## **CHANGE OF OWNERSHIP**

SEF U.1 2016

Part I: Purchasing Orga	nization Information	STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
Name of Organization:	Diversicare of Boaz, LLC	
Facility Name: (ADPH Licensure name)	Diversicare of Boaz, LLC	
SHPDA ID Number:	095-N0003	
Address (PO Box #):	600 Corley Avenue	
City, State, Zip, County:	Boaz, AL 35957-5952, Marshall	
Number/Type Licensed Beds:	100/Nursing Home	
Owner(s):	Diversicare of Boaz, LLC	
Operator(s):	Diversicare of Boaz, LLC	
Part II: Selling Organiza	tion Information	
Name of Organization:	GGNSC Boaz LLC	
Address (PO Box #):	600 Corley Avenue	
City, State, Zip, County:	Boaz, AL 35957-5952, Marshall	<del></del>
Number/Type Licensed Beds:	100/Nursing Home	
Owner(s):	GPH Boaz LLC	
Operator(s):	GGNSC Boaz LLC	
Part III: Value of Consid	eration	
Monetary Value of Purchase:	\$_0.00 No./Type Beds: 100/Nursin	g Home
Terms of Purchase:	New operator entering into lease with landlord (add more pages as necessary to describe the sale)	•
Part IV: List of Certificat	e of Need Authority	
Number o	f Beds: 100/Nursing Home	
Types of Institutional Health Se	ervices: Skilled nursing	
List Service Area by County for	Home Health Agencies: N/A	

State Health Planning And Dev	velopment Agency Alabama CON Rules & Regulations
On an Attached Sheet	Please Address the Following:
*1.) The financial scope equipment, construction,	of the project to include the preliminary estimate of costs broken down by , and yearly operating costs.
	offered by the proposal (the applicant will state whether he has previously whether the service is an extension of a presently offered service, or new service).
*3.) Whether the proposa	al will include the addition of any new beds.
*4.) Whether the proposa	al will involve the conversion of beds.
*5.) Whether the assets	and stock (if any) will be acquired.
Part V: Certification	n of Information
beds, etc.) so the new ov	rovide the information necessary (financial, utilization of services and wner can have the necessary information to complete reports as fiscal year. The purchaser has agreed to these terms,
Seller(s) Signature(s): Owner(s):	700 Col
Operator(s):	1000 Kool
Title/Date:	HOLLY RASMUSSEN-JONES &- 31-2016
for the entire fiscal year,	SECRETARY consible for retaining records as necessary to complete reports required and agree to these terms. I have enclosed a check in the amount of 'Alabama State Health Planning and Development Agency' to cover fownership.
X YESNO	The above Purchaser and Seller have agreed to these purchase terms.  Diversicare Leasing Company III, LLC, the Sole Member of Diversicare of Boaz, LLC
Purchaser Signature:	By: Matthew J. Weishaar, Senior Vice
Title/Date:	President and Assistant Secretary

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	elopment Agency	Alabama CON Rules & Regulation
On an Attached Sheet	Please Address the Following:	
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	hether the service is an extension	nt will state whether he has previously of a presently offered service, or
*3.) Whether the proposa	al will include the addition of any ne	ew beds.
*4.) Whether the proposa	al will involve the conversion of bed	ls.
*5.) Whether the assets a	and stock (if any) will be acquired.	
Part V: Certification	of Information	
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beds, etc.) so the new ownecessary for the entire find the entire fiscal year, at the cost of the change of the entire fiscal year, at the entire fiscal year.	onsible for retaining records as necessary information of the purchaser has agreed on the purchaser has agreed on the purchaser has a present and agree to these terms. I have estand agree to the terms	nation to complete reports as seed to these terms,  By:  By:  Dessary to complete reports required enclosed a check in the amount of and Development Agency' to cover

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## Attachment to Change of Ownership Alabama State Health Planning and Development Agency

- The financial scope of the project to include the preliminary estimate of costs broken down by equipment, construction, and yearly operating costs.
  - The real property of the facility will not be transferring ownership, but rather
    Diversicare of Boaz, LLC will be entering into a new-lease with the property owner.
    Therefore, the financial scope pertaining to equipment and construction costs will not apply. We project annual operating expenses of approximately \$6,389,914 to run the facility.
- The services to be offered by the proposal (the applicant will state whether he has previously offered the service and whether the service is an extension of a presently offered service, or whether the service is a new service).
  - The Purchasing Organization will offer skilled nursing services to the residents which will be a continuation of the services presently offered at the facility. The Purchasing Organization has not previously offered the service. The Purchasing Organization is entering into a lease of the existing facility.
- Whether the proposal will include the addition of any new beds.
  - o The proposal will not include the additional of any new beds.
- Whether the proposal will involve the conversion of beds.
  - o The proposal will not involve the conversion of beds.
- Whether the assets and stock (if any) will be acquired.
  - o Assets and stock will not be acquired.