ENSIGN SERVICES

KRISTIN OSUNA-LARSON
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CO2025-059

September 19, 2025

Alabama State Health Planning &
Development Agency
RSA Union Building
100 N. Union Street - Suite 870
Montgomery, Alabama 36104

Re: Notice of Change of Ownership/Control for Ball Healthcare-Eastview, Inc. dba Eastview Rehabilitation & Healthcare Center, SHPDA ID No. 073-N0032 ("facility") located at 7755 Fourth Avenue South, Birmingham, AL 35206-4425 and Arrington Valley Healthcare, Inc. dba The Health Center of Eastview. ("Buyer")

To Whom It Concerns:

Pursuant to the requirements established by the Alabama State Health Planning & Development Agency, this correspondence serves as formal notice of the pending change of ownership for the above-mentioned Facility. Please be advised that the operation at the facility is scheduled to transfer on November 1, 2025.

1. Services offered will remain the same and operate a skilled nursing facility;
2. No new beds will be added;
3. There will be no conversion of beds and
4. Under the OTA assets will be transferred at time of closing. No stocks will be transferred.

Arrington Valley Healthcare, Inc. dba The Health Center of Eastview will acquire Eastview Rehabilitation & Healthcare Center from Ball Healthcare-Eastview, Inc. the current authority/owner.

Current facility/provider: Eastview Rehabilitation & Healthcare Center
Name of operator of current authority: Ball Healthcare-Eastview, Inc. dba Eastview Rehabilitation & Healthcare Center

Should you have any questions or require further information, please do not hesitate to contact me at the phone number listed above or via e-mail at kosunalarson@ensignservices.net. Thank you for your time and attention to this matter.

Sincerely,

Kristin Osuna-Larson
Licensing Manager
Arrington Valley Healthcare, Inc. dba
The Health Center of Eastview

RECEIVED
Sep 19 2025
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

NOTICE OF CHANGE OF OWNERSHIP/CONTROL

The following notification of intent is provided pursuant to all applicable provisions of ALA. CODE § 22-21-270 (1975 as amended) and ALA. ADMIN. CODE r. 410-1-7-.04. This notice must be filed at least twenty (20) days prior to the transaction.

(●) Change in Direct Ownership or Control (of a vested Facility; ALA. CODE §§ 22-20-271(d), (e))
( ) Change in Certificate of Need Holder (ALA. CODE § 22-20-271(f))
( ) Change in Facility Management (Facility Operator)
Any transaction other than those above-described requires an application for a Certificate of Need.

Part I: Facility Information

SHPDA ID Number: 073-N0032
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Eastview Rehabilitaiton & Healthcare Center
(ADPH Licensure Name)

Physical Address: 7755 Fourth Avenue South
Birmingham, AL 35206

County of Location: JEFFERSON

Number of Beds/ESRD Stations: 90

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. _____.

Part II: Current Authority

(Note: If this transaction will result in a change in direct ownership or control, as defined under ALA. CODE § 22-20-271(e), please attach organizational charts outlining current and proposed structures.)

Owner (Entity Name) of Facility named in Part I: Ball Healthcare-Eastview, Inc.

Mailing Address: 7755 Fourth Avenue South
Birmingham, AL 35206

Operator (Entity Name): Eastview Rehabilitation & Healthcare Center

Part III: Acquiring Entity Information

Name of Entity: Arrington Valley Healthcare, Inc.

Mailing Address: 29222 Rancho Viejo Rd., Suite 127
San Juan Capistrano, CA 92675-1049

Operator (Entity Name): The Health Center of Eastview

Proposed Date of Transaction is on or after: 11/01/2025

Part IV: Terms of Purchase

Monetary Value of Purchase: $ Fair Market Value

Type of Beds: SNF

Number of Beds/ESRD Stations: 90

Financial Scope: to Include Preliminary Estimate of the Cost Broken Down by Equipment, Construction, and Yearly Operating Cost:

Projected Equipment Cost: $ ~~0.00~~ $270,000.00

Projected Construction Cost: $ ~~0.00~~ $270,000.00

Projected Yearly Operating Cost: $ $7,492,147.00

Projected Total Cost: $ ~~0.00~~ $8,032,147.00

On an Attached Sheet Please Address the Following:

1.) The services to be offered by the proposal (the applicant will state whether he has previously offered the service, whether the service is an extension of a presently offered service, or whether the service is a new service).

2.) Whether the proposal will include the addition of any new beds.

3.) Whether the proposal will involve the conversion of beds.

4.) Whether the assets and stock (if any) will be acquired.

Part V: Certification of Information

Current Authority Signature(s):

The information contained in this notification is true and correct to the best of my knowledge and belief.

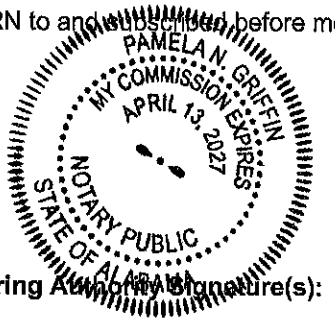
Owner(s): Ball HealthCare-Eastview, Inc. Clarence M Ball III

Operator(s): Ball HealthCare-East, LLC Clarence M Ball III

Title/Date: PRESIDENT & MANAGER 8-28-25

SWORN to and subscribed before me, this 28th day of August, 2025.

(Seal)



Pamela N. Griffin
Notary Public

My Commission Expires: 04-13-2027

Acquiring Authority Signature(s):

I agree to be responsible for reporting of all services provided during the current annual reporting period, as specified in ALA. ADMIN. CODE r. 410-1-3-.12. The information contained in this notification is true and correct to the best of my knowledge and belief.

Purchaser(s): _____ _____

Operator(s): _____ _____

Title/Date: _____ _____

SWORN to and subscribed before me, this _____ day of _____, _____.

(Seal)

_____
Notary Public

My Commission Expires: _____

Author: Alva M. Lambert
Statutory Authority: § 22-21-271(c), Code of Alabama, 1975
History: New Rule

SWORN to and subscribed before me, this _____ day of _____, _____.

(Seal) _____
Notary Public

My Commission Expires: _____

Acquiring Authority Signature(s):

I agree to be responsible for reporting of all services provided during the current annual reporting period, as specified in ALA. ADMIN. CODE r. 410-1-3-.12. The information contained in this notification is true and correct to the best of my knowledge and belief.

Purchaser(s): Soon Burnam, Secretary _____

Operator(s): Arrington Valley Healthcare, Inc. _____

Title/Date: Secretary 08/26/2025

SWORN to and subscribed before me, this _____ day of _____, _____.

See attached

(Seal) _____
Notary Public

My Commission Expires: _____

Author: Alva M. Lambert
Statutory Authority: § 22-21-271(c), Code of Alabama, 1975
History: New Rule

CALIFORNIA JURAT WITH AFFIANT STATEMENT **GOVERNMENT CODE § 8202**

☒ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], *not* Notary)

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____ _____

Signature of Document Signer No. 1 *Signature of Document Signer No. 2 (if any)*

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Orange

Subscribed and sworn to (or affirmed) before me on this 26th day of August, 2025,
Date *Month* *Year*
by
(1) Soon Burnam
(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

JUSTINE W. QUINTOS
Notary Public - California
Orange County
Commission # 2431603
My Comm. Expires Dec 19, 2026

Signature _____
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____