

**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: 125-S6303  
 (This can be found at [www.shpda.alabama.gov](http://www.shpda.alabama.gov), Health Care Data, ID Codes)

Name of Facility/Provider:  
 (ADPH Licensure Name) Morning Pointe of Tuscaloosa SCALF

Physical Address: 1801 Rice Mine Rd. N  
Tuscaloosa, AL 35406

County of Location: TUSCALOOSA

Number of Beds/ESRD Stations: 60

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: Tuscaloosa Medical Investors, LLC

Mailing Address: P.O. Box 813  
Ooltewah, TN 37363

Operator (Entity Name): Senior Care Associates, LLC

**Part III: Acquiring Entity Information**

Name of Entity: Water Oak Enterprises LLC

Mailing Address: 810 Long Leaf Drive  
Jasper, AL 35504

Operator (Entity Name): Water Oak Villa of Tuscaloosa

Proposed Date of Transaction is on or after: 4/9/2026

**Part IV: Terms of Purchase**

Monetary Value of Purchase: \$ 3,400,000.00

Type of Beds: SCALF

Number of Beds/ESRD Stations: 60

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

Projected Equipment Cost: \$ 0

Projected Construction Cost: \$ 0

Projected Yearly Operating Cost: \$ 2,600,000

Projected Total Cost: \$ 2,600,000

**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.

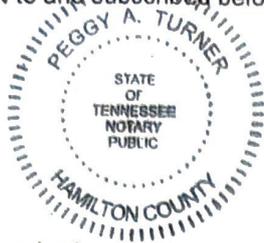
Owner(s): Tuscaloosa Medical Institute 

Operator(s): Senior Care Associates 

Title/Date: Secretary, 3-5-26

SWORN to and subscribed before me, this 5<sup>th</sup> day of March, 2026.

(Seal)



Peggy A. Turner  
Notary Public

My Commission Expires: 11/27/2028

**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): [Signature] \_\_\_\_\_

Operator(s): [Signature] \_\_\_\_\_

Title/Date: Owar / 3-9-2026 \_\_\_\_\_

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

**See Attached Form for  
Notary Certificate**



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 San Luis Obispo

Subscribed and sworn to (or affirmed) before me on this 9<sup>th</sup> day of March, 2026, by  
Date Month Year

(1) Brett Allan Jr.

(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.

Signature [Handwritten Signature]  
Signature of Notary Public



Place Notary Seal and/or Stamp Above

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: Notice of Change of Ownership / Control

Document Date: 3/9/2026 Number of Pages: 4 + Attached

Signer(s) Other Than Named Above: \_\_\_\_\_



Attachment to Notice of Change of Ownership/Control

- 1.) Water Oak Enterprises currently operates a SCALF in Jasper, AL. We plan to continue operations of the existing SCALF facility in Tuscaloosa, AL.
- 2.) This proposal will not include the additions of any new beds.
- 3.) This proposal will not involve the conversion of beds.
- 4.) There will be no acquisition of assets or Stock.