

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: 097-N003
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Gordon Oaks Health & Rehab
(ADPH Licensure Name)

Physical Address: 3151-A Knollwood Drive
Mobile, AL 36693

County of Location: Mobile

Number of Beds/ESRD Stations: 71 - certified skilled nursing

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

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: Knollwood NH, LLC

Mailing Address: 3151-A Knollwood Drive
Mobile, AL 36693

Operator (Entity Name): Gordon Oaks at Greystoke, LLC

Part III: Acquiring Entity Information

Name of Entity: Knollwood NH, LLC
Two Buckhead Plaza

Mailing Address: 3050 Peachtree Rd., NW, Suite 355
Atlanta, GA 30305

Operator (Entity Name): Knollwood NH, LLC

Proposed Date of Transaction is on or after: 11/01/2018

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ N/A

Type of Beds: Skilled Nursing Facility beds

Number of Beds/ESRD Stations: 71

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

Projected Equipment Cost: \$ None

Projected Construction Cost: \$ None

Projected Yearly Operating Cost: \$ 5,500,000

Projected Total Cost: \$ 5,500,000

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): There will be no change in the real property ownership.

Operator(s): 

Title/Date: Manager 10/11/18
(date)

SWORN to and subscribed before me, this 2 day of October, 2018.

(Seal)



Amy Snow
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): There will be no change in the real property ownership.

Operator(s): _____

Title/Date: Manager _____
(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): There will be no change in the real property ownership.

Operator(s): ✓ William P. Hui, Sr.

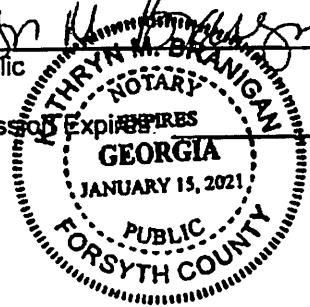
Title/Date: Manager ✓ 10/5/18
(date)

SWORN to and subscribed before me, this 5th day of October, 2018.

(Seal)

Kathryn M. Branigan
Notary Public

My Commission Expires _____



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

Alabama State Health Planning & Development Agency

CHANGE OF OPERATOR

Part IV: Terms of Purchase - Attachment

1. The services provided will be skilled nursing care as offered by the previous operator.
2. There will be no new beds added.
3. There will be no conversion of beds.
4. This transaction is a change in operator only.