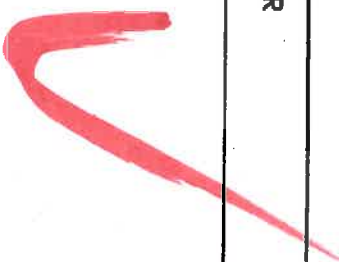


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singh</i>	DATE <i>5-11-07</i>
--------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000719</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>cc: Bowling</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____		
		<input type="checkbox"/> FOIA DATE DUE _____	
		<input checked="" type="checkbox"/> Necessary Action	

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			



*Community Health Solutions
of America*

May 10, 2007

RECEIVED

MAY 14 2007

Susan Bowling
Acting Director
Department of Health and Human Services
1801 Main Street, 11th Floor
Columbia, South Carolina 29201

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Susan:

I have some exciting news to share with you which I believe will further strengthen the relationship between the Department of Health and Human Services and Community Health Solutions of America, LLC and its South Carolina Solutions MHN program.

On May 4, 2007 Community Health Solutions of America, LLC was sold by Mirabilis Ventures, Inc. to Premier Servicing, LLC in a stock purchase agreement which also included CHS's affiliate companies; Cadent Underwriters, Inc. and BenComp National Corp. Please accept this letter as official notification to you of a change in ownership and as required, please find attached an executed copy of CMS 1513 Form.

It is important for you to note that all of the current management and support staff of CHS will remain in place and that all of us are enthusiastically embracing this new opportunity.

The acquisition by Premier Servicing, LLC is a key strategic move which will significantly strengthen CHS's commitment to providing first class services and improving its capabilities to deliver proven results to the State of South Carolina as well as to all of its other contract partners.

I also would like to inform you that as part of the acquisition, Premier Services, LLC has relocated Community Health Solutions of America, LLC to new headquarters at 1004 118th Avenue North, St. Petersburg, Florida, 33716. The relocation upgrades CHS's facilities while reducing its operating costs. Again, this change is a positive event which further enhances CHS's capabilities.

Both Dale Schmidt, President of Premier Servicing, LLC and myself will be more than willing to provide any additional information you may require and stand ready to meet with you should you feel that a meeting would be appropriate.

Sincerely,

Robert W. Konicki
Managing Member and President

W. Schmidt
C. Swan

cc: Dale Schmidt, President, Premier Services, LLC
Richard Davis, President, Capitol Consulting

1. Identifying Information

(a) Name of Entity	D/B/A	Provider No.	Vendor No.	Telephone No.
Community Health Solutions of America, LLC				464-565-0626
Street Address		City, County State		Zip Code
1004 118th Avenue North		St Petersburg, Pinellas, FL		33716
(b) (To be completed by CMS Regional Office)	Chain Affiliate No.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
If: Answer the following questions by checking "Yes" or "No." If any of the questions are answered "Yes," list names and addresses of individuals or corporations under Remarks on page 2. Identify each item number to be continued.				
LB1				

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

LB4

Name	Address	EIN
Premier Servicing, LLC	1000 118th Ave., North, St Petersburg FL 33716	32-0199429

(c) If the disclosing entity is a corporation, list names, addresses of the Directors, and EINs for corporations under Disclosed.

(b) Type of Entity:

☐ Sole Proprietorship ☐ Partnership ☒ Corporation

☐ Unincorporated Associations ☐ Other (Specify)

LB6

X Corporation LB6

☐ Yes ☒ No LB7

Name	Address	Provider Number

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB NO. 0938-0086

IV. (a) Has there been a change in ownership or control within the last year?
If yes, give date _____

☐ Yes ☒ No

LB8

(b) Do you anticipate any change of ownership or control within the year?
If yes, when? _____

☐ Yes ☒ No

LB9

(c) Do you anticipate filing for bankruptcy within the year?
If yes, when? _____

☐ Yes ☒ No

LB10

V. Is this facility operated by a management company, or leased in whole or part by another organization?
If yes, give date of change in operations _____

☐ Yes ☒ No

LB11

VI. Has there been a change in Administrator, Director of Nursing, or Medical Director within the last year?

☐ Yes ☒ No

LB12

VII. (a) Is this facility chain affiliated? (If yes, list name, address of Corporation, and EIN)

☐ Yes ☒ No

LB13

Address

LB14

VII. (b) If the answer to Question VII.a. is No, was the facility ever affiliated with a chain?

(If yes, list Name, Address of Corporation, and EIN)

☐ Yes ☒ No

LB16

Address

LB19

VIII. Have you increased your bed capacity by 10 percent or more or by 10 beds, whichever is greater, within the last 2 years?

If yes, give year of change _____

Current beds _____

LB16 Prior beds _____

LB17

☐ Yes ☒ No

LB15

WHOMEVER KNOWINGLY AND WILLFULLY MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION OF THIS STATEMENT, MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS. IN ADDITION, KNOWINGLY AND WILLFULLY FAILING TO FULLY AND ACCURATELY DISCLOSE THE INFORMATION REQUESTED MAY RESULT IN DENIAL OF A REQUEST TO PARTICIPATE OR WHERE THE ENTITY ALREADY PARTICIPATES, A TERMINATION OF ITS AGREEMENT OR CONTRACT WITH THE STATE AGENCY OR THE SECRETARY AS APPROPRIATE.

Name of Authorized Representative (Typed)

Robert W. Konicki

Title

Managing Member

Signature

Robert W. Konicki

Date

5/10/07

Remarks
LLI C.

Dale F. Schmidt, Premier Servicing, LLC
1000 1st 8th Avenue North, St Petersburg, FL 33716

Cheryl K. Haigler
1000 118th Avenue North, St Petersburg, FL 33716

Robert W. Konicki
1000 118th Avenue North, St Petersburg, FL 33716

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0838-0086. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to OMB, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850.