

Building the Delivery Network for the Longevity Revolution, Not the Drug, the Infrastructure

\$105M Fund Size	32.3% Gross IRR	25.2% Net IRR	3-5x → 12-18x Entry → Exit Multiple
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THE THESIS

Acquire fragmented physician-led functional and concierge practices at **3 to 5x EBITDA**, consolidate into a certified MSO, and create the clinical delivery platform for FDA-approved longevity therapies expected in 2030 to 2033. Exit at **12 to 18x EBITDA** to pharma strategics or scaled health systems.

MARKET OPPORTUNITY

- **\$600B+** longevity market with \$57B of VC funding in 2022 alone
- 60,000 to 80,000 target practices; PE penetration remains below 5%
- DPC and concierge practices grew **83%** from 2018 to 2023
- **30+** active senolytic trials support expected FDA approvals in 2030 to 2033
- VC-first clinic models have failed at scale: Forward, Modern Age, Ever/Body

THREE REVENUE STREAMS

- **Stream 1:** Core Clinical Ops (Today): Cash-pay practices, \$250K-\$1.5M EBITDA/location. Platform centralization drives margin expansion.
- **Stream 2:** Therapy Administration (2029-2033): The certified network becomes the distribution backbone for FDA-approved senolytics, plasma exchange, and NAD+.
- **Stream 3:** Clinical Trial Hosting (Year 2+): Pharma sponsors pay \$8K-\$25K per enrolled patient. 30-site platform = \$2-\$11M per trial cycle.

WHY NO ONE COMPETES HERE

- **Too Small:** Smallest competitor fund is \$3B. Sub-\$10M deals are immaterial to firms deploying \$500M+ per check.
- **Too Complex:** CPOM laws in 33 states require MSO/PC structures. Each deal needs physician trust, credentialing, and compliance.
- **Too Niche:** Revenue is membership + cash-pay, not insurance. Different from traditional HC services.
- **12 PE healthcare firms** analyzed, none target physician practice roll-ups. These firms become the buyer universe at exit.

FUND STRUCTURE

Fund	Healthspan Partners Fund I
GP / Manager	ALA Capital
Structure	Closed-End Delaware LP
Fund Size	\$105M target (\$125M hard cap)
Term	10 years (+2 x 1-yr extensions)
Investment Period	5 years
Management Fee	2.0% on committed capital
Carried Interest	20% above 8% preferred return
GP Commitment	2% (\$2.1M)
Target Acquisitions	25-35 physician-led practices

TARGET RETURNS

Scenario	MOIC	Gross IRR	Net IRR
Bear	1.83x	14.4%	~3%
Base	2.33x	20.6%	~8%
Target	2.66x	24.2%	~11%
Bull	3.15x	29.0%	~14%
Waterfall Model	—	32.3%	25.2%

DEAL PIPELINE: 22 TARGETS IDENTIFIED

Role	Count	Equity	Avg. Deal
Anchor Platform	1	\$28M	\$28M
Add-Ons (Y1-Y3)	8	\$45M	\$5.6M
Tuck-Ins	12-15	\$35M	\$2.5M
De Novo / Reserve	4-6	\$25M	\$4-6M
Total	25-30	\$105M	—

GEOGRAPHIC FOOTPRINT: 8 MSAS, 7 STATES

1. Scottsdale/Phoenix, AZ, Platform HQ (3, \$33M).
2. Austin, TX, TX beachhead; precision medicine.
3. Naples, FL, Affluent retiree market (3 targets).
4. Nashville, TN, Mid-South hub; healthcare B2B.
5. Denver, CO, Flagship trial site (4 targets, \$14.5M).
6. Charlotte & Raleigh, NC, SE hub + R&D Triangle.
7. San Diego, CA, West Coast; biotech corridor.