September 11, 2026

Via Electronic Mail Only

Ms. Emily T. Marsal, Executive Director
State Health Planning and Development Agency

100 North Union Street, Suite 870

Montgomery, Alabama 36104

Email: shpda.online@shpda.alabama.gov

Re: Pre-Closing Notice of Change of Ownership - Madison Surgery Center, LLC (CON No. 2010-ASC, Project No. AL-2002-027; ASC License No. U4503)

Dear Ms. Marsal:

This letter and enclosed Notice of Change of Ownership/Control Application are being submitted on behalf of an affiliate of Surgical Care Affiliates, LLC d/b/a SCA Health ("***SCA Health***") as the acquiring entity for purposes of providing notice of an anticipated change of ownership affecting Madison Surgery Center, LLC (the "***Center***"), a multi-specialty ambulatory surgery center currently located at 460 Lanier Rd. #100, Madison, Alabama 35758. The Center is currently licensed as an ambulatory surgery center by the Alabama Department of Public Health with Facility ID U4503 and holds Certificate of Need No. 2010-ASC (Project No. AL-2002-027) issued on August 2, 2002, by the State Health Planning and Development Agency (the "***Agency***").

We write to provide the Agency with advance notice of an anticipated change of ownership interests affecting the Center. Pursuant to an equity purchase agreement, an affiliate of SCA Health (the "***Buyer***") will acquire a 51% ownership interest in the Center from certain of the Center's current physician owners (the "***Transaction***"). The closing of the Transaction ("***Closing***") is anticipated to occur on or around October 1, 2026.

Following Closing, the Center will remain in existence as the same legal entity, retaining its current legal name and federal tax identification number, and will continue to conduct its ambulatory surgery center operations at its currently licensed location in substantially the same manner as conducted immediately prior to the Transaction. The Transaction will not result in a change to the Center's National Provider Identifiers or Medicare or Medicaid provider numbers.

We are providing this notice in advance of Closing, pursuant to Alabama Administrative Code Rule 410-1-7-.04. Please note that the $3,000 filing fee required by this application was paid via the online portal (Order ID: 120933860). Please contact the undersigned at emoore@mcguirewoods.com if the Agency requires any additional information, forms, or documentation to process this change of ownership. Thank you for your attention to this matter.

Sincerely,

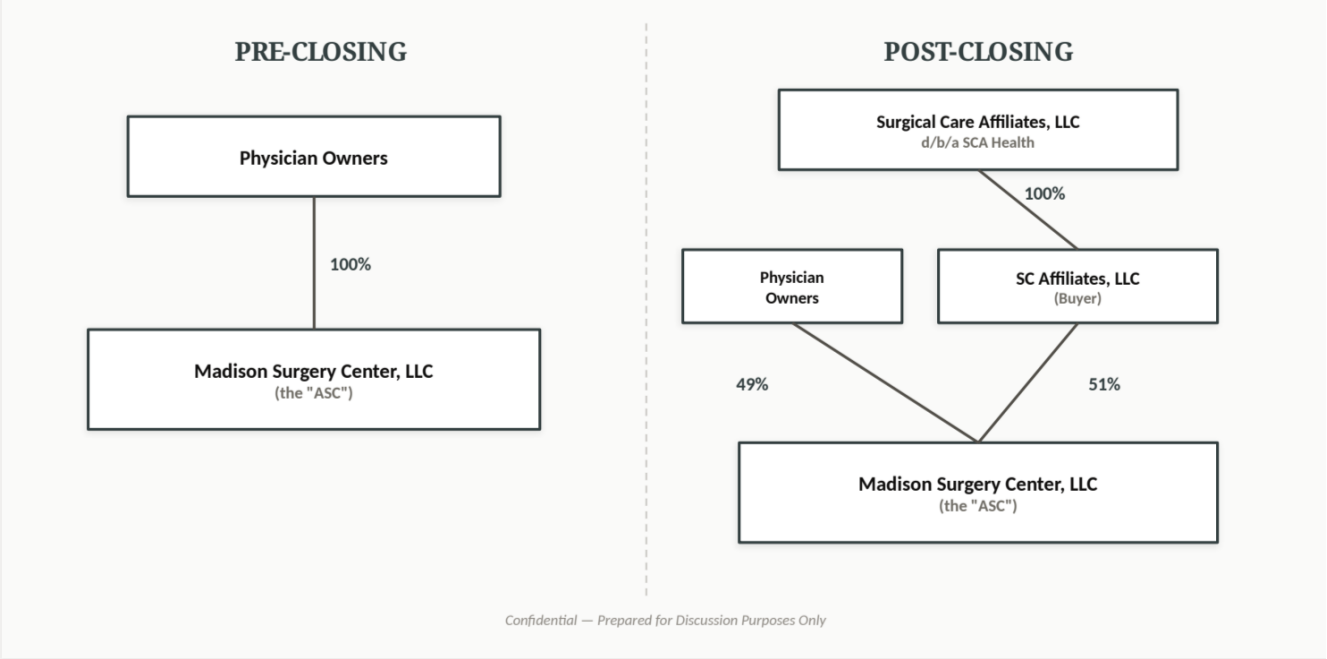
Signed by:
Elissa Moore
61A9B535D2924EC...

Elissa Moore
McGuireWoods LLP

Responses to Application Questions 1-4

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).**
    a. The services are currently being offered and are not expected to change as a result of the Transaction.
2. **Whether the proposal will include the addition of any new beds.**
    a. No, the Center does not maintain any beds as an outpatient ambulatory surgical facility.
3. **Whether the proposal will involve the conversion of beds.**
    a. No, the Center does not maintain any beds as an outpatient ambulatory surgical facility.
4. **Whether the assets and stock (if any) will be acquired.**
    a. Buyer, an affiliate of SCA Health, will acquire 51% of the limited liability company membership interests in the Center from existing physician owners of the Center.

Transaction Structure Chart



RECEIVED
Sep 22 2026
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: 089-U4503
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Madison Surgery Center, LLC
(ADPH Licensure Name)

Physical Address: 460 Lanier Rd.
Madison, AL 35758

County of Location: MADISON

Number of Beds/ESRD Stations: 0

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: Madison Surgery Center, LLC

Mailing Address: 460 Lanier Rd.
Madison, AL 35758

Operator (Entity Name): Madison Surgery Center, LLC

Part III: Acquiring Entity Information

Name of Entity: Madison Surgery Center, LLC

Mailing Address: 460 Lanier Rd.
Madison, AL 357

Operator (Entity Name): Surgical Care Affiliates, LLC

Proposed Date of Transaction is on or after: 10/01/2026

Part IV: Terms of Purchase

Monetary Value of Purchase: $ Fair Market Value

Type of Beds: N/A - ASC

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: $ 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): Madison Surgery Center LLC

Operator(s):

Title/Date: M K Ghanta - Board Member

M K Ghanta

SWORN to and subscribed before me, this 11th day of September, 2026.

(Seal) BARBARA P BRELAND
NOTARY PUBLIC
ALABAMA STATE AT LARGE
MY COMMISSION EXPIRES
FEBRUARY 18, 2030

Barbara P Breland
Notary Public

My Commission Expires: 02-18-2030

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: J Wes Fain - Authorized Signatory _____

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): _____ _____

Operator(s): _____ _____

Title/Date: J Wes Fain - Authorized Signatory _____

SWORN to and subscribed before me, this 9 day of September, 2026.

(Seal)

STATE OF ALABAMA NOTARY PUBLIC
NADIA JONES
My Commission Expires
October 30, 2029

_____
Notary Public

My Commission Expires: 10/30/29

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