

## CHANGE OF OWNERSHIP

9-28-2016

### Part I: Purchasing Organization Information

Name of Organization: **ARMAR Brookside Specialty Care of Mobile, LLC**  
Facility Name:  
(ADPH Licensure name) **Brookside on Cody Specialty Care**  
SHPDA ID Number: **097-S4913**  
Address (PO Box #): **680 Cody Rd., S.**  
City, State, Zip, County: **Mobile, AL 36695**  
Number/Type Licensed Beds: **Scalf – 16 beds**  
Owner(s): **ARMAR Brookside Specialty Care of Mobile, LLC**  
Operator(s): **Brookside Specialty Care of Mobile, LLC**

### Part II: Selling Organization Information

Name of Organization: **Lakefront Assisted Living Facility, Inc.**  
Address (PO Box #): **680 Cody Rd., S.**  
City, State, Zip, County: **Mobile, AL 36695**  
Number/Type Licensed Beds: **Scalf – 16 beds**  
Owner(s): **Lakefront Assisted Living Facility, Inc.**  
Operator(s): **Lakefront Assisted Living Facility, Inc. /  
O.A. Pesnell, Jr. (Owner & Governing Authority)**

### Part III: Value of Consideration

Monetary Value of Purchase: **See Exhibit A** No./Type Beds: **16**  
Terms of Purchase: **See Exhibit A**

### Part IV: List of Certificate of Need Authority

Number of Beds: **16**  
Types of Institutional Health Services **Specialty Care Assisted Living Facilities**  
List Service Area by County for Home Health Agencies: **N/A**

**On an Attached Sheet Please Address the Following:**

- \*1.) The financial scope of the project to include the preliminary estimate of costs broken down by equipment, construction, and yearly operating costs.
- \*2.) The services to be offered by the proposal (the applicant will state whether he has previously offered the service and whether the service is an extension of a presently offered service, or whether the service is a new service).
- \*3.) Whether the proposal will include the addition of any new beds.
- \*4.) Whether the proposal will involve the conversion of beds.
- \*5.) Whether the assets and stock (if any) will be acquired.

**Part V: Certification of Information**

I certify that I agree to provide the information necessary (financial, utilization of services and beds, etc.) so the new owner can have the necessary information to complete reports as necessary for the entire fiscal year. The purchaser has agreed to these terms,

**Seller(s) Signature(s):**

Owner(s):

Operator(s):

Title/Date:

*[Signature]* *(O.A. Peswell Jr)*  
*[Signature]*  
*9/28/16*

I certify that I will be responsible for retaining records as necessary to complete reports required for the entire fiscal year, and agree to these terms. I have enclosed a check in the amount of \$2,500 made payable to 'Alabama State Health Planning and Development Agency' to cover the cost of the change of ownership.

☒ YES ☐ NO

The above Purchaser and Seller have agreed to these purchase terms.

**Purchaser Signature:**

ARMAR Brookside Specialty Care of Mobile, LLC

**Title/Date:**

*[Signature]*  
*President* *9-28-16*

## **Exhibit "A"**

### **Part III**

The facility located at 680 Cody Rd., S., is part of a multi-party, multi-property transaction, in which affiliates of the Purchaser are also purchasing a 32 bed assisted living facility located at 2260 Pesnell Ct., Building #1, Mobile, Alabama 36695, Brookside Assisted Living Community, together with a retirement community comprised of approximately 30 acres with a total of eight-four (84) houses and apartments. The 680 Cody Rd., S. facility and its 16 beds are the only CON specialty care regulated beds being purchased. The fair market value of the total transaction for the 680 Cody Rd., S. facility and property does not exceed the current September 2016 capital expenditure threshold of \$5,709,099.00.

### **Part IV**

The 680 Cody Rd., S. facility will continue to operate with the same administrator, cost structure and services as are currently being provided by the Seller. No new beds will be added and no beds are being converted. The Purchaser is acquiring assets only. The 680 Cody Rd., S. property and facility will be leased to the Operator who will operate the facility.