

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: 065-N0001
 (This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Colonial Haven Care & Rehabilitation Center
 (ADPH Licensure Name)

Physical Address: 616 Armory Street
Greensboro, AL 36744-2110

County of Location: HALE

Number of Beds/ESRD Stations: 97

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: American Health Corporation

Mailing Address: Four Tower Bridge
200 Barr Harbor Drive, Suite 400
West Conshohocken, PA 19428

Operator (Entity Name): West Conshohocken, PA 19428

Part III: Acquiring Entity Information

Name of Entity: DAC of Greensboro, LLC

Mailing Address: 1621 Galleria Blvd.
Brentwood, TN 37027

Operator (Entity Name): Diversicare of Greensboro

Proposed Date of Transaction is on or after: 04/01/2022

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ 10,670,000.00

Type of Beds: Skilled Nursing Facility

Number of Beds/ESRD Stations: 97

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

Projected Equipment Cost: \$ _____

Projected Construction Cost: \$ _____

Projected Yearly Operating Cost: \$ _____

Projected Total Cost: \$ 0.00

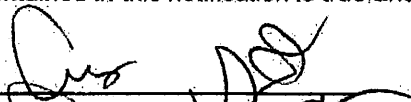
On an Attached Sheet Please Address the Following:

- 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):

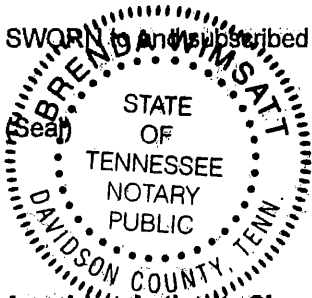
The information contained in this notification is true and correct to the best of my knowledge and belief.

Owner(s):  American Health Corp.

Operator(s):  _____

Title/Date: CEO 2/20/22

SWORN to and subscribed before me, this 28th day of February, 2022.



Brenda Wimsatt
Notary Public

My Commission Expires: 09/02/2024

Acquiring Authority Signature(s):

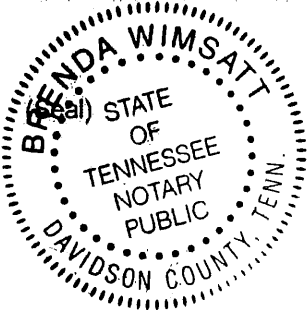
I agree to be responsible for reporting of all services provided during the current annual reporting period, as specified in ALA. ADMIN. CODE r. 410-1-3-.12. The information contained in this notification is true and correct to the best of my knowledge and belief.

Purchaser(s): Mark Fulk DAC of Greensboro, LLC

Operator(s): Mark Fulk Diversicare of Greensboro

Title/Date: CFO/Secretary 02/28/2022

SWORN to and subscribed before me, this 28th day of February, 2022.



Brenda Wimsatt
Notary Public

My Commission Expires: 09/02/2024

Author: Alva M. Lambert

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

History: New Rule

Certificate # 24610

Alabama

STATE BOARD OF HEALTH

This is to certify that a license is hereby granted by the State Board of Health to
AMERICAN HEALTH CORPORATION
to operate

COLONIAL HAVEN CARE & REHABILITATION CENTER

as a

NURSING HOME

This license is valid for the following location

616 ARMORY ROAD • GREENSBORO, AL 36744



Licensed Beds: 97

N3301

Facility Identification

2022

Scott Harris, M.D.

Scott Harris, M.D.
State Health Officer

This License shall expire December 31, 2022.

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: 065-N0001
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Colonial Haven Care & Rehabilitation Center
(ADPH Licensure Name)

Physical Address: 616 Armory Street
Greensboro, AL 36744-2110

County of Location: HALE

Number of Beds/ESRD Stations: 97

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: American Health Corporation

Mailing Address: Four Tower Bridge
200 Barr Harbor Drive, Suite 400
West Conshohocken, PA 19428

Operator (Entity Name): West Conshohocken, PA 19428

Part III: Acquiring Entity Information

Name of Entity: DAC of Greensboro, LLC

Mailing Address: 1621 Galleria Blvd.
Brentwood, TN 37027

Operator (Entity Name): Diversicare of Greensboro

Proposed Date of Transaction is on or after: 04/01/2022

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ 10,670,000.00

Type of Beds: Skilled Nursing Facility

Number of Beds/ESRD Stations: 97

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

Projected Equipment Cost: \$ _____

Projected Construction Cost: \$ _____

Projected Yearly Operating Cost: \$ _____

Projected Total Cost: \$ 0.00

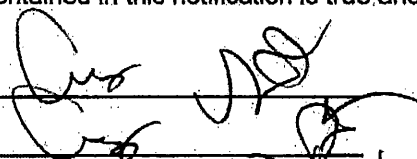
On an Attached Sheet Please Address the Following:

- 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):

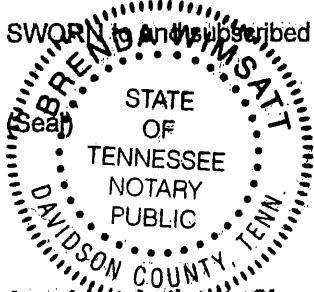
The information contained in this notification is true and correct to the best of my knowledge and belief.

Owner(s):  American Health Corp.

Operator(s):  _____

Title/Date: CEO 2/20/22

SWORN to and subscribed before me, this 28th day of February, 2022.



Brenda Wimsatt
Notary Public

My Commission Expires: 09/02/2024

Acquiring Authority Signature(s):

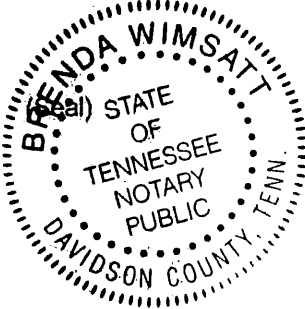
I agree to be responsible for reporting of all services provided during the current annual reporting period, as specified in ALA. ADMIN. CODE r. 410-1-3-.12. The information contained in this notification is true and correct to the best of my knowledge and belief.

Purchaser(s): Marta Fink DAC of Greensboro, LLC

Operator(s): Marta Fink Diversicare of Greensboro

Title/Date: CFO/Secretary 02/28/2022

SWORN to and subscribed before me, this 28th day of February, 2022.



Brenda Wimsatt
Notary Public

My Commission Expires: 09/02/2024

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

NOTICE OF CHANGE OF OWNERSHIP/CONTROL

Colonial Haven Care & Rehabilitation Center

PART IV

- 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). *Skilled nursing services will be provided by Diversicare, a current operator in the State of Alabama.*
- 2.) Whether the proposal will include the addition of any new beds. N/A
- 3.) Whether the proposal will involve the conversion of beds. N/A
- 4.) Whether the assets and stock (if any) will be acquired. N/A