

Dec 10 2020

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-S3704
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider:
(ADPH Licensure Name) Mount Royal Towers

Physical Address: 300 Royal Tower Drive

Homewood, Alabama 35209

County of Location: Jefferson

Number of Beds/ESRD Stations: 113 SCALF Beds

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 Vestavia Hills, Ltd.

Facility named in Part I:

Mailing Address: 9619 Chesapeake Drive, Suite 103

San Diego, California 92123

Operator (Entity Name): Vestavia Hills, Ltd.

Part III: Acquiring Entity Information

Name of Entity: Summit Lifecare, LLC

Mailing Address: 300 Royal Tower Drive

Homewood, Alabama 35209

Operator (Entity Name): Summit Lifecare, LLC

Proposed Date of Transaction is on or after: 12/10/2020

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ N/A - See Attached Letter

Type of Beds: SCALF

Number of Beds/ESRD Stations: 113 Beds

Financial Scope: to Include Preliminary Estimate of the Cost Broken Down by Equipment, Construction, and Yearly Operating Cost: **N/A - See Attached Letter**

Projected Equipment Cost: \$ _____

Projected Construction Cost: \$ _____

Projected Yearly Operating Cost: \$ _____

Projected Total Cost: \$ _____

On an Attached Sheet Please Address the Following: See Attached Letter

- 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): Vestavia Hills, Ltd.

Renee Barnard
Renee Barnard, Executive Director

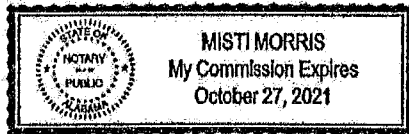
Operator(s): Vestavia Hills, Ltd.

Renee Barnard
Renee Barnard, Executive Director

Title/Date: 12/9/2020

SWORN to and subscribed before me, this 9th day of December, 2020.

(Seal)



Misti Morris
Notary Public

My Commission Expires: 10/27/2021

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): Summit Lifecare, LLC

Renee Barnard
Renee Barnard, Member

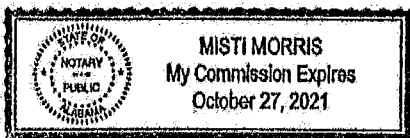
Operator(s): Summit Lifecare, LLC

Renee Barnard
Renee Barnard, Member

Title/Date: 12/9/2020

SWORN to and subscribed before me, this 9th day of December, 2020.

(Seal)



Misti Morris
Notary Public

My Commission Expires: 10/27/2021

Author: Alva M. Lambert

Statutory Authority: § 22-21-271(c), Code of Alabama, 1975

History: New Rule