

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: 117-N0004
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider:
(ADPH Licensure Name) CHANDLER HEALTH & REHAB CENTER, LLC

Physical Address: 850 NW 9TH ST
Alabaster, AL 35007

County of Location: Shelby
Number of Beds/ESRD Stations: 198

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. Not applicable

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: CHANDLER HEALTH & REHAB CENTER, LLC

Mailing Address: 8369 Rivoli Road
Bolingbroke, GA 31004
Attn: Michael E. Winget, Sr.

Operator (Entity Name): CHANDLER HEALTH & REHAB CENTER, LLC

Part III: Acquiring Entity Information

Name of Entity: Alabaster Operating Group LLC

Mailing Address: 544 Park Ave., Ste B04
Brooklyn, NY 11205

Operator (Entity Name): Alabaster Operating Group LLC

Proposed Date of Transaction is on or after: May 1, 2018

Part IV: Terms of Purchase

Monetary Value of Purchase: 3 year lease at \$480,000/yr.

Type of Beds: Skilled Nursing

Number of Beds/ESRD Stations: 198

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

Projected Equipment Cost: \$ 60,000/yr.

Projected Construction Cost: \$ 0.00

Projected Yearly Operating Cost: \$ 12,000,000

Projected Total Cost: \$ 12,060,000/yr.

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.

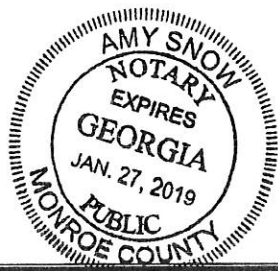
Owner(s): Chandler Health & Rehab Center, LLC By: [Signature]

Operator(s): Chandler Health & Rehab Center, LLC By: [Signature]

Title/Date: Manager 3/30/18 [Signature]

SWORN to and subscribed before me, this 30 day of March, 2018.

(Seal)



A-84

[Signature] Notary Public

My Commission Expires: 1-27-19

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): Alabaster Operating Group LLC By: [Signature] 

Operator(s): Alabaster Operating Group LLC By: [Signature] 

Title/Date: Signed by its Managing Member Anshel Niederman on March 30, 2018

SWORN to and subscribed before me, this 30th day of March, 2018.

(Seal)

MALKA F. KLEIN
NOTARY PUBLIC, State of New York
No. 01-KL6327289
Qualified in Kings County
Commission Expires 07/06/2019

[Signature]
Notary Public

My Commission Expires: 07/06/19

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

Attached to
Notice of Change of Ownership/Control
Chandler Health & Rehab Center
SHPDA ID: 117-N0004

- 1.) The services to be offered by the proposal will be the same services currently being provided to residents, no change in services are planned.
- 2.) The proposal will not include the addition of any new beds.
- 3.) Whether the proposal will not involve the conversion of beds.
- 4.) This is an asset transfer as it relates to the operations at the facility. The land and buildings are not being sold at this time. A new lease will be entered into between the current land owner and the proposed new operator.