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A PROFESSIONAL CORPORATION

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MAR 01 2011

STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY

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: AL2009-050, CON 2304-ESRD
Renal Treatment Centers – Southeast, LP d/b/a Steel 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 2304-ESRD issued to Renal Treatment Centers – Southeast, LP d/b/a Steel 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 Steel City Dialysis reflecting the new legal entity name, Flor Dialysis, LLC. Pursuant to CON Rule 410-1-10-.03, we request that Project AL2009-050 and CON 2304-ESRD be modified to reflect the name change to, Flor Dialysis, LLC d/b/a Steel City Dialysis.

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LAW OFFICES AND MEDIATION CENTERS
2311 HIGHLAND AVENUE SOUTH BIRMINGHAM, ALABAMA 35205
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TELEPHONE | 205.930.5100 FAX | 205.930.5101 URL | <http://www.srote.com>
B i r m i n g h a m | H u n t s v i l l e | M o b i l e

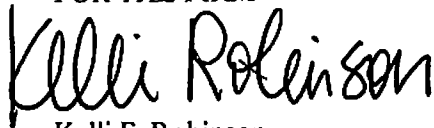
James E. Sanders
February 28, 2011
Page 2

As always, we appreciate your assistance and look forward to receiving a new CON for the establishment and operation of Steel 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
FOR 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 Steel 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 Steel 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 STEEL CITY DIALYSIS (as required by the Alabama State Board of Health, Alabama Department of Public Health):
Michael Allon, M.D, Jacki Ward, and Jane Miller, R.N.

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 Steel City Dialysis ("Steel City Dialysis" or "Applicant"), a subsidiary of DaVita, Inc. ("DaVita"), proposes to establish and operate a new state-of-the-art end stage renal disease ("ESRD") facility consisting of seven (7) hemodialysis stations and one (1) hemodialysis isolation station in southwestern Jefferson County in close proximity to DaVita-owned Ensley Dialysis located at 2630 Avenue E, Ensley, Alabama (the "Project").¹ If approved, this proposed Project will address the capacity issues at the Ensley Dialysis facility and provide its patients with scheduling and location options, thus, providing meaningful patient choice and quality of life.

¹ This Certificate of Need Application relates to the Letter of Intent 2009-31 filed on April 24, 2009, in which Steel 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 STEEL CITY
DIALYSIS ("APPLICANT")**

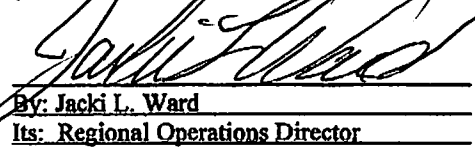
**By: Renal Treatment Centers, Inc.
Its: General Partner**



By: Jacki L. Ward
Its: Regional Operations Director

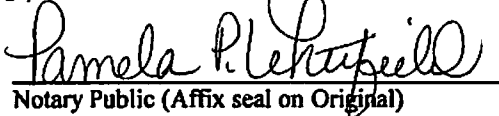
DAVITA, INC.

("PARENT COMPANY")



By: Jacki L. Ward
Its: Regional Operations Director

24 day of Feb 2011



Pamela P. Whitefield
Notary Public (Affix seal on Original)

NOTARY PUBLIC STATE OF ALABAMA AT LARGE
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