



Single-Tenant Specialty
Medical Outpatient
Facility on Long Island's
Gold Coast

12.8 Years of WALT

3.0% Fixed Annual
Escalations

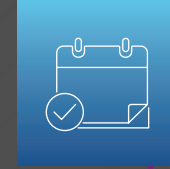


NEW YORK BARIATRIC
ROSLYN HEIGHTS MOB

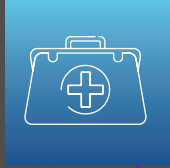
INVESTMENT HIGHLIGHTS



100% Leased to Leading
Regional Physician Group



Long-Term NNN Lease with
3.0% Fixed Escalations



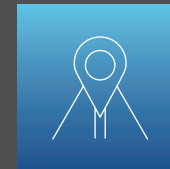
Multi-Specialty
Outpatient Platform



Long Island's Gold Coast:
Affluent & Supply-Constrained

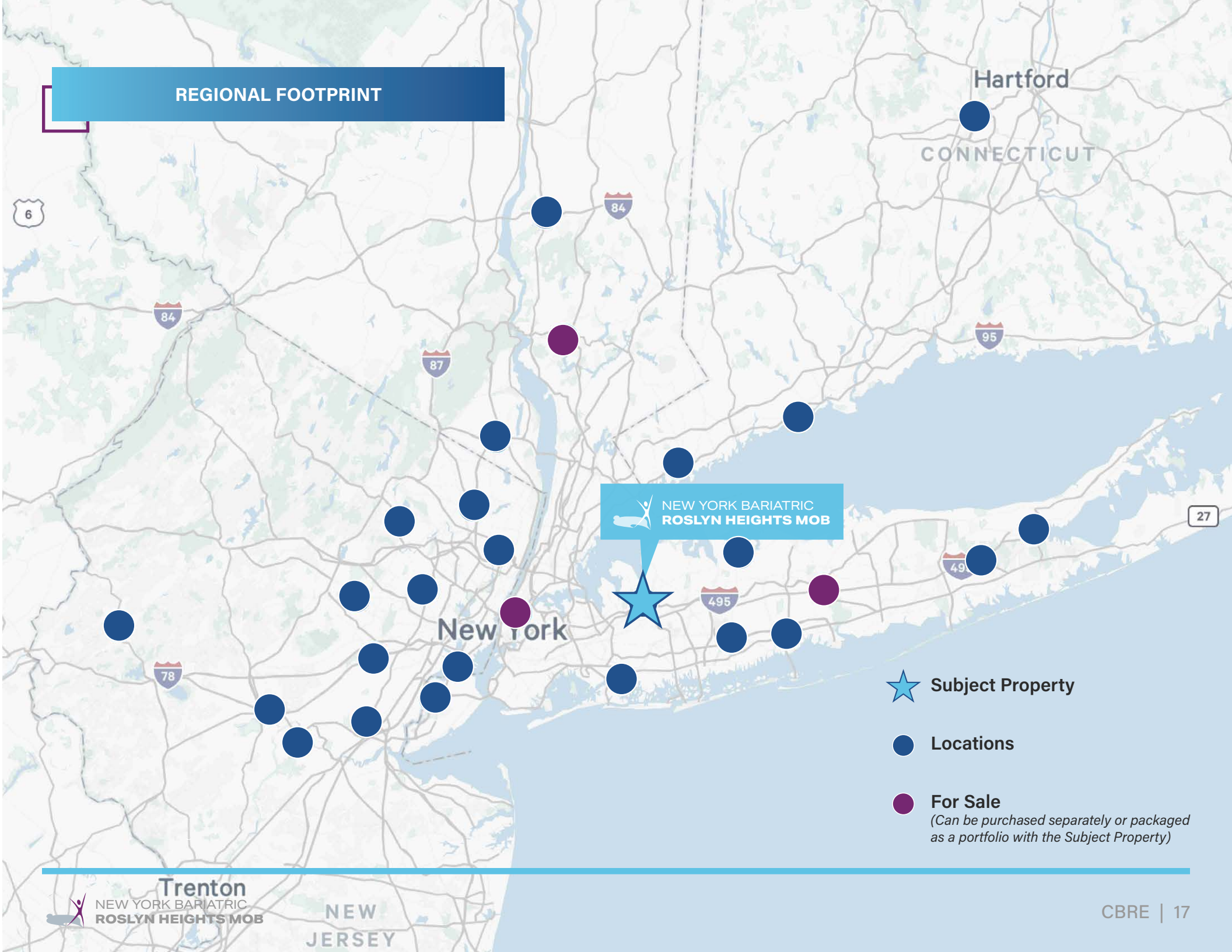


Partnerships with Leading
Northeast Health Systems




Infill Location with Direct
Tri-State Connectivity


REGIONAL FOOTPRINT



 **NEW YORK BARIATRIC
ROSLYN HEIGHTS MOB**

 **Subject Property**

 **Locations**

 **For Sale**
(Can be purchased separately or packaged as a portfolio with the Subject Property)

BARIATRIC SURGERY: MARKET & DEMAND FUNDAMENTALS

The U.S. metabolic and bariatric surgery market is supported by durable, secular healthcare demand fundamentals tied to the persistent rise in obesity and its associated comorbidities, including Type 2 diabetes, cardiovascular disease, and obstructive sleep apnea. The CDC reports adult obesity and severe obesity prevalence in the U.S. at 40% and 9.4%, respectively, while the World Health Organization projects the global population living with obesity will reach 1.53 billion by 2035, up from approximately 1.0 billion in 2022. Despite this scale, the American Society for Metabolic and Bariatric Surgery (ASMBS) estimates that fewer than 1% of clinically eligible patients undergo bariatric surgery in any given year, underscoring a structurally underpenetrated market with significant runway for sustained procedural volume.

Procedure-level dynamics reinforce the outpatient orientation of bariatric care. Sleeve gastrectomy now accounts for over 55% of all U.S. metabolic and bariatric procedures, reflecting shorter recovery times, reduced operative complexity, and durable long-term outcomes. Outpatient bariatric volumes at U.S. ambulatory surgery centers grew approximately 13% between 2023 and 2025, supported by Medicare and major commercial payer fee-schedule updates that now reimburse outpatient metabolic surgery, and by accreditation programs that explicitly include outpatient quality standards. Advancements in laparoscopic and robotic-assisted technique have shifted a growing share of pre-operative consultations, post-operative monitoring, and longitudinal weight management services into office-based and ambulatory settings.

These dynamics favor specialized outpatient medical providers where intermittent patient visits tied to long-term treatment protocols drive consistent occupancy and stable performance.



40%

U.S. ADULT OBESITY PREVALENCE

- Centers for Disease Control and Prevention

1.53B

GLOBAL POPULATION LIVING WITH OBESITY BY 2035

- World Health Organization

<1%

OF CLINICALLY ELIGIBLE PATIENTS RECEIVE BARIATRIC SURGERY ANNUALLY

- American Society for Metabolic and Bariatric Surgery

Sources: Centers for Disease Control and Prevention; World Health Organization; American Society for Metabolic and Bariatric Surgery (ASMBS) Numbers Taskforce; Mordor Intelligence (Bariatric Surgery Market Report, 2025)



Annual Cost Of Care GLP-1 Therapy



\$9,360 – \$16,200
PER YEAR, TYPICALLY
OUT-OF-POCKET



METABOLIC & BARIATRIC SURGERY

\$15,000 – \$23,000 one-time,
typically covered for BMI \geq 35

Sources: American Society for Metabolic and Bariatric Surgery; NYU Langone Health; Centers for Disease Control and Prevention; Becker's Hospital ReviewNorthwestern Medicine

GLP-1 THERAPIES EXPAND THE MARKET FOR BARIATRIC SURGERY

GLP-1 therapies broaden access to clinically meaningful weight loss and may delay some surgical decisions, but they do not replace metabolic and bariatric surgery on the dimensions that drive long-term volumes and NYBG's platform is positioned to capture demand on both sides of the substitution.

- NYBG captures GLP-1 demand directly through in-house prescribing, nutrition counseling, and longitudinal follow-up, converting potential surgical substitution into incremental platform revenue rather than ceding it to retail pharmacy channels
- Per ASMBS, U.S. metabolic and bariatric procedure volumes declined approximately 3.5% in 2023 and stepped down further in 2024 amid the GLP-1 prescription surge; ASMBS leadership has characterized this as a substitution effect rather than a structural shift, citing a rebound underway as GLP-1 discontinuation patients return for definitive surgical intervention
- Approximately 54% of GLP-1 patients discontinue therapy within one year and 72% within two years; the majority regain meaningful weight, generating downstream surgical demand rather than displacing it
- Insurance coverage remains structurally favorable for surgery (typically covered at BMI \geq 35), while GLP-1 weight-loss indications are frequently excluded from commercial plans and from Medicare
- Per CDC, U.S. prevalence of obesity and severe obesity is 40% and 9.4%, respectively, sustaining surgical demand among the high-BMI population for whom GLP-1 monotherapy delivers insufficient weight reduction

Sources: Becker's Hospital Review, NYU Langone Health, American Society for Metabolic and Bariatric Surgery

SURGERY OUTPERFORMS GLP-1s

4X

the weight loss of GLP-1 therapy at two years

Bariatric surgery patients lost 27% of total body weight versus 6% for GLP-1 patients over a two-year period.

- NYU Langone Health, Bellevue Division of Bariatric and General Surgery



DURABILITY

72%

of GLP-1 patients discontinue therapy within two years and regain meaningful weight

- American Society for Metabolic and Bariatric Surgery

DIABETES REMISSION

60–75%

long-term Type 2 diabetes remission rate following bariatric surgery, often before significant weight loss occurs

- JAMA Surgery; New England Journal of Medicine

COST OF CARE

3–5X

the five-year cost of GLP-1 therapy versus surgery (\$54K–\$78K vs. \$15K–\$25K)

- ASMBS; Centers for Disease Control and Prevention

GLP-1 therapies are additive to long-term bariatric surgical demand, not substitutive. NYBG's integrated platform captures pharmacologic and surgical revenue across the full patient journey at the Roslyn Heights MOB.

BARIATRIC OUTPATIENT CLASS

Bariatric outpatient care is defined by long-cycle patient engagement, specialized clinical infrastructure, and limited substitution risk - characteristics that have supported NYBG's continuous occupancy at the Roslyn Heights MOB since 2012 and underpin the durability of the asset's cash flow.



MULTI-YEAR PATIENT RELATIONSHIPS

Bariatric care extends across a multi-year clinical protocol - pre-operative consultation and surgical workup, immediate post-operative recovery, and lifetime nutritional, behavioral, and metabolic monitoring. Patient relationships routinely span a decade or longer, generating recurring visit volumes that support consistent site utilization and stable practice economics



SPECIALIZED CLINICAL ENVIRONMENT

Bariatric outpatient practices require purpose-built infrastructure including consultation suites, nutrition counseling space, IV infusion capability, and behavioral health treatment areas. NYBG's full interior renovation of the Property reflects the significant capital investment characteristic of the specialty and reinforces long-term commitment to the Property



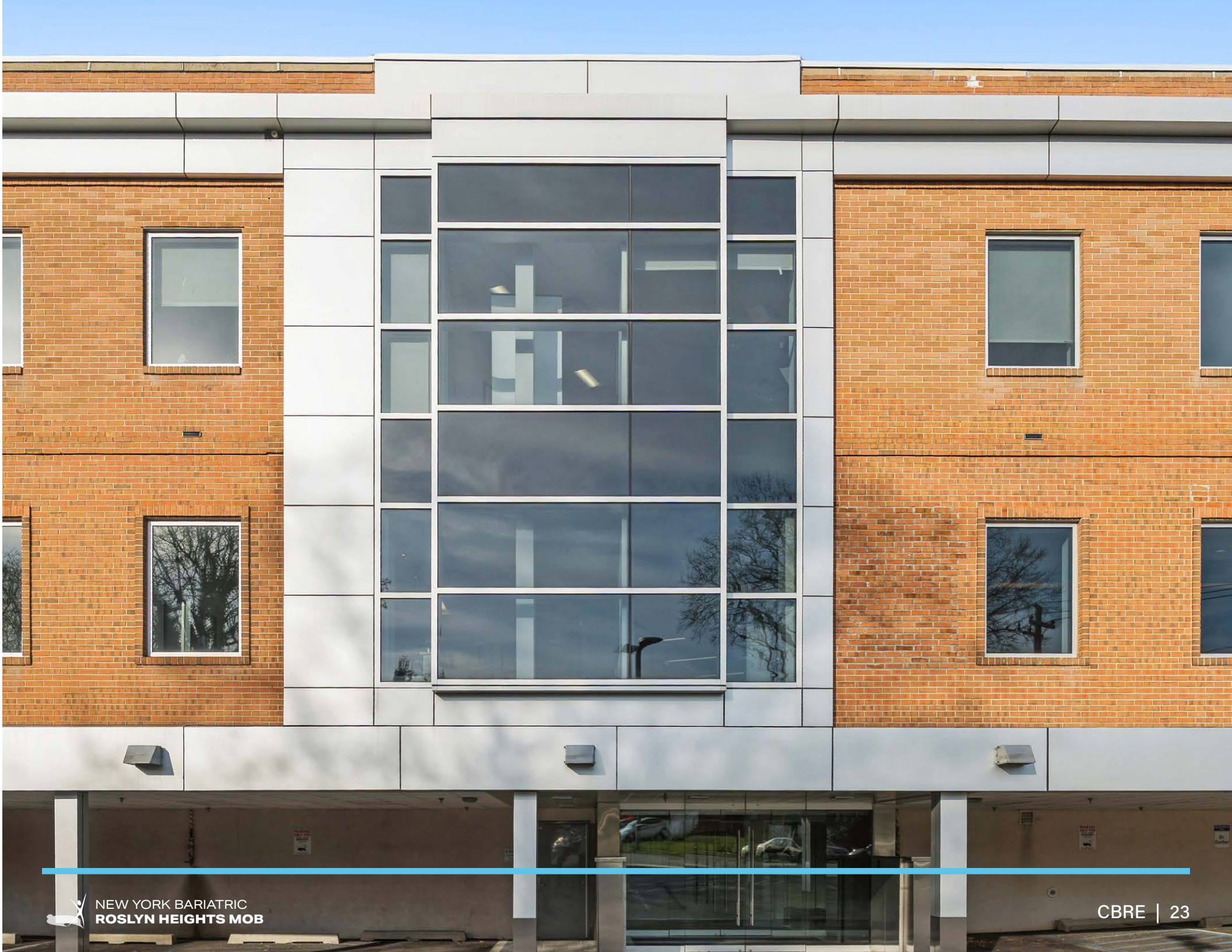
IN-PERSON CARE DELIVERY

Pre- and post-operative bariatric protocols require in-person clinical assessment, vitals monitoring, laboratory work, IV therapy, and procedure-room utilization that cannot migrate to virtual delivery. Bariatric outpatient utilization has remained stable through the secular shift toward telehealth that has compressed visit volumes in primary care, behavioral health, and other office-based specialties



ESTABLISHED REGIONAL PLATFORMS

Bariatric care in the Northeast is delivered by a small number of scaled regional platforms with established hospital affiliations, payor relationships, and physician networks. NYBG operates 27 locations across New York, New Jersey, and Connecticut - a footprint that positions the practice as the leading bariatric provider in the New York metropolitan area's most affluent submarket



VILLA ST

ADDRESS:

125 Mineola Avenue, Roslyn Heights, NY

YEAR BUILT/RENOV.:

1965/1995/2014/2021

STORIES:

Three (3)

OCCUPANCY:

100%

OWNERSHIP:

Fee Simple

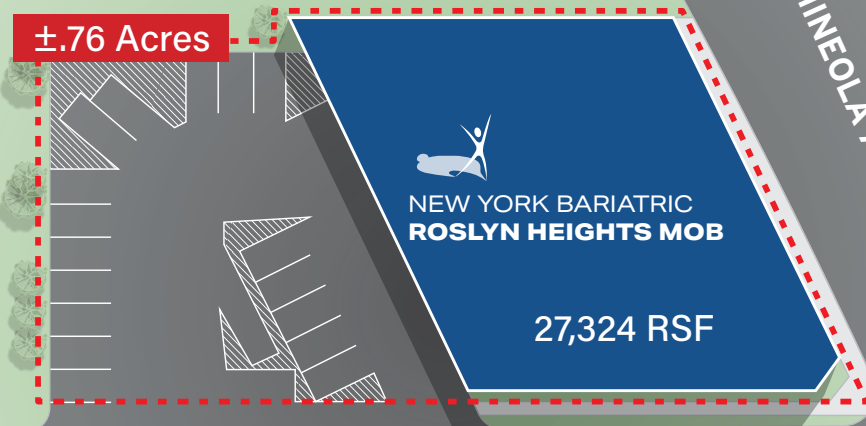
COUNTY:

Nassau

ZONING:

B-B (Business-B)

VAN NOSTRAND AVE



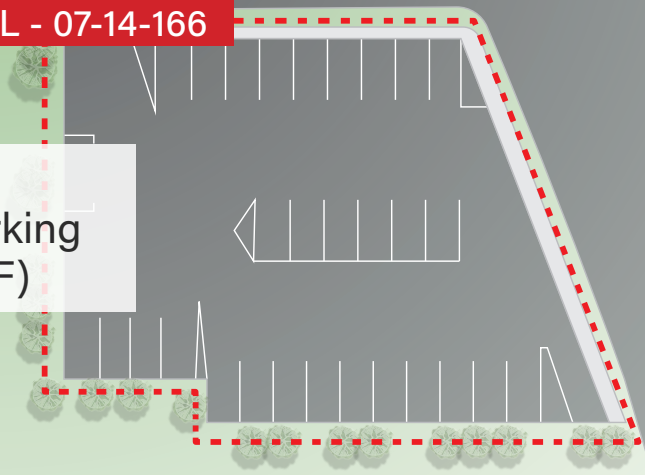
MINEOLA AVE

WOODWARD ST

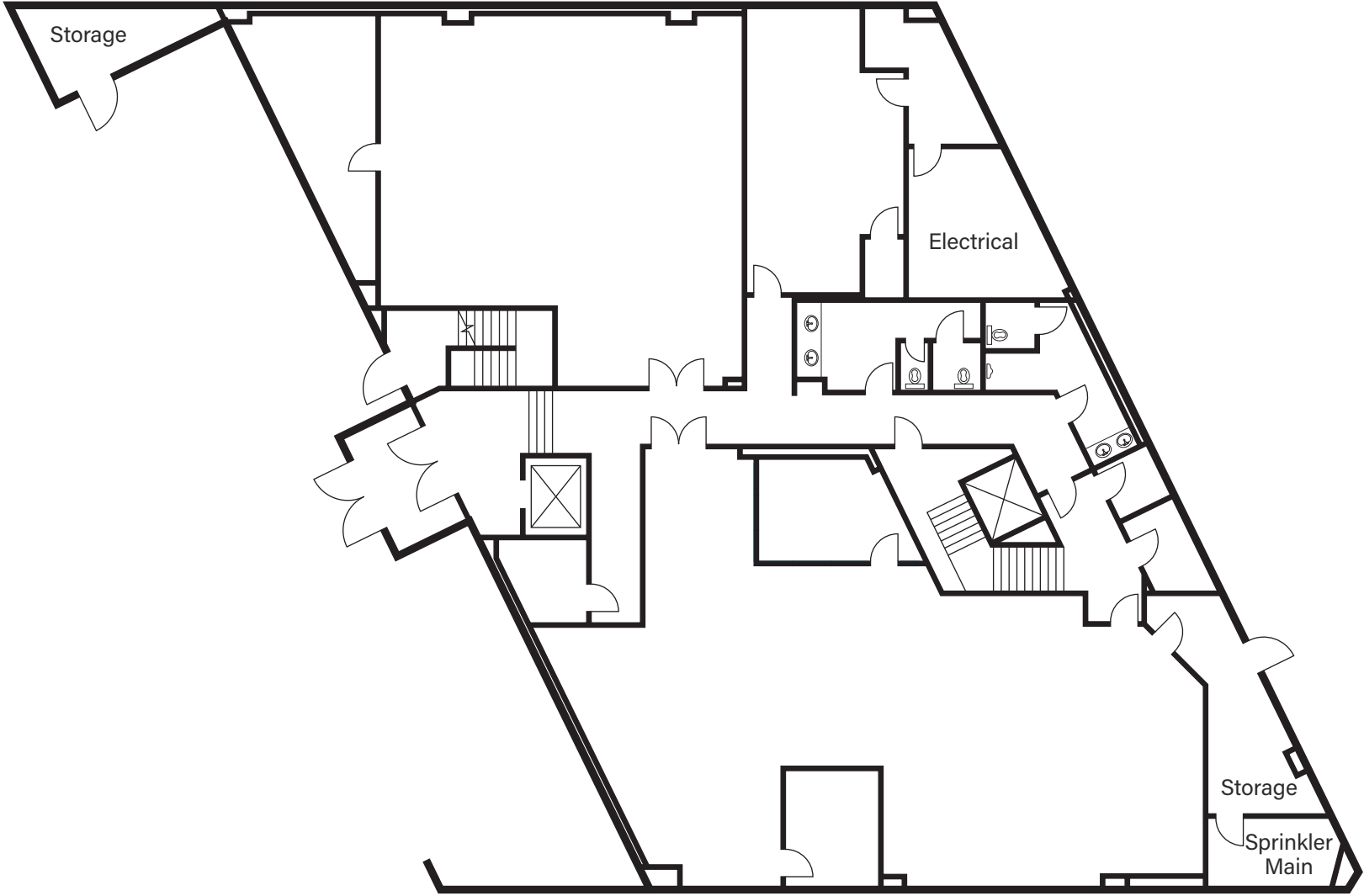
Parcel Numbers: SBL - 07-17-336 & SBL - 07-14-166



PARKING
±53 surface parking
(1.94: 1,000 SF)



1ST FLOOR PLAN



100% corporate office function

2ND FLOOR PLAN



100% medical use

3RD FLOOR PLAN



75% corporate office and 25% medical use

NEW YORK CITY GREATER METROPOLITAN AREA

With approximately 20 million residents, the New York City Greater Metropolitan Area is the most populous metro in the nation. Known for its iconic landmarks, rich history, diverse culinary scene, vibrant arts, renowned sports teams, and bustling tourism, the area exudes a unique and dynamic culture. The region is home to a variety of industries contributing to a local gross metropolitan product (GMP) of a staggering \$1.9 trillion as of 2025.

The strength of the area's economic structure lies in its diverse business culture, making the New York metropolitan area's economic performance in recent years among the strongest in the U.S. Finance, tourism, logistics, healthcare, and tech industries are key factors in helping the area maintain one of the strongest job markets in the nation. Known as one of the most economically stable regions in the country, it boasts a lively business environment.

Millions of visitors flock to the New York metropolitan area each year, contributing significantly to the annual economic impact from visitor spending. With a vast sports, music, arts, and historical scene, and unique culture, the area has remained at the top for tourism and hospitality.

The New York metropolitan area has become a gravitational region for growth thanks to its educated workforce and its attractiveness to expanding and diverse industries – including numerous Fortune 500 companies. The region is quickly transforming into one of the best places in the U.S. to work.

Healthcare services in the New York City Greater Metropolitan Area play a significant role in the region's economy, being the second largest employment sector in the metropolitan area and the largest healthcare market in the U.S. The healthcare sector not only provides essential services to the residents of the metropolitan area but also contributes significantly to its economic stability. New York City is known for its innovation and high-quality services, attracting professionals from across the country and around the world. Some of the most prominent health systems include Northwell Health, New York-Presbyterian Health System, NYU Health, Mount Sinai Health System, and Montefiore Health System.



NEW YORK AT-A-GLANCE:



20 MILLION people,
#1 largest MSA in the U.S.



41 Fortune 500 companies call New York home,
#1 for Fortune 500 headquarters in the U.S.



Home to the globe's
largest two stock exchanges,
THE NEW YORK STOCK EXCHANGE
(WALL STREET) and the **NASDAQ**



MORE HEALTHCARE
AND LIFE SCIENCES
POST-GRADUATE DEGREES
are given out in New York than any other city

Top 30 Hospitals in the U.S. by Net Patient Revenue

RANK	HOSPITAL	STATE	REVENUE
1	St Luke's University Hospital - Bethlehem	PA	\$8,944,229,494
2	New York-Presbyterian Weill Cornell Medical Center	NY	\$7,691,623,214
3	Tisch Hospital	NY	\$7,240,730,000
4	Stanford Hospital - 300 Pasteur Dr	CA	\$6,761,246,237
5	Cleveland Clinic Main Campus	OH	\$6,378,833,101
6	Vanderbilt University Medical Center	TN	\$5,441,707,814
7	UCSF Helen Diller Medical Center at Parnassus Heights	CA	\$5,436,410,900
8	AdventHealth Orlando	FL	\$5,403,037,761
9	University of Texas MD Anderson Cancer Center	TX	\$4,900,378,982
10	University Hospital	MI	\$4,617,071,912
11	Memorial Sloan Kettering Cancer Center	NY	\$4,343,759,944
12	Cedars-Sinai Medical Center	CA	\$3,922,745,880
13	Massachusetts General Hospital	MA	\$3,879,519,234
14	Yale New Haven Hospital	CT	\$3,629,483,033
15	IU Health Methodist Hospital	IN	\$3,577,417,457
16	Mayo Clinic Hospital - Saint Marys Campus	MN	\$3,445,394,515
17	Orlando Health Orlando Regional Medical Center	FL	\$3,385,817,971
18	Hospital of the University of Pennsylvania	PA	\$3,364,264,152
19	Strong Memorial Hospital	NY	\$3,314,777,837
20	University of California Davis Medical Center	CA	\$3,277,414,909
21	University Hospital	NJ	\$3,235,466,972
22	The Mount Sinai Hospital	NY	\$3,200,518,120
23	Duke University Hospital	NC	\$3,156,628,237
24	Long Island Jewish Medical Center	NY	\$3,149,711,616
25	UC San Diego Medical Center	CA	\$3,061,975,842
26	Atrium Health Carolinas Medical Center	NC	\$3,028,966,419
27	Montefiore Hospital - Moses Campus	NY	\$3,013,724,000
28	Brigham and Womens Hospital	MA	\$2,955,813,891
29	UNC Medical Center	NC	\$2,881,592,784
30	Lehigh Valley Hospital - Cedar Crest	PA	\$2,843,398,596



11
OUT OF THE
TOP 30

Hospitals in the U.S. are located in the New York Metropolitan Area, the most out of any metro area

Source: Definitive Healthcare

Top 25 Fortune 500 Companies Headquartered in New York City

- JPMorgan Chase & Co. (#11)
- Citigroup Inc. (#21)
- Verizon Communications Inc. (#30)
- Goldman Sachs Group, Inc. (#32)
- Morgan Stanley (#40)
- StoneX Group Inc. (#42)
- American Express Company (#58)
- MetLife, Inc. (#60)
- Pfizer Inc. (#67)
- New York Life Insurance Company (#69)
- TIAA (#98)
- The Travelers Companies, Inc. (#99)
- The Bank of New York Mellon Corporation (BNY) (#113)
- Warner Bros. Discovery (#114)
- KKR & Co. Inc. (#145)
- Paramount Global (#147)
- American International Group, Inc. (AIG) (#157)
- Apollo Global Management (#163)
- Marsh & McLennan Companies, Inc. (#175)
- Macy's, Inc. (#193)
- BlackRock, Inc. (#210)
- Colgate-Palmolive Company (#212)
- Loews Corporation (#237)
- The Guardian Life Insurance Company of America (#253)
- Kyndryl Holdings, Inc. (#265)

Source: Fortune 500 (2025 ranking) / US500 NYC headquarters list, 1/2026



Source: www.catholichealthli.org

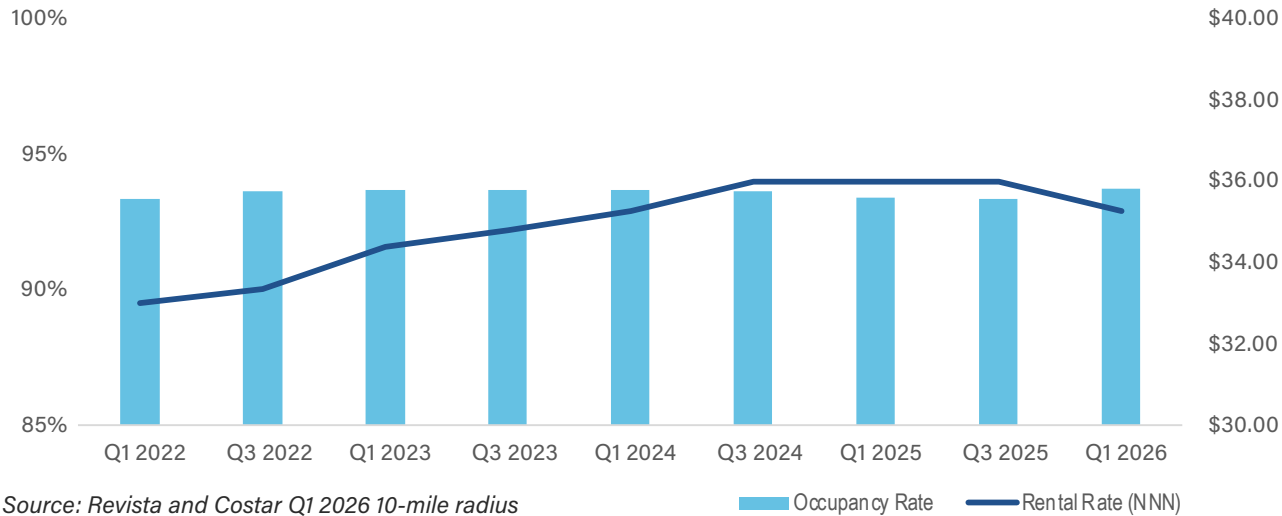
LONG ISLAND HEALTHCARE MARKET OVERVIEW

The Long Island healthcare market is a competitive and consolidated landscape, primarily shaped by a few dominant health systems that serve the expansive population across Nassau and Suffolk counties. Northwell Health is the largest healthcare provider and private employer in New York State, boasting an extensive network of hospitals, ambulatory centers, and physician practices. On Long Island, its flagship is Long Island Jewish Medical Center (LIJMC), a comprehensive 1,004-bed campus that includes a 583-bed adult acute-care hospital, the dedicated Cohen Children's Medical Center, and the renowned Zucker Hillside Hospital for psychiatric care. Other prominent Northwell facilities include North Shore University Hospital in Manhasset and South Shore University Hospital in Bay Shore, both serving as major regional medical centers.

Catholic Health, sponsored by the Diocese of Rockville Centre, is another significant integrated healthcare system on Long Island. It operates six acute care hospitals and a network of other facilities, known for its compassionate, faith-based care. Its flagship hospital is St. Francis Hospital & Heart Center in Roslyn, which is nationally recognized for its excellence in Heart & Vascular care.

Stony Brook Medicine serves as Suffolk County's only tertiary care center and academic medical center, providing highly specialized care and driving medical research. Its primary facility is Stony Brook University Hospital, a 695-bed teaching hospital and the region's only Level 1 Trauma Center for both adults and pediatrics. Beyond these major systems, NYU Langone Hospital—Long Island, a 591-bed medical center in Mineola, represents a significant presence from the larger NYU Langone Health system, known for its advanced cardiac and cancer programs.

10-MI Radius MOB Historical Occupancy & Rental Rate



BUILDINGS:

281

SQUARE FEET:

9,920,778

OCCUPANCY:

94%

RENTAL RATE:

\$35.28/SF/YR NNN

SUPPLY

Since 2020, supply within a 10-mile radius of NYBG Roslyn Heights MOB has seen only 295,873 square feet in deliveries, an increase of just 2% over the preceding five years' inventory. With only two projects totaling 142,634 square feet expected to be completed in the near term, a landlord-friendly environment of rising rental rates and low vacancy is expected to continue.

VACANCY

Long Island's persistent demand for medical space has held occupancy in the 93–94% range over the past five years, with cumulative net absorption of 618,527 square feet. With approximately 623,400 square feet of vacancy remaining, occupancy is forecast to compress further as rents continue to rise.

RENTAL RATES

In line with stable occupancy, average rental rates have ranged between \$34 and \$36/SF/YR NNN over the past five years. Rents are forecast to continue climbing, driven by limited new development and a lack of quality available leasing options.

PROCESS & OFFER INSTRUCTIONS

DISTRIBUTE OFFERING MEMORANDUM

Confidential Offering Memorandum distributed to interested parties that have executed a Confidentiality Agreement.

MARKETING PERIOD

During the marketing period, interested parties are encouraged to: (i) review materials posted to the "Virtual Deal Room" section of www.NewYorkBariatricGroupPortfolio.com, (ii) schedule showings / market tours with exclusive listing brokers, and (iii) dialogue with exclusive listing brokers to clarify any information provided in the offering memorandum.

OFFERS PROCESS

Offers should be submitted in writing and include the following:

Terms

- Purchase Price
- Earnest Money Deposit
- Inspection Period
- Closing Period

Investor Information

- Description of Purchaser's entity structure and capital source
- Details on Purchaser's debt (if any) & equity structure
- Description of Purchaser's due diligence process
- Description of any contingencies, caveats, and approvals of which the Ownership should be aware in evaluating Purchaser's offer

Please submit one electronic copy of the offer to Brannan Knott (brannan.knott@cbre.com), Chris Bodnar (chris.bodnar@cbre.com) and Cole Reethof (cole.reethof@cbre.com).

Interested parties are requested to direct all communication regarding the property to:

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