



State of Tennessee
Health Facilities Commission
Andrew Jackson State Building
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-7221

May 14, 2026

Sent Via Email

Kellie Moore (tnadmin@angelsofcare.com)
AOC TN, LLC
1661 International Drive
Memphis, TN 38120

Facility Type: Home Health Agencies
License Number: 716

Dear Kellie Moore:

It is my pleasure to inform you that your application for licensure of AOC TN, LLC located at 1661 International Dr, Memphis, TN 38120 has been initially approved effective May 14, 2026. The license number shall be 716. For this initial approval to become final and permanent, your application must be ratified by the Commission pursuant to T.C.A. §68-11-206. The Commission will consider your application at its next meeting, scheduled for June 24, 2026. **You are hereby authorized to commence operation pending the final decision of the Commission.**

For certification purposes, please be advised it is your responsibility to contact your Health Facilities Commission regional office for participation in Medicare/Medicaid. The West Regional Office phone number is 731-984-9721.

If the Commission **does** ratify the approval of your application, the license number listed above will become your permanent license number and a letter will be forwarded to you within three (3) business days, notifying you of the Commission's final decision.

If the Commission **does not** ratify the initial approval of your application, a letter will be forwarded to you providing an explanation and specific instructions as to any action(s) you may take to have the decision reviewed, at which time this authorization shall cease to be effective.

Please contact me if I can be of further assistance.

Sincerely,
Eddie J. Stewart
Eddie J. Stewart
Health Facilities Program Manager
Health Facilities Commission
Licensure and Regulation Unit

cc: West Tennessee Regional Office



APPROVAL FOR FACILITY LICENSURE OR OCCUPANCY

Facility Type: HHA License # (if applicable): #302 716 County: Shelby

Initial Renovation _____ Satellite/Off Campus Location _____

Physical Plant/Services/New Addition _____ Relocation/Replacement Facility _____
(Circle One) (Circle One)

Facility Name: AOC TN, LLC

Address: 1661 International Dr City: Memphis Zip Code: 38120

Application and fee on file in Central Office (CO)? Yes No _____ CON #: _____

Project #: _____ Phase: _____ of _____

Facility approved for (if satellite/off campus site include address): Home Health Agency providing the following:
Skilled Nursing, Occupational Therapy, Physical Therapy and Speech Therapy to pediatric patients in all counties of TN.

Sprinklered: _____ (Full 100%) Partial: _____ (%)

Licensed bed count from: _____ to _____ Number of beds increased/decreased: _____

Total Licensed bed count: _____

If secured unit, number of beds in unit: _____ If Alzheimer's unit, number of beds in unit: _____
(NOTE: If this is an increase in the number of beds in a secured Alzheimer's unit, indicate number of beds approved for the increase number only)

Health Surveyor: Celia Skelley Date: 3/25/2026

Fire Safety: _____ Date: _____

CD Approved: Yes _____ No _____ N/A _____ Health Survey Required: Yes No _____; if Yes, please indicate which region: WTN

Facility's Letter of Notification received in Licensure: Yes _____ No N/A
(Completed by Central Office Licensure Staff)

CMS Paperwork (855, etc) approved and received in regional office: Yes _____ No
(NOTE: With exception of Initial Licensure Approvals)

Effective date: 5/14/2026 Licensure is recommended: Yes No _____

(Completed by Central Office Licensure Staff)
kzi Rhonda J. Rogers 5/13/2026

Regional Administrator/Facilities Construction Director or Designee Date

Eddie Stewart 5/14/2026

Licensure Program Unit Staff Date

Application Summary

12/15/25 1:42 PM

Page 1 of 6

Application Detail

License Type: **Home Health Services: Licensed**
Application: **Home Health Services: Initial Application**
Application Date: **12/15/2025 (mm/dd/yyyy)**

Organization Detail

Organization Name: **AOC TN, LLC**
Organization Type: **Limited Liability Company**

Addresses

Mailing Address

Address: **7300 State Highway 121 SB**
Suite 700
COLLIN
Mckinney, TX
75070
US

Phone Number: **903-532-1400**

Extension:

E-mail Address: **TNadmin@angelsocare.com**

Administrative

Name: **Angels of Care Pediatric Home Health**

Address: **7300 State Highway 121 SB**
Suite 700
COLLIN
Mckinney, TX
75070
US

Phone Number: **901-656-8996**

Extension:

E-mail Address:

TNadmin@angelsocare.com

Emergency Contact

Name:

Angels of Care Pediatric Home Health

Address:

7300 State Highway 121 SB

Suite 700

COLLIN

Mckinney, TX

75070

US

Phone Number:

901-656-8996

Extension:

E-mail Address:

TNadmin@angelsocare.com

Ownership of Building

Name:

Regus Management Group LLC

Address:

15305 Dallas Pkwy 12th Floor

DALLAS

Addison, TX

75001

US

Phone Number:

239-201-5695

Extension:

E-mail Address:

Joe.Gurke@iwgplc.com

Legal Entity

Name:

AOC TN, LLC

Address:

1661 International Dr. STE 400

OFC 465

SHELBY

Memphis, TN
38120
US
 Phone Number: **901-656-8996**
 Extension:
 E-mail Address: **TNadmin@angelsocare.com**
Parent Company
 Name: **AOC OPCO, LLC**
 Address: **8001 S. US Highway 75**
GRAYSON
Sherman, TX
75090
US
 Phone Number: **903-532-1400**
 Extension:
 E-mail Address: **TNadmin@angelsocare.com**

License Attributes Selected

Specialty	Home Health Aid Services Limited to Pediatric Occupational Therapy Physical Therapy Skilled Nursing Speech Therapy
Qualification/Certification	Pediatric -All Counties

Basic License Data

Do you have Branch Offices? If yes, enter number(s) of branch(es).	0
--	----------

Provide Administrator's Name: **Kellie Moore**

Provide the Ownership's Name: **AOC TN, LLC**

Is your facility accredited by a federally approved accrediting body? **No**

What type of Home Care Organization: Hospital Based or Nursing Home Based or Free Standing? **Other**

Provide a Yes or No, if your facility is Chain Affiliated **No**

Provide a Yes or No, if your facility has a Holding Company **No**

Provide a Yes or No, if your facility has a Parent Company **Yes**

Do you have Other Licensed Facilities in the state of Tennessee and/or other states? **No**

Do you have a contract with a management firm to operate this facility? **No**

Have any owners ever been denied a license, had a license suspended or revoke, had a suspension of admissions or paid any civil monitory penalties for a health care facility in Tennessee or in any other state? **No**

Certificate of Need Number:: **Exempt**

Provide a Yes or No, Do you provide services to a pediatric population? **Yes**

Provide a Yes or No, Is your agency a provider in the EEOICPA federal program? **No**

Administrator's Conviction Information

Administrator convicted of crime?: **No**

Individual Owners, Partners, Director or Head of Government Entity 1

The name of the individual owner, partner, director of the corporation or head of the government: **Jessica Riggs- Chief Executive Officer**

Street: **1122 Eden Ridge**

City: **Celina**

State: **Texas**

Zip: **75009**

Individual Owners, Partners, Director or Head of Government Entity 2

The name of the individual owner, partner, director of the corporation or head of the government: **Micah Ensor-VP of New Market Development**

Street: **6701 E Camino Santo**

City: **Scottsdale**

State: **Arizona**

Zip: **85254**

Individual Owners, Partners, Director or Head of Government Entity 3

The name of the individual owner, partner, director of the corporation or head of the government: **Mark Frates- Chief Financial Officer**

Street: **13406 Spring Grove Ave**

City: **Dallas**

State: **Texas**

Zip: **75240**

Owner Discipline Information

Have any of the owners of the disclosing entity ever been denied a license suspended or revoked?: **No**

Have any of owners of the disclosing entity had a suspension of admissions?: **No**

Have any of the owners of the disclosing entity paid any civil monetary penalties for a health care facility in Tennessee or any other state?: **No**

File Attachments

CON&GOOD STANDING.pdf

FINANCIAL&ORG CHART.pdf

Fees

Initial License Fee **\$1404.00**

Total Amount Due: **\$1404.00**

Attestation

I, being duly sworn and identified as the person referred to in this application attest to the truth of each statement made in said application. I further swear that I have read and understand the law and the Rules and Regulations regarding the practice of my profession, which are posted on the Board's Internet site and/or were provided to me by the Board office, and agree to abide by them in the practice as a Home Health Services facility in the State of Tennessee. I HEREBY: SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview. RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice as a Home Health Services facility. AUTHORIZE the Board, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications. RELEASE from liability the Board, its staff, and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character, and/or other qualifications, for certification. ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, and other qualifications, and for resolving any doubts about such qualifications. AUTHORIZE release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary. This certifies that the information submitted by me in this application is true and complete to the best of my knowledge and belief.



State of Tennessee
Health Facilities Commission

502 Deaderick Street, Andrew Jackson Building, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-2364 hsda.staff@tn.gov

**INITIAL NOTIFICATION OF HOME HEALTH ACCREDITATION FOR
CON EXEMPTION**

Instructions: This form must be filed with the Health Facilities Commission by any person who intends to establish a health care institution or initiates any service specified in T.C.A. 68-11-1607 (a) (3) pursuant to the exemption provided in T.C.A. 68-11-1607 (r) or T.C.A. 68-11-1607 (r) This form must be emailed to hsda.staff@tn.gov.

1. **REPORTING DATE:** 09/08/2025

2. **NAME AND ADDRESS OF PROVIDER**

AOC TN, LLC

Name

1661 International Drive, Suite 400 Office 465

Address

Memphis

TN

38120-1431

City

State

Zip

3. **CONTACT PERSON OR AUTHORIZED AGENT REPORTING EXEMPTION**

Crissy Baker

Director of State Agency Administration

Name

Title

cbaker@angeslofcare.com

Email Address

Angels of Care Pediatric Home Health

Company Name

7300 State Highway 121 SB, Suite 700

Address

McKinney

TX

75070-1991

City

State

Zip

210-875-0853

903-532-1401

Phone Number

Fax Number

4. IF SEEKING THE ESTABLISHMENT OF A HOME HEALTH AGENCY UNDER EXEMPTION, DATE OF LICENSE SUBMISSION:

5. IF CURRENTLY LICENSED, PROVIDE LICENSE #:

LIST CURRENT LICENSED COUNTIES:

COUNTIES LICENSED UNDER EEOICPA:

COUNTIES LICENSED UNDER PEDIATRIC

COUNTIES LICENSED AS HOME INFUSION ONLY:

LIST ANY EXISTING CERTIFICATE OF NEED LIMITATIONS/CONDITIONS:

6. DESCRIPTION OF EXEMPTED ACTIVITY:

LIST OF EXEMPTED COUNTIES TO BE ADDED UNDER THE FOLLOWING TYPES:

PEDIATRIC:

EEOICPA:

7. NAME AND ADDRESS OF PROVIDER

AOC TN, LLC

Name

1661 International Drive, Suite 400 Office 465

Address

Memphis

TN

38120-1431

City

State

Zip

8. ACCREDITATION (must be completed within 2 years of initial licensure)

Please Check

(Be advised that some accreditation organizations require 10 or more patients at a minimum before starting accreditation proceedings.)

- Community Health Accreditation Program, Inc.
- Accreditation Commission for Health Care and/or other accrediting body with deeming authority for home health services from CMS and participation in the Medicare Quality Initiatives
- Outcome and Assessment Information Set, and Home Health Compare, or other nationally recognized accrediting organization, for Home Health projects;

I UNDERSTAND THAT A HOME HEALTH AGENCY THAT PROVIDES HOME HEALTH SERVICES WITHOUT A CERTIFICATE OF NEED TO PEDIATRIC AND/OR EEOICPA PATIENTS THAT FAILS TO COMPLY WITH THE ACCREDITATION REQUIREMENTS IS SUBJECT TO LICENSURE SANCTIONS.



09/08/2025

Signature

Date

Crissy Baker

Printed Name

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AOC TN, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF NOVEMBER, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



10258056 8300

SR# 20254542911

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink that reads "C. P. Sanchez". The signature is written in a cursive style.

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 205299580

Date: 11-12-25

AOC TN, LLC

Entity Type: Foreign Limited Liability Company (LLC)

Formed in: DELAWARE

Term of Duration: Perpetual

Managed By: Member Managed

Series LLC: No

Number of Members: 6 or less

Status: Active

Control Number: 002037607

Initial Filing Date: 7/23/2025 9:27:21 AM

Fiscal Ending Month: December

AR Due Date: 04/01/2027

Obligated Member Entity: No

Registered Agent

C T CORPORATION SYSTEM

300 MONTVUE RD

KNOXVILLE, TN 37919-5546

Principal Office Address

7300 STATE HIGHWAY 121 STE 700

MCKINNEY, TX 75070

Mailing Address

7300 STATE HIGHWAY 121 STE 700

MCKINNEY, TX 75070

AR Standing: Good

RA Standing: Good

Other Standing: Good

Revenue Standing: N/A

[History \(4\)](#)

