

LENORA W. PATE

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FEB 28 2011

STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY

KELLI F. ROBINSON

ATTORNEY AT LAW

(205) 930-5158

krobinson@sirote.com

February 28, 2011

VIA E-MAIL
VIA FEDERAL EXPRESS

James E. Sanders
Deputy Director
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, AL 36104

Re: AL2009-047, CON 2301-ESRD
Renal Treatment Centers – Southeast, LP d/b/a Magic City Dialysis
Request for Project Modification

Dear Mr. Sanders:

This letter is in follow up to our conversation on Thursday, February 17, 2011, in which you confirmed that a Request for Project Modification is the appropriate procedure for requesting an amended Certificate of Need (“CON”) where there has been a change in a facility’s legal entity name since issuance of the CON. You explained that a Request for Project Modification can be filed, instead of a Request for Change in Ownership, where the facility is still in development, not yet licensed and certified, and the parent company will be the same.

This Request for Project Modification is in regards to CON 2301-ESRD issued to Renal Treatment Centers – Southeast, LP d/b/a Magic City Dialysis on November 5, 2009. Since issuance of the CON, we have discovered that the facility’s legal entity name has changed from “Renal Treatment Centers – Southeast, LP” to “Flor Dialysis, LLC.”

Enclosed are the revised pages to the original CON Application filed by Renal Treatment Centers – Southeast, LP d/b/a Magic City Dialysis reflecting the new legal entity name, Flor Dialysis, LLC. Pursuant to CON Rule 410-1-10-.03, we request that Project AL2009-047 and CON 2301-ESRD be modified to reflect the name change to, Flor Dialysis, LLC d/b/a Magic City Dialysis.

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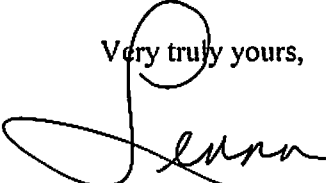
LAW OFFICES AND MEDIATION CENTERS
2311 HIGHLAND AVENUE SOUTH BIRMINGHAM, ALABAMA 35205
POST OFFICE BOX 55727 BIRMINGHAM, ALABAMA 35255-5727
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James E. Sanders
February 28, 2011
Page 2

As always, we appreciate your assistance and look forward to receiving a new CON for the establishment and operation of Magic City Dialysis reflecting this name change. If you have any questions, please give me a call immediately.

Very truly yours,



Lenora W. Pate
FOR THE FIRM



Kelli F. Robinson
FORM THE FIRM

KFR/ayc
Enclosure

c: Jacki Ward

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STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

ALABAMA CERTIFICATE OF NEED APPLICATION

For Staff Use Only

INSTRUCTIONS: Please submit an original and twelve (12) copies of this form and the appropriate attachments to the State of Alabama, State Health Planning and Development Agency, 100 North Union Street, Suite 870, Montgomery, Alabama 36130-3025. (Post Office Box 303025)

Project # _____ Date Rec. _____ Rec by: _____

Attached is a check in the amount of \$18,611.00 Refer to Rule 410-1-7-06 of the Certificate of Need Program Rules and Regulations to determine the required filing fee.

PART ONE: APPLICANT IDENTIFICATION AND PROJECT DESCRIPTION

I. APPLICANT IDENTIFICATION (Check One) HOSPITAL () NURSING HOME () OTHER (x) (Specify) End Stage Renal Disease ("ESRD") Services

A. Flor Dialysis, LLC d/b/a Magic City Dialysis Name of Applicant (in whose name the CON will be issued if approved)

3500 Colonnade Parkway Suite 525 Birmingham Jefferson Address City County Alabama 35243 (205) 807-9602 State Zip Code Phone Number

B. Name of Facility/Organization (if different from A)

Address City County State Zip Code Phone Number

C. Name of Legal Owner (if different from A or B)

Address City County State Zip Code Phone Number

D. Lenora W. Pate (Counsel for Applicant) Name and Title of Person Representing Proposal and with whom SHPDA should communicate

Sirote & Permutt, P.C., 2311 Highland Ave. S. Birmingham Jefferson Address City County Alabama 35205 (205) 930-5162 State Zip Code Phone Number

I. APPLICANT IDENTIFICATION (continued)

E. Type Ownership and Governing Body

- 1. Individual
- 2. Partnership
- 3. Corporate (for profit) DaVita, Inc.
Name of Parent Corporation
- 4. Corporate (non-profit) _____
Name of Parent Corporation
- 5. Public
- 6. Other (specify) _____

F. Names and Titles of Governing Body Members and Owners of This Facility

OWNERS

Flor Dialysis, LLC d/b/a Magic City Dialysis, a subsidiary of DaVita, Inc.

GOVERNING BOARD MEMBERS OF RENAL TREATMENT CENTERS, INC. (General Partner of Applicant, a wholly owned subsidiary of Renal Treatment Centers – Southeast, LP): Kent J. Thiry; Javier Rodriguez; H.W. Guy Seay; Corinna B. Polk; Thomas O. Usilton; David T. Shapiro; Chetan P. Mehta; Steven I. Grieger; Dennis Kogod; James Hilger; and Richard K. Whitney.

GOVERNING AUTHORITY OF MAGIC CITY DIALYSIS (as required by the Alabama State Board of Health, Alabama Department of Public Health): Suzanne Bergman, MD; Jacki Ward; and Gayle Ozbirn, RN.

II. PROJECT DESCRIPTION

Project/Application Type (check all that apply)

- New Facility Major Medical Equipment
Type ESRD facility Type _____
- New Service Termination of Service or Facility
Type _____
- Construction/Expansion/Renovation Other Capital Expenditure
Type _____
- Change in Service

III. EXECUTIVE SUMMARY OF THE PROJECT (brief description)

To address the demonstrated, substantial unmet need for dialysis services in Jefferson County in accordance with the State Health Plan, Flor Dialysis, LLC d/b/a Magic City Dialysis (“Magic City Dialysis” or “Applicant”), a subsidiary of DaVita, Inc. (“DaVita”), proposes to expand DaVita’s comprehensive and unique services in southeastern Jefferson County by establishing and operating a new state-of-the-art end stage renal disease (“ESRD”) facility consisting of fourteen (14) hemodialysis stations, two (2) hemodialysis isolation stations, four (4) home peritoneal dialysis training stations, and two (2) home hemodialysis training stations in close proximity to DaVita’s Birmingham Central Dialysis located at 728 Richard Arrington Boulevard South, Birmingham, Alabama, and DaVita’s Birmingham Home Training Dialysis located at 2101 7th Avenue South, Birmingham, Alabama (the “Project”).¹


¹ This Certificate of Need Application relates to the Letter of Intent 2009-33 filed on April 24, 2009, in which Magic City Dialysis set forth its intent to file a Certificate of Need Application for the establishment and operations of a new ESRD facility.

I. CERTIFICATION

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


**FLOR DIALYSIS, LLC D/B/A MAGIC CITY
DIALYSIS ("APPLICANT")**

**By: Renal Treatment Centers, Inc.
Its: General Partner**

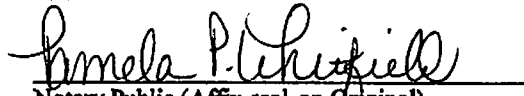

By: Jacki L. Ward
Its: Regional Operations Director

DAVITA, INC.

("PARENT COMPANY")


By: Jacki L. Ward
Its: Regional Operations Director

24 day of Feb 2011


Notary Public (Affix seal on Original)

NOTARY PUBLIC STATE OF ALABAMA AT LARGE
MY COMMISSION EXPIRES: Nov 17, 2014
BONDED THRU NOTARY PUBLIC UNDERWRITERS

Author: Alva M. Lambert

Statutory Authority: § 22-21-267, 271, 275, Code of Alabama, 1975

History: Amended March 19, 1996 and July 25, 2002