operator(s): Sunrise Skin Cancer Surgery Center, LLC

Title/Date: Each by Scott Freeman, M.D., as owner and authorized signatory



Scott Freeman, MD

August 24, 2023

SWORN to and subscribed before me, this 24 day of August, 2023.

(Seal)

Valerie Corlett
Notary Public

My Commission Expires: 6/22/2024

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): Sunrise Skin Cancer Surgery Center, LLC* (*signed on behalf of Aqua Dermatology Management, LLC, which will be the sole member of Sunrise Skin Cancer Surgery Center, LLC after the closing of the transaction.)
Operator(s): Sunrise Skin Cancer Surgery Center, LLC*

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

SWORN to and subscribed before me, this _____ day of _____, _____.

(Seal)

Notary Public

My Commission Expires: _____

Acquiring Authority Signature(s):

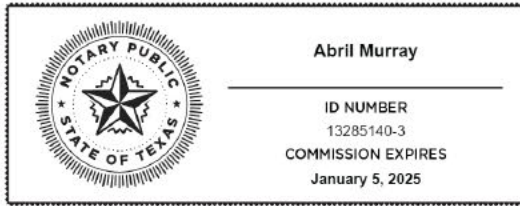
I agree to be responsible for reporting of all services provided during the current annual reporting period, as specified in ALA. ADMIN. CODE r. 410-1-3-.12. The information contained in this notification is true and correct to the best of my knowledge and belief.

Purchaser(s): Sunrise Skin Cancer Surgery Center, LLC* (*signed on behalf of Aqua Dermatology Management, LLC, which will be the sole member of Sunrise Skin Cancer Surgery Center, LLC after the closing of the transaction.)
Operator(s): Sunrise Skin Cancer Surgery Center, LLC*

Title/Date: Lawrence Kraska, CEO 08/24/2023

SWORN to and subscribed before me, this 24th day of August, 2023.

(Seal)



Abril Murray
Notary Public

My Commission Expires: 01/05/2025

Notarized online using audio-video communication

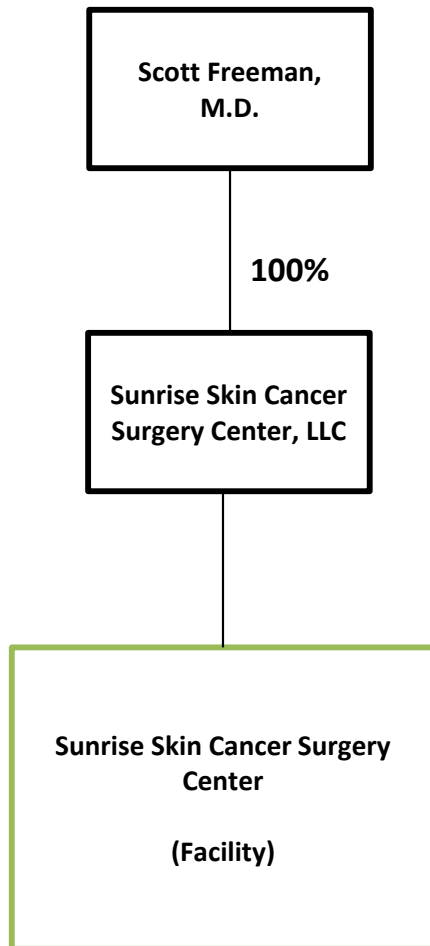
Author: Alva M. Lambert

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

History: New Rule

Pre- and Post-Closing Ownership

Current Ownership



Post-Transaction Ownership

