



NORTH AMERICA SOUTH AMERICA EUROPE ASIA

CO2026-001
RECEIVED
Oct 02 2025
STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

BANEE PACHUCA
Partner
(713) 651-2634
BPachuca@winston.com

October 2, 2025

Alabama State Health Planning & Development Agency (SHPDA)
P.O. Box 303025
Montgomery, Alabama 36130-3025

Re: Notice of Change of Ownership/Control in Certificate of Need Holder – Community Hospice of South Alabama, LLC f/k/a Community Hospice of Baldwin County – SHPDA ID Number: 003-P2353

Dear Sir or Madam:

ACG South Alabama, LLC (“Acquiring Entity”) is submitting this Notice of Change of Ownership/Control in a Certificate of Need Holder to effectuate a Change of Ownership (“CHOW”) for the certificate of need held by Community Hospice of South Alabama, LLC f/k/a Community Hospice of Baldwin County (“Current Authority”) (SHPDA ID Number: 003-P2353). Payment of the CHOW Fee has been made concurrent with this Notice through SHPDA’s electronic payment portal. On September 26, 2025, Acquiring Entity and Current Authority entered into a Membership Interest Purchase Agreement for Acquiring Entity to acquire substantially all of the equity interests of Current Authority. Acquiring Entity and Current Authority intend to proceed to closing for the transaction immediately upon the approval of Acquiring Entity’s CHOW application by the Alabama Department of Public Health (“ADPH”) and fulfillment of this Notice of Change of Ownership/Control as required by Ala. Code § 22-21-270 *et seq.* and Ala. Admin. Code r. 410-1-7-.04.

Other than the change in ownership, there will be no changes to Current Authority following the transaction. Specifically, Current Authority will retain its NPI and federal and state tax identification numbers.

Should SHPDA require any additional information in connection with its review and processing of this application, please do not hesitate to contact me at (713) 651-2634 or bpachuca@winston.com.

Sincerely,

Banee Pachuca

Enclosures:

- Notice of Change of Ownership/Control Form
- Supplemental Response Attachment to Notice of Change of Ownership/Control Form
- Structure Charts Reflecting Pre-CHOW Ownership and Post-CHOW Ownership

cc Bill Wood, Partner, Wood & Bemby LLC, Legal Counsel to Current Authority
Rick Griffin, Esq., Griffin Law Firm, Legal Counsel to Current Authority



NORTH AMERICA SOUTH AMERICA EUROPE ASIA

CO2026-001
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Oct 14 2025
STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

BANEE PACHUCA
Partner
(713) 651-2634
BPachuca@winston.com

October 14, 2025

Alabama State Health Planning & Development Agency (SHPDA)
P.O. Box 303025
Montgomery, Alabama 36130-3025

Re: Updated Page of Notice of Change of Ownership/Control in Certificate of Need Holder – Community Hospice of South Alabama, LLC; SHPDA ID Number: 003-P2353 & Withdraw of Notice of Change of Ownership/Control in Certificate of Need Holder – Community Hospice of South Alabama, LLC; SHPDA ID Number: 003-P2353A

Dear Sir or Madam:

ACG South Alabama, LLC is submitting the attached updated page of Notice of Change of Ownership/Control in a Certificate of Need Holder to effectuate a Change of Ownership for the certificate of need held by Community Hospice of South Alabama, LLC (SHPDA ID Number: 003-P2353).

Additionally, as requested, the previous Notice of Change of Ownership/Control in Certificate of Need Holder with respect to Community Hospice of South Alabama, LLC (SHPDA ID Number: 003-P2353A) is being withdrawn.

Should SHPDA require any additional information in connection with its review, please do not hesitate to contact me at (713) 651-2634 or bpachuca@winston.com.

Sincerely,

Banee Pachuca

Enclosures:

-Updated Page to Notice of Change of Ownership/Control Form for SHPDA ID Number 003-P2353

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-P2353 / 003-P2353A
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Community Hospice of South Alabama, LLC
(ADPH Licensure Name)

Physical Address: 1450 N. McKenzie Street
Foley, AL 36535

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. Baldwin County, Escambia County, and Mobile County

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: Community Hospice of South Alabama, LLC

Mailing Address: 1450 N. McKenzie Street
Foley, AL 36535

Operator (Entity Name): Community Hospice of South Alabama, LLC

Part III: Acquiring Entity Information

Name of Entity: ACG South Alabama, LLC

Mailing Address: 187 N. Church St., Suite 201
Spartanburg, SC 29306

Operator (Entity Name): Community Hospice of South Alabama, LLC

Proposed Date of Transaction is on or after: 10/31/2025

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ Undisclosed

Type of Beds: N/A (in-home hospice, no inpatient beds)

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: \$ _____

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): Tim Buttell, Edward Phillip Stone 

Operator(s): Melanie Lomax

Title/Date: Administrator

SWORN to and subscribed before me, this 1 day of October, 2025.[Signature]
Notary PublicMy Commission Expires: 07/26/2029**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): ACG South Alabama, LLC _____Operator(s): ACG South Alabama, LLC _____Title/Date: Treasurer and Secretary _____

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

Operator (Entity Name): Community Hospice of South Alabama, LLC

Proposed Date of Transaction is on or after: 10/31/2025

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ Undisclosed

Type of Beds: N/A (in-home hospice, no inpatient beds)

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: \$ _____

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).
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- 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): Tim Buttell, Edward Phillip Stone



Operator(s): Melanie Lomax

Title/Date: Administrator

PRESIDENT 9.30.25

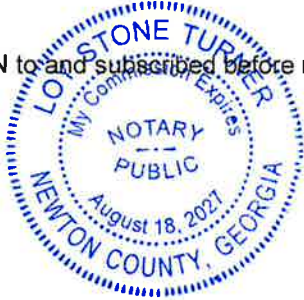
SWORN to and subscribed before me, this

30th

day of

September, 2025.

(Seal)



Notary Public

My Commission Expires: Aug. 18, 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 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): ACG South Alabama, LLCOperator(s): ACG South Alabama, LLCTitle/Date: Treasurer and Secretary

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

Operator (Entity Name): Community Hospice of South Alabama, LLC

Proposed Date of Transaction is on or after: 10/31/2025

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ Undisclosed

Type of Beds: N/A (in-home hospice, no inpatient beds)

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: \$ _____

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.

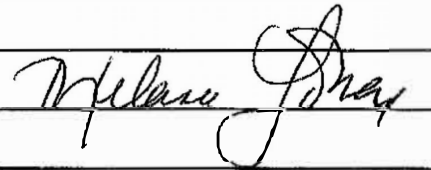
Part V: Certification of Information**Current Authority Signature(s):**

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

Owner(s): Tim Buttell, Edward Phillip Stone

Operator(s): Melanie Lomax

Title/Date: Administrator



SWORN to and subscribed before me, this 30 day of September, 2025.

(Seal)

Megan Hadley
Notary PublicMy Commission Expires: 9/13/2028**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): ACG South Alabama, LLCOperator(s): ACG South Alabama, LLCTitle/Date: Treasurer and Secretary

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): ACG South Alabama, LLC

Operator(s): ACG South Alabama, LLC

Title/Date: Treasurer and Secretary

SWORN to and subscribed before me, this 29 day of September, 2025.

(Seal)



Janelle I. Plows
Notary Public

My Commission Expires: 04.29.2030

Author: Alva M. Lambert

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

History: New Rule

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).

ACG Alabama South, LLC intends to acquire 100% of the issued and outstanding membership interests of Community Hospice of South Alabama, LLC f/k/a Community Hospice of Baldwin County (“Community Hospice”) and have Community Hospice continue to provide in-home hospice services to patients in the same service areas for which it is currently permitted pursuant to Facility IDs # 003-P2353 and 003-P2353A.

2.) Whether the proposal will include the addition of any new beds.

No.

3.) Whether the proposal will include the conversion of beds.

No.

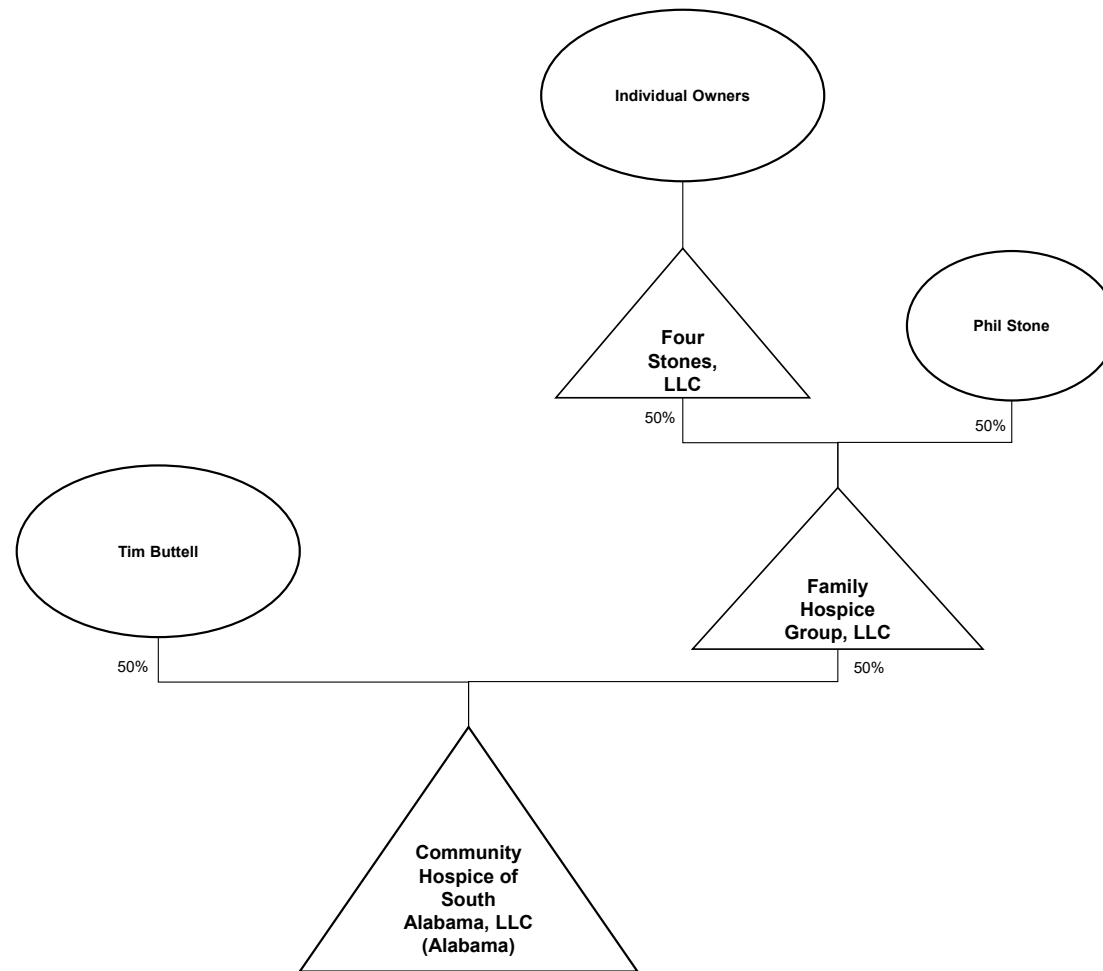
4.) Whether the assets and stock (if any) will be acquired.

Yes, ACG Alabama South, LLC intends to acquire 100% of the membership interests of Community Hospice. Community Hospice is currently owned by Tim Buttell (50%) and Family Hospice Group, LLC (50%).

After the transaction, ACG South Alabama, LLC will hold 100% of the equity of Community Hospice. ACG Acquisition, LLC will hold 100% of the equity of ACG South Alabama, LLC.

Community Hospice will retain its same EIN and NPI following the transaction.

Part II – Pre-Closing Ownership Chart



Part II – Post-Closing Ownership Chart

