

# Notification of Change in Ownership

Date: [Insert Date]

To Whom It May Concern,

We are writing to formally notify you of a change in ownership of [Healthcare Facility Name], located at [Facility Address]. This change will take effect on [Effective Date].

The new owner will be [New Owner's Name/Company Name], who will assume full responsibility for the facility and its operations. Please note that this change will not affect the services provided to our patients or the continuity of care.

Should you have any questions or require further information, please do not hesitate to contact us at [Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Facility Name]

[Contact Information]