

Morgan D'Arcy Attorney (312) 214-8830

October 10, 2025

CO2026-020
RECEIVED
Oct 10 2025

Via Electronic Filing - shpda.online@shpda.alabama.gov

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

RE: Stock Transfer Notification – Facility ID: 021-H7107

Greetings:

Please find enclosed a Notice of Change of Ownership form for the home health agency owned and operated by SunCrest Home Health of AL, Inc. d/b/a SunCrest Home Health (the "Agency"), which has been assigned Facility ID 021-H7107. We are also including before-and-after organization diagrams and confirmation of payment of the \$2,500 CHOW application fee. As indicated on the enclosed diagrams, Adoration Home Health Acquisitions, LLC will be acquiring 100% of the equity of the Agency from its current parent company, SunCrest Home Health of AL, Inc.

This transfer of equity interest will not impact the Agency's EIN (27-0678962), NPI number (1275764375), Medicare provider enrollment (01-7107), etc. There will be no change or interruption to the Agency's services or operations, nor will there be any impact to the Agency's CON authorized service area. Following the acquisition we will be changing the Agency's assumed name "Adoration Home Health" but the entity's legal business name will remain the same.

The financial scope of the proposed acquisition will encompass the fair market value for the transfer of the stock of the Agency. The proposed acquisition does not involve any new costs associated with the Agency exceeding any of the thresholds set forth in Alabama Code § 22-21-263(a)(2).

The transaction is scheduled to close in the 4th quarter of 2025, with an anticipated effective date on or after October 31, 2025. If you have any questions or if you need any additional information, please do not hesitate to contact me at Morgan.Darcy@btlaw.com or (312) 214-8830.

Sincerely,

Morgan D'Arcy

Morgan D'Arcy



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Nov 14 2025
STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

Morgan D'Arcy Attorney (312) 214-8830

November 13, 2025

Via Electronic Filing - shpda.online@shpda.alabama.gov

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

RE: CO2026-020

SunCrest Home Health SHPDA ID: 021-H7107

Dear Ms. Marsal:

In response to the Alabama State Health Planning and Development Agency's ("SHPDA") October 30, 2025 written response to the Notice of Change of Ownership/Control Form (the "Notice"), submitted on behalf of SunCrest Home Health of AL, Inc. d/b/a SunCrest Home Health (the "Agency"), please see the updated page of the Notice confirming the name and address of the referenced provider, as requested, as well as verification of the Certificate of Need ("CON") authorized service area, as requested.

In addition, following our further discussion with SHPDA, we are confirming that this transaction is structured as the sale of the equity of the Agency. The CON will remain with the Agency, which will continue to own and operate the home health provider. Accordingly, we have updated Part III of the Notice to clarify the "Name of Entity" and "Operator" fields.

Please also note that we have updated the "Proposed Date of Transaction" to December 1, 2025.

Please contact me at Morgan. Darcy@btlaw.com or (312) 214-8830 if you have any questions or need any additional information in connection with this review.

Sincerely,

Morgan D'Arcy

Morgan D'Arcy



Morgan D'Arcy Attorney (312) 214-8830

November 13, 2025

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STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

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

RE: CO2026-020

SunCrest Home Health SHPDA ID: 021-H7107

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Please also note that we have updated the "Proposed Date of Transaction" to December 1, 2025.

Please contact me at Morgan. Darcy@btlaw.com or (312) 214-8830 if you have any questions or need any additional information in connection with this review.

Sincerely,

Morgan D'Arcy

Morgan D'Arcy



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.

Ohange in Direct Ownership or Control (of a vested Facility; ALA. CODE §§ 22-20-271(d), (e))

O 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:	021-H7107		
(This can be found at $\underline{www.shpda.alabama.gov}$, H	ealth Care Data, ID Codes)		
Name of Facility/Provider:	SunCrest Home Health		
(ADPH Licensure Name)			
Physical Address:	222-224 7th Street South		
	Clanton, AL 35045		
County of Location:	CHILTON		
Number of Beds/ESRD Stations:	0		
CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. Autauga, Bibb, Chilton, Coosa, Dallas, Elmore, Shelby, Perry			

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 SunCrest Home Health of AL, Inc. Facility named in Part I: 222-224 7th Street South Mailing Address: Clanton, AL 35045 SunCrest Home Health of AL, Inc. Operator (Entity Name):

Part III: Acquiring Entity Information

SunCrest Home Health of AL, Inc. Name of Entity: 222-224 7th Street South Mailing Address: Clanton, AL 35045

Operator (Entity	y Name):	SunCrest Home Health Of AI, Inc.
Proposed Date on or after:	of Transaction is	12/1/2025
Part IV: Terr	ms of Purchase	
Monetary Value	e of Purchase:	\$ 2,333,886.00
Type of Beds:		N/A
Number of Bed	s/ESRD Stations:	0
	pe: to Include Prelimin nd Yearly Operating Cos	ary Estimate of the Cost Broken Down by Equipment
Projected	I Equipment Cost:	\$ <u>0.00</u>
Projected	Construction Cost:	\$ 0.00
Projected	Yearly Operating Cost:	\$ 2,862,009.00
Projected	Total Cost:	\$ 2,862,009.00
On an Attac	ched Sheet Please	Address the Following:
	rice, whether the service	roposal (the applicant will state whether he has previously is an extension of a presently offered service, or whether
2.) Whether the	proposal will include the	e addition of any new beds.
3.) Whether the	proposal will involve the	e conversion of beds.
4.) Whether the	assets and stock (if any	y) will be acquired.
Part V: Carti	fication of Informa	tion
		uon
	rity Signature(s):	
The information belief.	contained in this notification	ation is true and correct to the best of my knowledge and
Owner(s):	SunCrest Healthcar	re Inc.
Operator(s):	<u> Ioshua L. Proffitt</u>	
Title/Date:	President	

State Health Planning and Development Agency	Alabama CON Rules & Regulation
SWORN to and subscribed before me, this	3rd day of September . 7075.
	COME CHIMIN
(Seal)	Notary Public Mr Honn
	My Commission Expires: A Dead
Acquiring Authority Signature(s):	Joni Bonin Notary Public Notary ID No. 23476 Lafayette Parish, Louisiana
Acquiring Additionty Signature(s).	, a say Eddinaria
	ervices provided during the current annual reporting 410-1-312. The information contained in this was knowledge and belief.
Purchaser(s):	
Operator(s):	
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

State Health Plannii	ng and Development Agency	Alabama CON Rules & Regulations		
SWORN to and subscribed before me, this day of,				
(Seal)		Notary Public		
		My Commission Expires:		
Acquiring Auth	ority 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. 410-1-312. The information contained in this notification is true and correct to the best of my knowledge and belief.				
Purchaser(s):	Allison L. Brown	CAR		
Operator(s):	Allison L. Brown	COR_		
Title/Date:	Secretary	10/06/2025		
SWORN to and subscribed before me, this 6th day of 60th er, 205.				
(Seal)	NICHOLE M. REED Notary Public Commonwealth of Kentucky	Notary Public My Commission Expires: 840 212027		
2	Commission Number KYNP73375	My Commission Expires:		

Author: Alva M. Lambert

Statutory Authority: § 22-21-271(c), <u>Code of Alabama</u>, 1975 History: New Rule

Responses to Application Questions 1 through 4

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).

The Applicant currently offers the services (home health services), and the services offered will not change as a result of this proposal.

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

The proposal will not include the addition of any new beds. (The Applicant provides home health services and does not maintain any beds.)

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

The proposal will not involve the conversion of beds. (The Applicant provides home health services and does not maintain any beds.)

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

The transaction involves a stock transfer of the Applicant. As indicated on the accompanying before-and-after organizational charts, Adoration Home Health Acquisitions, LLC will be acquiring 100% of the equity of the Applicant from its current owner. The Applicant will continue to be the entity that provides home health services.

SunCrest Home Health of Al, Inc. d/b/a SunCrest Home Health 222-224 7th Street South, Clanton, AL 35045



SUNCREST HOME HEALTH OF AL, INC. PROPOSED ORGANIZATIONAL CHART

BrightSpring Health Services, Inc.* (82-2956404) f/k/a Phoenix Parent Holdings Inc. 805 N. Whittington Pkwy, Louisville, KY 40222-5186 100% owner of Phoenix Intermediate Holdings Inc.

Phoenix Intermediate Holdings Inc. (82-2956530) 805 N. Whittington Pkwy, Louisville, KY 40222-5186 100% owner of Phoenix Guarantor Inc.

Phoenix Guarantor Inc. (82-2956639) 805 N. Whittington Pkwy, Louisville, KY 40222-5186 100% owner of BrightSpring Health Holdings Corp.

BrightSpring Health Holdings Corp. (27-3772261) 805 N. Whittington Pkwy, Louisville, KY 40222-5186 100% owner of Res-Care, Inc.

Res-Care, Inc. (61-0875371) 805 N. Whittington Pkwy, Louisville, KY 40222-5186 100% owner of ResCare Holdings, Inc.

ResCare Holdings, Inc. (82-2449372) 805 N. Whittington Pkwy, Louisville, KY 40222-5186 100% owner of Adoration Home Health & Hospice, Inc.

Adoration Home Health & Hospice, Inc. (32-0573781) 805 N. Whittington Pkwy, Louisville, KY 40222-5186 100% owner of Adoration Home Health Care, LLC

Adoration Home Health Care, LLC (30-1114506) 805 N. Whittington Pkwy, Louisville, KY 40222-5186 100% owner of Adoration Home Health Acquisitions, LLC

Adoration Home Health Acquisitions, LLC (33-4833478) 805 N. Whittington Pkwy, Louisville, KY 40222-5186 100% owner of SunCrest Home Health of AL, Inc.

SunCrest Home Health of AL, Inc. 222 7th Street South, # 224, Clanton, AL 35045 Facility ID: 021-H7107 Tax ID: 27-0678962

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^{*} Publicly traded on Nasdaq Global Select Market (BTSG).