

May 06 2025

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: 101-S5129
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Haven Memory Care on Halcyon
(ADPH Licensure Name)

Physical Address: 1775 Halcyon Blvd
Montgomery, AL 36117

County of Location: MONTGOMERY

Number of Beds/ESRD Stations: 64

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: Eastchase Senior Living, LLC

Mailing Address: 25819 Canal Road
Orange Beach, AL 36561

Operator (Entity Name): Eastchase Senior Living, LLC

Part III: Acquiring Entity Information

Name of Entity: H & C Holdings, LLC

Mailing Address: 43502 State Highway 75
Altoona, Alabama 35952

Operator (Entity Name): Crossroads Senior Management, Inc.

Proposed Date of Transaction is
on or after: 05/31/2025

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ 4,000,000.00

Type of Beds: SCALF

Number of Beds/ESRD Stations: 64

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

Projected Equipment Cost: \$ 0.00

Projected Construction Cost: \$ 0.00

Projected Yearly Operating Cost: \$ 3,200,000.00


Projected Total Cost: \$ 3,200,000.00


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):  Nick O'Wilmott, CSO

Operator(s):  Nick O'Wilmott, CSO

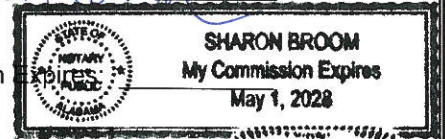
Title/Date: Chief Strategy Officer 4/30/2025

SWORN to and subscribed before me, this 30th day of April, 2025.

(Seal)

Notary Public

My Commission

**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): _____

Operator(s): _____

Title/Date: Member 4/30/25

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 30th day of April, 2025

(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):

Operator(s):

Title/Date:

[Signature]

[Signature]

Owner/Operator 4-30-25

SWORN to and subscribed before me, this 30th day of April, 2025

(Seal)

Notary Public

My Commission Expires: _____



SAVE

PRINT

SUBMIT

Author: Alva M. Lambert

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

History: New Rule

SHPDA Change of Ownership Notification

Acquiring Entity Additional Information

- 1. The services to be offered are the same that are currently being offered by the Seller. The acquiring entity and the operator currently own and operate and have owned and operated SCALF beds in the state of Alabama for approximately the last ten (10) years.**
- 2. There are no new beds proposed at this time.**
- 3. There will be no conversion of existing beds at this time.**
- 4. The real estate and the furniture, fixtures and equipment are being acquired. No stock of the current ownership entity is being acquired.**