

Mazie Bryant
Associate
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205.521.8011 direct



February 27, 2026

CO2026-048
RECEIVED
Feb 27 2026
STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

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

Emily T. Marsal
Executive Director
State Health Planning & Development Agency
100 N. Union Street, Suite 870
Montgomery, Alabama 36104

**RE: Notice of Change in Direct Ownership of Crestwood Medical Center
SHPDA Facility ID No. 089-6530521**

Dear Ms. Marsal:

On behalf of CHS/Community Health Systems, Inc. (“Seller”) and The Health Care Authority of the City of Huntsville d/b/a Huntsville Hospital Health System (“Buyer” and collectively with Seller, the “Parties”), we respectfully submit to the State Health Planning and Development Agency (“SHPDA” or the “Agency”) a Notice of Change of Ownership/Control Application (the “Application”), enclosed herein as **Exhibit A**, for the above-referenced hospital. As required by the Application, we submit the following information regarding this transfer.

I. Overview of Proposed Transaction

Seller and Buyer are parties to a definitive agreement that, subject to the satisfaction or waiver of certain conditions, will result in the acquisition of substantially all of the operating assets of Crestwood Healthcare, L.P. (“Crestwood”), which owns and operates Crestwood Medical Center, an acute care hospital located at One Hospital Drive, Huntsville, Alabama 35801, and its affiliated freestanding emergency department located at 1337 Burwell Road, Harvest, Alabama 35749 (collectively, the “Hospital”) (the “Transaction”). It is currently anticipated that the transaction will be effective on or about April 1, 2026 (the “Effective Date”). Attached as **Exhibit B** are the pre- and post-closing ownership charts associated with this Transaction.

II. SHPDA Requirements for Change of Ownership

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

1. **Financial Scope.** The financial scope of the project will encompass the fair market value payment that Buyer will make to Seller as consideration for the purchase of the assets from the Seller.
2. **Offered Services.** The contemplated transaction will not result in any new or additional services from those already authorized to be provided by the Hospital.

Direct Dial: 256.520.4046
Direct Fax: 256.265.2839
E-Mail Address: stephanie.kern@hhsys.org

CO2026-048
RECEIVED
Mar. 09, 2026

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

March 9, 2026

VIA ELECTRONIC FILING – shpda.online@shpda.alabama.gov

Hon. Emily T. Marsal, Executive Director
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, AL 36104

Re: CO2026-048
Crestwood Medical Center
SHPDA ID: 089-6530521

Dear Ms. Marsal,

I am in receipt of your letter dated March 6, 2026 requesting additional information in connection with the above referenced CO2026-048. Attached please find replacement page “A-83” with the complete Physical Address of the Facility.

Should you have any questions or need anything further, please don’t hesitate to contact me at (256) 520-4046. Thanking you in advance,

Cordially,

Stephanie

Stephanie T Kern
Advanced Certified Paralegal

3. Addition of Beds. The contemplated transaction will not result in the addition of new beds.

4. Conversion of Stations. The contemplated transaction will not result in the conversion of beds.

5. Type of Acquisition. As described more particularly above, the proposed transaction is an asset acquisition.

III. Requested Action

Based upon the above description of the proposed transaction 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 Alabama Administrative Code to process this Application.

Thank you in advance for your assistance with this matter. Please note that we will submit the filing fee associated with this Application via the Agency's electronic payment portal. If you have any questions regarding the Transaction or this Application, please contact Stephanie Kern, representative for Buyer, at (256) 520-4046 or stephanie.kern@hhsys.org, or Mazie Bryant, counsel for Seller, at (205) 521-8011 or mbryant@bradley.com.

Sincerely,



Mazie Bryant

Enclosures

Exhibit A

Notice of Change of Ownership/Control Application

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: 089-6530521
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Crestwood Medical Center
(ADPH Licensure Name)

Physical Address: One Hospital Drive Southwest
Huntsville, AL 35801

County of Location: MADISON

Number of Beds/ESRD Stations: 180

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: Crestwood Healthcare, L.P.

Mailing Address: One Hospital Drive Southwest
Huntsville, AL 35801

Operator (Entity Name): Crestwood Healthcare, L.P.

Part III: Acquiring Entity Information

Name of Entity: The Health Care Authority of the City of Huntsville

Mailing Address: 101 Sivley Road
Huntsville, AL 35801

Operator (Entity Name): The Health Care Authority of the City of Huntsvill

Proposed Date of Transaction is on or after: 04/01/2026

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ Fair Market Value

Type of Beds: Medical/Surgical, Obstetrics, ICU

Number of Beds/ESRD Stations: 180

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): Crestwood Healthcare, L.P.

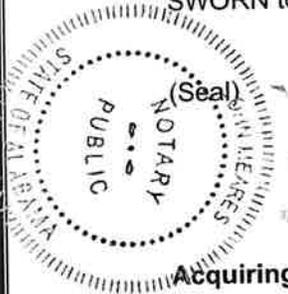
Operator(s): Crestwood Healthcare, L.P.

Title/Date: Justin Serrano, CEO

SWORN to and subscribed before me, this 25 day of February, 2026.

Notary Public [Signature]

My Commission Expires: May 31st, 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): _____

Operator(s): _____

Title/Date: Jeff Samz, CEO

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): The Health Care Authority of the City of Huntsville

Operator(s): The Health Care Authority of the City of Huntsville

Title/Date: Jeff Samz, CEO

Jeff Samz

Jeff Samz

SWORN to and subscribed before me, this 25th day of February, 2024.

(Seal)



Michele Rowand Cox

Notary Public

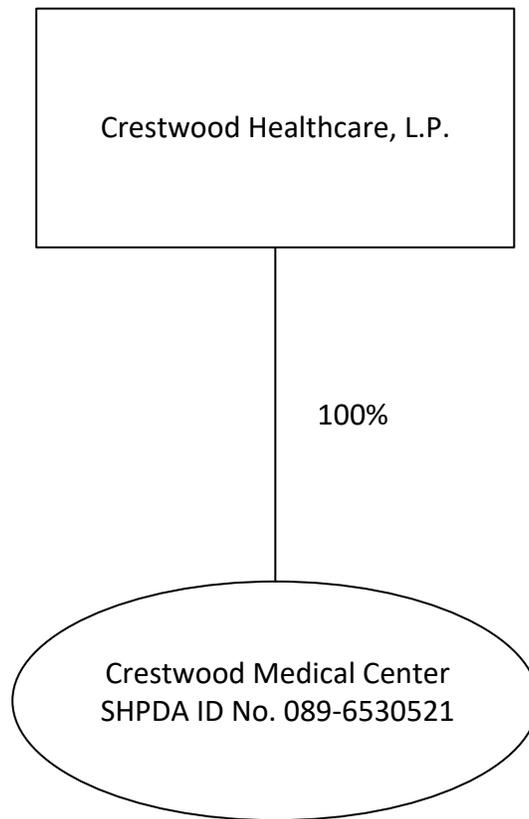
My Commission Expires: 11/5/28

Author: Alva M. Lambert
Statutory Authority: § 22-21-271(c), Code of Alabama, 1975
History: New Rule

Exhibit B

Pre- and Post-Closing Organizational Charts

Pre-Closing Organizational Chart



Post-Closing Organizational Chart

