

Mazie Bryant
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205.521.8011



June 5, 2025

CO2025-025

RECEIVED

Jun 05 2025

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

Via Email (shpda.online@shpda.alabama.gov)

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

RE: Change in Ownership – Fresenius Metro Huntsville (CON 3066-ESRD)

Dear Ms. Marsal:

On behalf of Fresenius Medical Care Metro Huntsville, LLC (the “Applicant”), we respectfully submit to the State Health Planning & Development Agency (“SHPDA”) the Notice of Change of Ownership/Control Application (the “Application”), enclosed herein as **Exhibit A**, for the above-referenced certificate of need-authorized end stage renal disease (“ESRD”) facility located at 2317 Memorial Parkway SW, Suite 105, Huntsville, AL 35801 (the “Facility”). As required by the Application, we submit the following information regarding this transfer:

I. Overview of Proposed Transfer

The proposed change of ownership is an internal transfer in which Fresenius Medical Care Madison Home, LLC (“Seller”), an affiliate entity of and under common upstream ownership as Applicant, will transfer the assets of the Facility to Applicant. Both Applicant and Seller are entities affiliated with Fresenius. The transfer is anticipated to take place as soon as approval is received from the State Health Planning and Development Agency. No other changes to the Facility are expected as a result of this transfer.

II. SHPDA Requirements for Change of Ownership

Concerning the questions posed in the Change of Ownership Application, please note the following:

1. **The Financial Scope of the Project.** The transfer involves a change of ownership of one hundred percent (100%) assets in the Facility. The transfer does not involve new costs associated with the Facility exceeding the following expenditure thresholds: (i) \$3,379,066 for major medical equipment; (ii) \$1,350,305 for new annual operating costs; and (iii) \$6,751,537 for capital expenditures.

2. Services to be Offered. The contemplated transfer 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 contemplated transfer will not result in the addition of new beds.

4. Whether the Proposal will Involve the Conversion of Beds. The contemplated transfer will not result in the conversion of beds.

5. Whether the Assets and Stock (if any) will be acquired. As described more particularly above, the Facility's assets will be transferred to Applicant.

III. Requested Action

Based upon the above description of the proposed transfer 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 transfer.

Thank you in advance for your assistance with this matter. Please note that we will submit the filing fee associated with this Application via electronic payment portal. Please contact me at mbryant@bradley.com or 205.521.8011 if you have any questions or need additional information or documentation to process this request.

Best regards,

A handwritten signature in black ink that reads "Mazie Bryant". The signature is written in a cursive, flowing style.

Mazie Bryant

EXHIBIT A

Notice of Change of Ownership/Control

CO2025-025

Jun 05 2025

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY**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: N/A
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Fresenius Metro Huntsville
(ADPH Licensure Name)

Physical Address: 2317 Memorial Parkway SW, Suite 105
Huntsville, AL 35801

County of Location: MADISON

Number of Beds/ESRD Stations: 12

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: Fresenius Medical Care Madison Home, LLC

Mailing Address: 920 Winter Street
Waltham, MA 02451

Operator (Entity Name): N/A

Part III: Acquiring Entity Information

Name of Entity: Fresenius Medical Care Metro Huntsville, LLC

Mailing Address: 920 Winter Street
Waltham, MA 02451

Operator (Entity Name):

N/A

Proposed Date of Transaction is
on or after:

As soon as approved by SHPDA

Part IV: Terms of Purchase

Monetary Value of Purchase:

\$ 0.00

Type of Beds:

ESRD

Number of Beds/ESRD Stations:

12

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

Projected Equipment Cost: \$ 0.00

Projected Construction Cost: \$ 0.00

Projected Yearly Operating Cost: \$ 0.00

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):



Operator(s):

Title/Date:

Regional Vice President

6/4/25

SWORN to and subscribed before me, this 4th day of June, 2025.

(Seal)

MARY KAY HILL
Notary Public, Alabama State at Large
My Commission Expires March 31, 2027

Mary Kay Hill
Notary Public

My Commission Expires: 3-31-27**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):

Gary Johnson

Operator(s):

Title/Date:

Regional Vice President

6/4/25

SWORN to and subscribed before me, this 4th day of June, 2025.

(Seal)

MARY KAY HILL
Notary Public, Alabama State at Large
My Commission Expires March 31, 2027

Mary Kay Hill
Notary Public

My Commission Expires: 3-31-27

Author: Alva M. Lambert

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

History: New Rule