SUNWELS CO., Ltd

First Quarter of FY March 2027

Financial Highlights

Sunwels aims to address societal challenges centered around healthcare and caregiving, including the establishment of specialized facilities like the ‘PD House’ for Parkinson’s disease, working towards the realization of a sustainable society.

Aug 12, 2026

Appointment of New President & Representative Director

President & Representative Director

Message

Bridging Policy and Practice to Build Trust

Drawing on the extensive knowledge and experience in the healthcare and long-term care sectors gained through government service, particularly at the Ministry of Health, Labour and Welfare, as well as experience supporting governance reform as an Outside Director,
I will, as President and Representative Director, leverage my understanding of both regulatory frameworks and frontline operations, together with my expertise in legal affairs, public administration, and corporate governance, to lead the restoration of trust and the rebuilding of the company.

President & Representative Director

Toshihiko Atarashi

Career Highlights

1992 Graduated from the Faculty of Law, Kyoto University;
joined the Ministry of Health and Welfare (now the Ministry of Health, Labour and Welfare).
Served in various senior positions, including Director of the Aging Policy Division, Kyoto Prefectural Government;
Director of the Planning Division at GPIF; Counsellor of the Cabinet Legislation Bureau;
Director at the Ministry of Health, Labour and Welfare; and Director of the General Affairs Division,
Secretariat of the Food Safety Commission of Japan.
2022 Retired from the Ministry of Health, Labour and Welfare; founded Khranos Inc. and assumed the position of Representative Director.
2025 Appointed Outside Director of Sunwels Co., Ltd.
2026 Admitted to the Bar; appointed President and Representative Director of Sunwels Co., Ltd.

Implementation of structural reforms for business turnaround

Company-wide review and transformation of the business model to achieve sustainable growth while preserving the unique strengths of specialized Parkinson's disease care facilities.

Revenue and cost optimization to improve the profitability of each facility

Planned initiatives include bringing outsourced facility cleaning operations in-house and transitioning meal services to company-employed staff.

Introduction of move-in fees and review of service charges based on occupancy rates and regional characteristics.

Implementation of sales initiatives focused on eliminating vacancies

Deployment of dedicated sales representatives, collaboration with local healthcare providers, and sales training to enhance sales capabilities.

Revision of staffing levels at PD House

Transition to staffing levels aligned with the comprehensive home-visit nursing framework while preserving the specialized strengths of PD House.

Redesign of required staffing levels by facility and job category to optimize personnel costs through staff reallocation.

Reduction of administrative expenses

Optimization of required staffing levels through workload reviews in administrative functions and reassignment to facilities.

Reduction of recruiting expenses resulting from revised staffing levels and elimination of unnecessary expenditures through expense reviews.

I. Overview of Financial Results for First Quarter of FY March 2027

II. Business Profile

Overview of Financial Results Financial Summary (1Q)

Revision of the medical fee schedule in June 2026 (see p. 5)

- Decline in medical insurance sales due to the introduction of a new comprehensive home-visit nursing care fee system.

PD House‘s average occupancy rate as of the end of the first quarter was 79% (see p. 9)

- The average occupancy rate for facilities opened through March 2025 was 87%,
  while the average occupancy rate for facilities opened during the fiscal year ending March 2026 was 53%.

Revision of staffing levels in response to revisions to medical fee standards (see p. 11)

- In conjunction with the revision of medical fees, we will be reviewing the staffing arrangements, with a focus on nursing assistants.
- The planned number of hires for FY March 2027 is 250 (vs. 145 hire in 1Q FY2027),
  and the total number of employees is projected to be 3,150 at FY-end (vs. 3,636 employees at the end of 1Q FY2027).

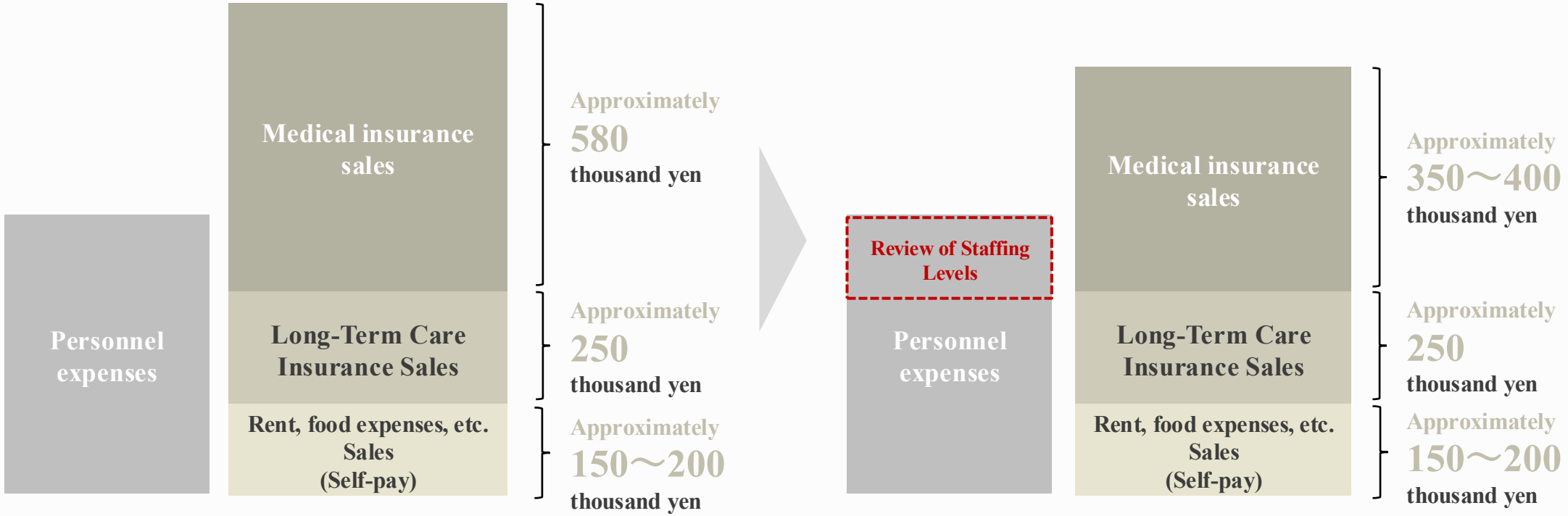
Application for transfer to the Tokyo Stock Exchange Standard Market (see p. 18)

- The formal application for transfer to the Standard Market was submitted on June 30, 2026.
- Introduction of a market eligibility review process and implementation of management initiatives aimed at restoring corporate value.

Overview of Financial Results Regarding the revision of medical fees

- **Following the introduction of the new comprehensive home-visit nursing care fee system, medical insurance sales are expected to decline from June 2026.**
  We will be reviewing staffing arrangements at each facility, with a particular focus on nursing assistants.

Monthly sales composition per tenant (average)



* Each sales amount is expected to fluctuate depending on the future situation of tenants.

Overview of Financial Results Comparison of forecasts and actual results

- Sales and profit fell short of the plan due to slower-than-expected customer acquisition.
- Government subsidies for staff compensation improvements recorded as non-operating income were paid as bonuses, affecting EBITDA and operating profit compared with the forecast.

(Unit: million yen)

	FY 2027/3 1Q forecast (vs. sales)	FY 2027/3 1Q results (vs. sales)	Difference	Achievement Rate
Sales	7,343 (100.0%)	**7,298 (100.0%)**	△45	99.4%
EBITDA	319 (4.3%)	**115 (1.6%)**	△203	36.3%
Operating Income	△168 (−)	**△347 (−)**	△178	—
Ordinary Income	△506 (−)	**△519 (−)**	△12	—
Quarterly net income	△507 (−)	**△557 (−)**	△49	—

Overview of Financial Results

Quarterly breakdown of full-year earnings forecast (May 2026 Disclosure)

■ **Quarterly profit improvement expected through growth in the number of residents, as well as revisions to staffing arrangements in response to the medical fee revision.**

(Unit: million yen)

	FY 2027/3 1Q forecast	FY 2027/3 1Q results	FY 2027/3 2Q forecast	FY 2027/3 3Q forecast	FY 2027/3 4Q forecast	FY 2027/3 Full-year forecast
Sales	7,343	**7,298**	6,930	7,267	7,331	28,872
Personnel expenses	5,171	**5,449**	4,892	4,762	4,649	19,476
EBITDA	319	**115**	294	807	980	2,402
Operating income	△168	**△347**	△199	307	480	420
Ordinary income	△506	**△519**	△535	△28	216	△854
Quarterly (current) net income	△507	**△557**	△537	△30	14	△1,060

Overview of Financial Results YoY comparison

■ **Despite lower medical insurance sales, both sales and profit increased year on year due to growth in the number of residents.**

(Unit: million yen)

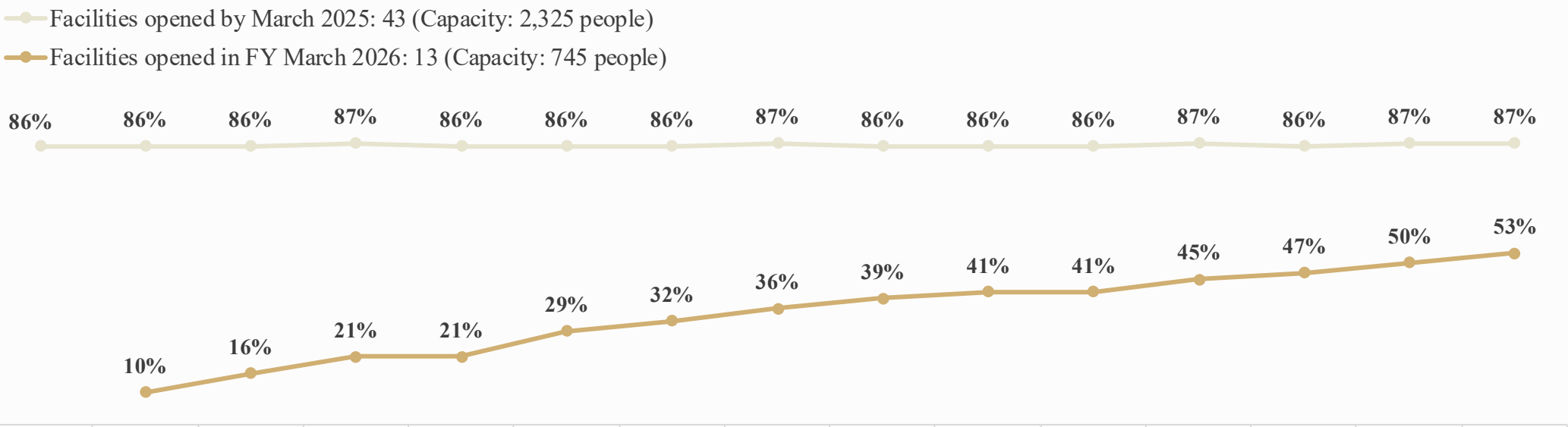
	FY 2026/3 1Q results (vs. sales)	FY 2027/3 1Q results (vs. sales)	Increase/Decrease	Percentage increase/decrease
Sales	6,605 (100.0%)	**7,298 (100.0%)**	+692	**+10.5%**
EBITDA	△95 (−)	**115 (1.6%)**	+211	**—**
Operating income	△507 (−)	**△347 (−)**	+160	**—**
Ordinary income	△687 (−)	**△519 (−)**	+168	**—**
Net income	△725 (−)	**△557 (−)**	+167	**—**
Number of PD House facilities	46	**56**	+10	**+21.7%**

Overview of Financial Results

Trends in PD House occupancy rate*

■ **Facilities opened by March 2025 remained largely flat, while facilities opened in FY2026 improved by approximately 3 percentage points per month.**

PD House occupancy rate



All PD Houses	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
Occupancy rate	**86%**	**84%**	**82%**	**81%**	**76%**	**76%**	**75%**	**76%**	**75%**	**76%**	**75%**	**77%**	**77%**	**78%**	**79%**
Number of residents	1,995	2,004	2,028	2,063	2,082	2,160	2,213	2,240	2,282	2,287	2,311	2,356	2,362	2,385	2,417
Capacity (people)	2,325	2,375	2,479	2,533	2,732	2,852	2,966	2,966	3,025	3,025	3,070	3,070	3,070	3,070	3,070

FY2026/3
(April 2025–March 2026)

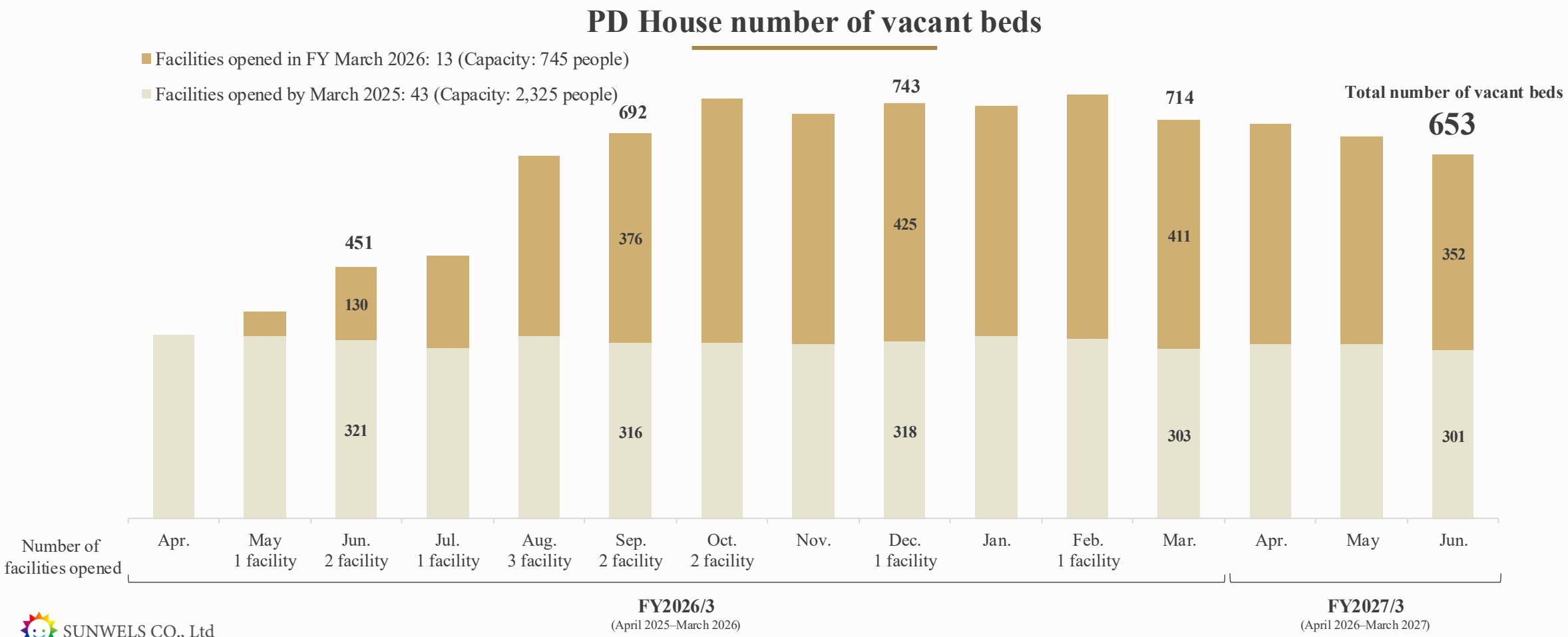
FY2027/3
(April 2026–March 2027)

* Occupancy rate = Number of residents at month-end for each facility / Total capacity at each facility

Overview of Financial Results

Trends in PD House number of vacant beds

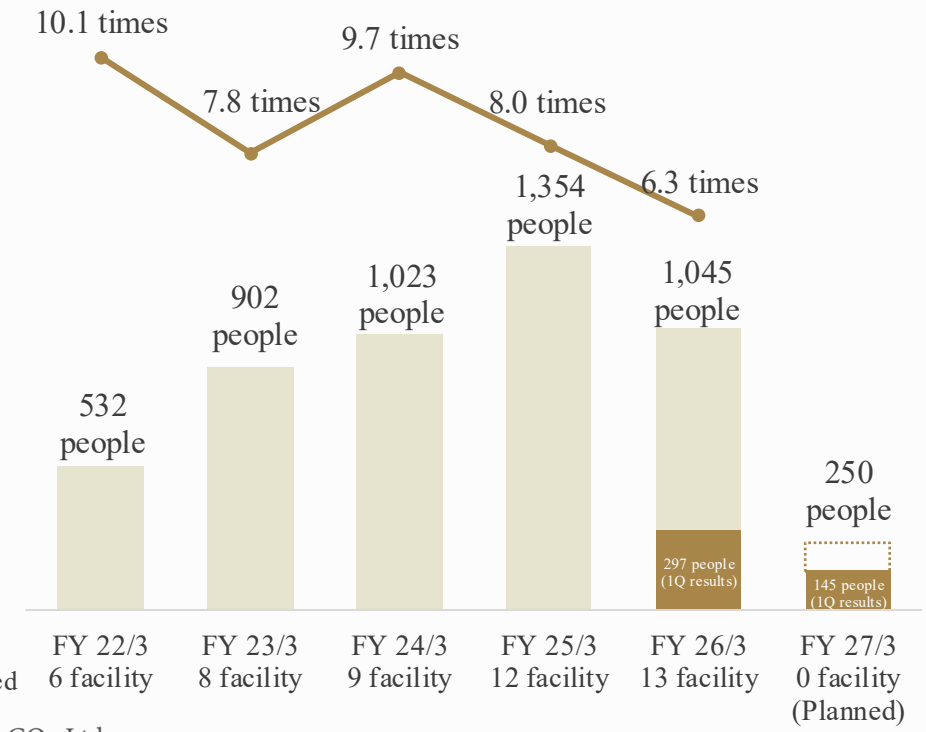
■ **Vacancies at 56 PD House facilities are showing an improving trend.**



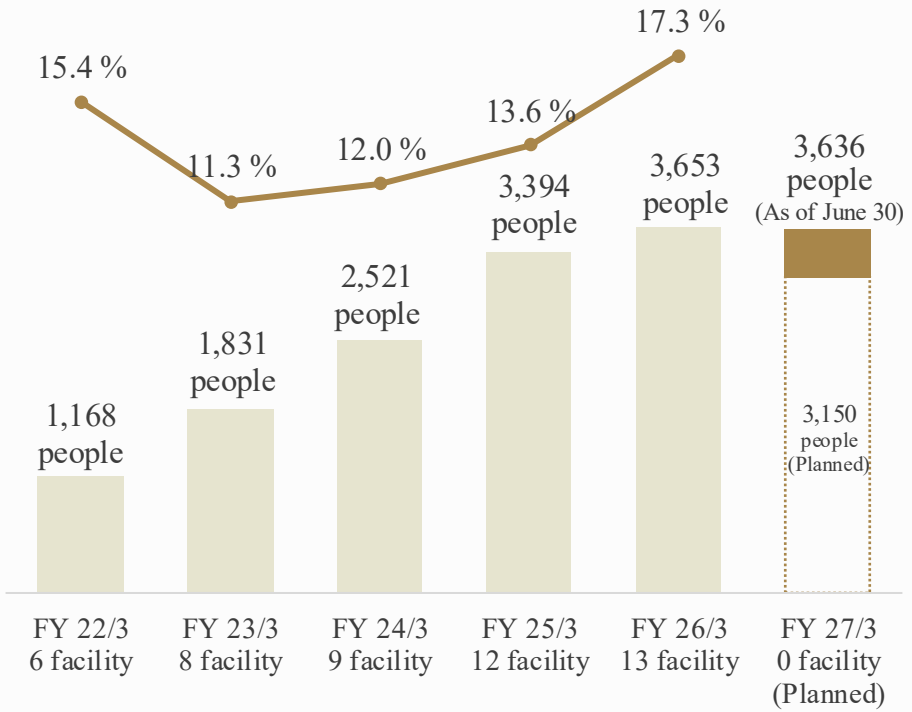
Overview of Financial Results Hiring Plans

- **Due to revisions to staffing arrangements following the medical fee revision, 1Q hires were limited to 145 employees (vs. 297 in 1Q FY2026).**

Number of new hires / Applicant-to-hire ratio



Number of employees at end of period * / Turnover rate

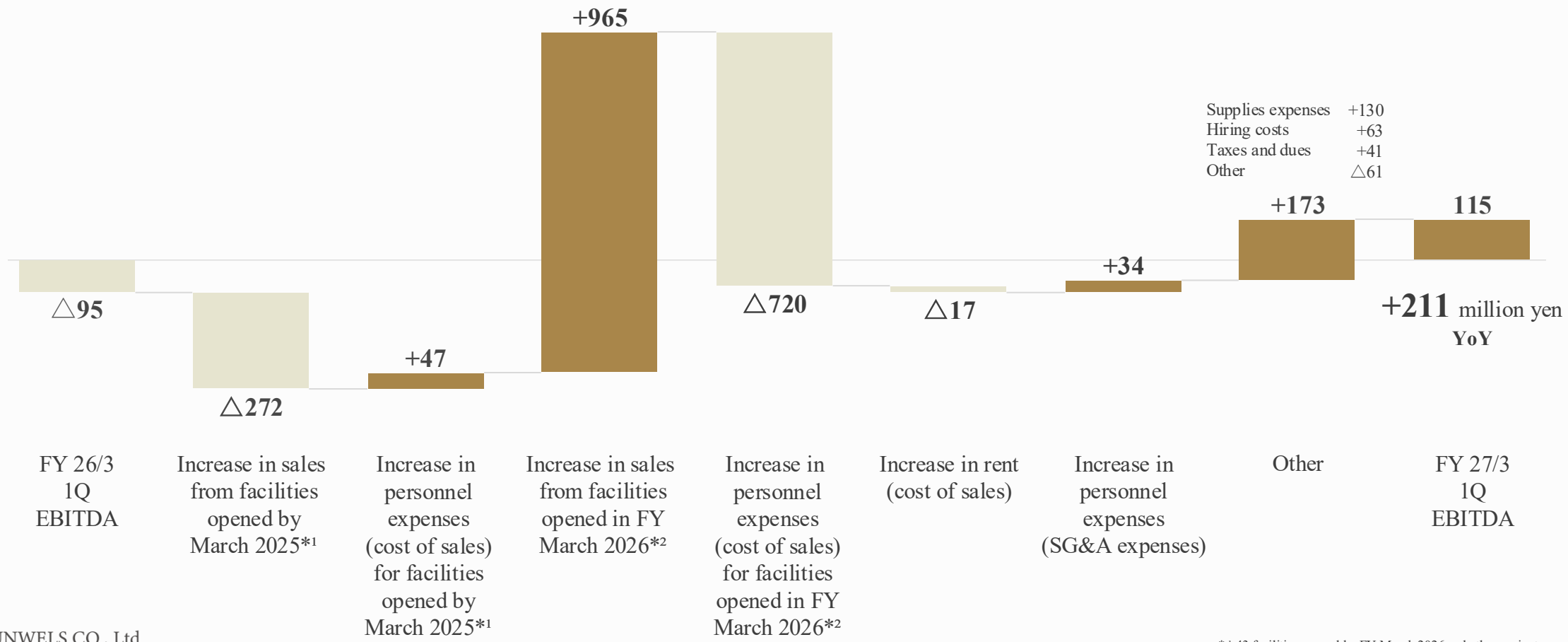


* Year-end total number of employees including temporary staff

Factors Underlying Changes in EBITDA

- **EBITDA increased by 211 million yen year on year due to improved occupancy at facilities opened in the previous fiscal year and company-wide cost reductions.**

(Unit: million yen)



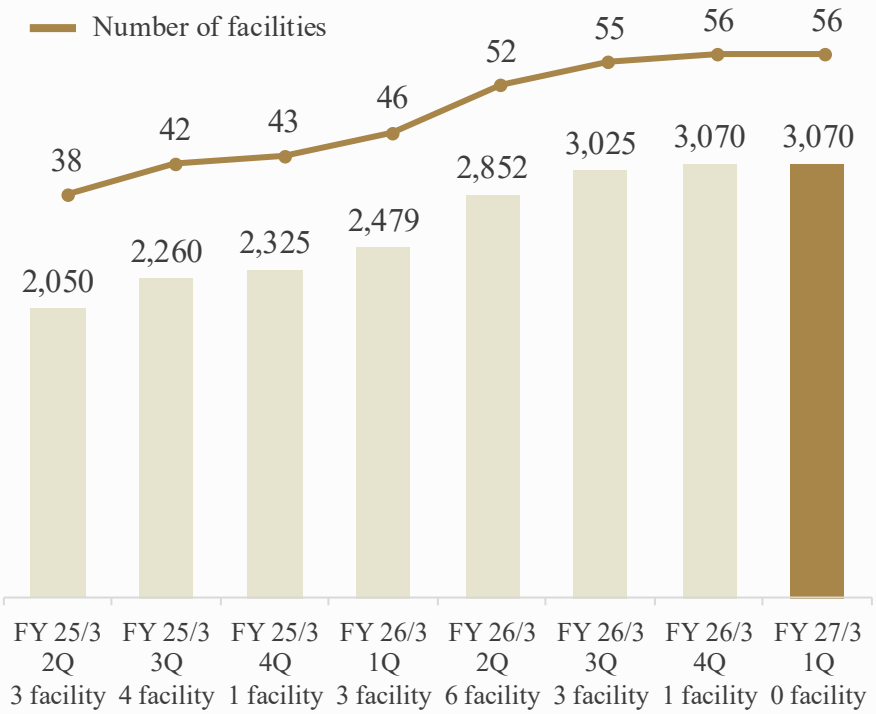
* 1 43 facilities opened by FY March 2026 and other projects
* 2 13 facilities opened in FY March 2026

Quarterly Trends

■ **Sales declined due to the impact of the June 2026 medical fee revision.**

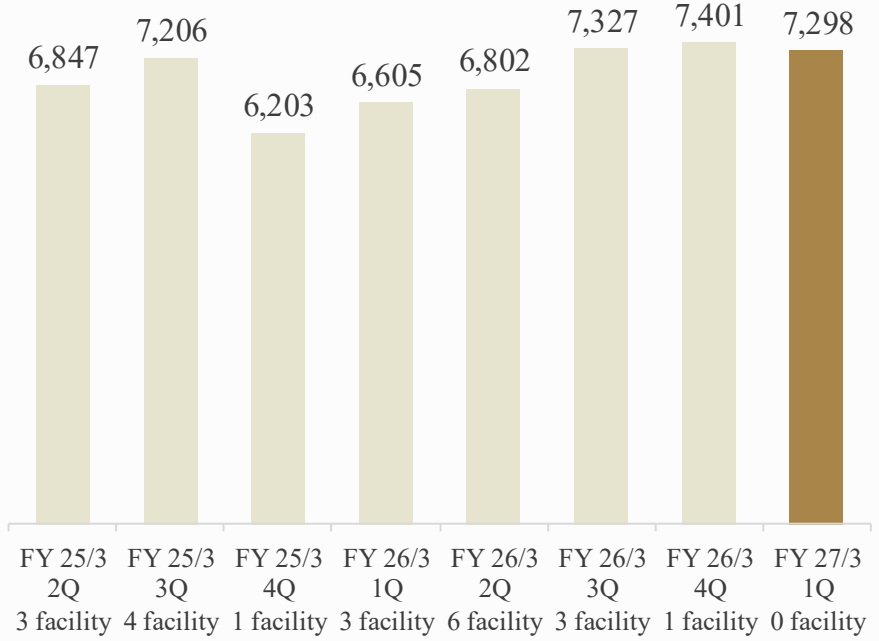
Number of PD House facilities / Capacity

(facilities / people)



Sales

(Million yen)

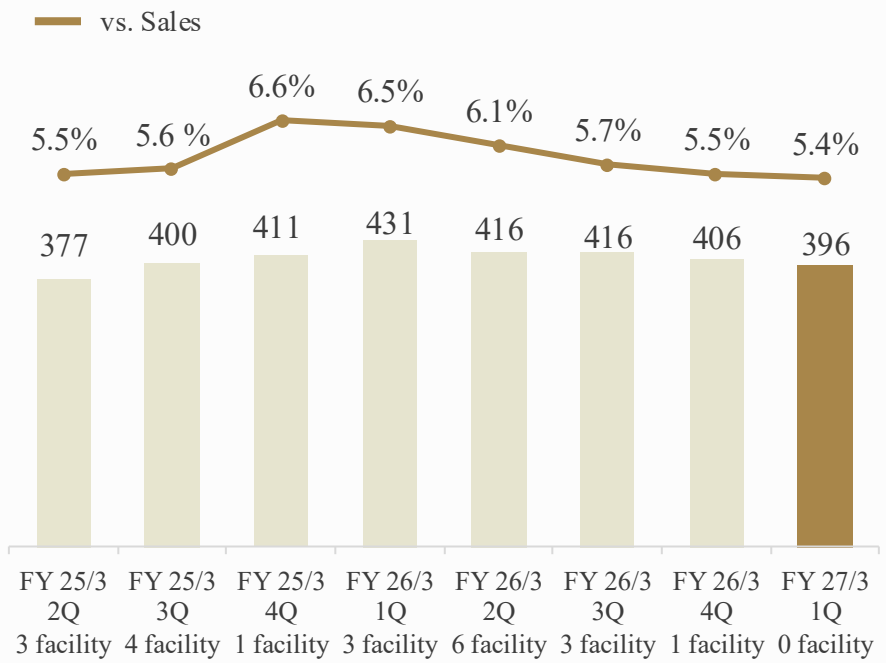


Quarterly Trends

■ **Administrative personnel expenses decrease each quarter.**

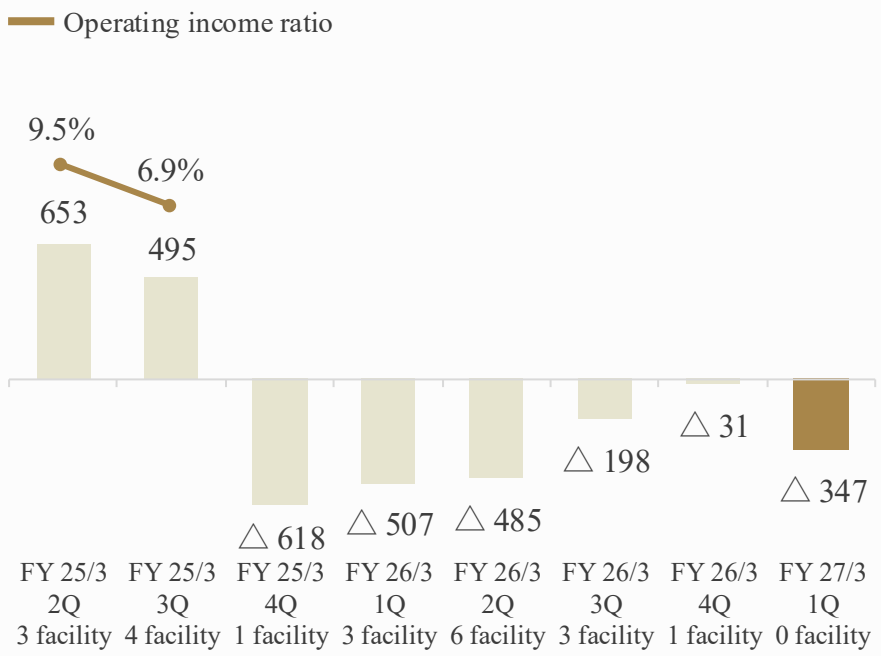
Administrative personnel expenses
(SG&A expenses)

(Million yen)



Operating income

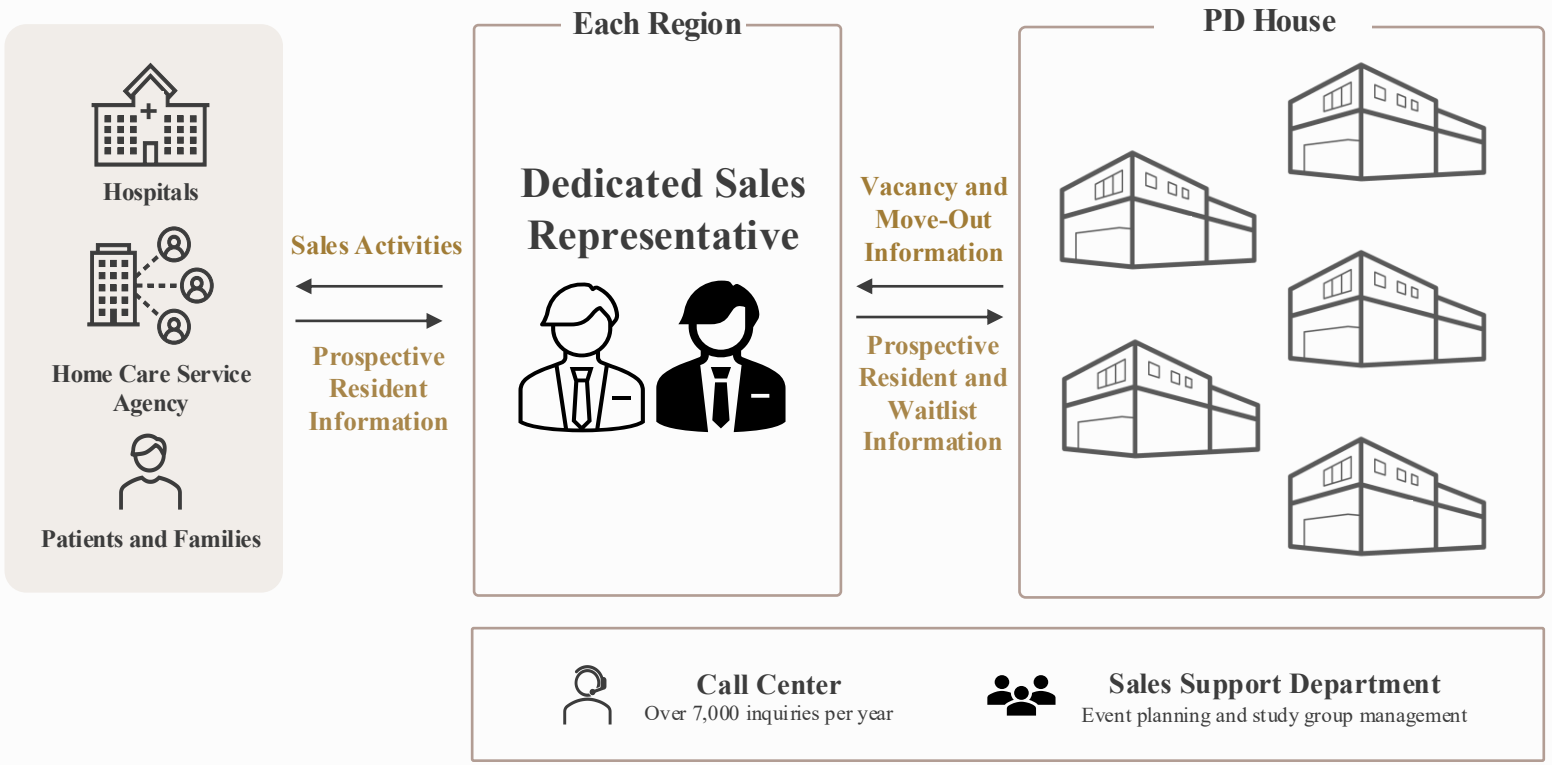
(Million yen)



Initiatives to Improve Occupancy Rates

Dedicated sales representatives are assigned to each region to continuously improve occupancy rates.

By assigning dedicated sales representatives to each region, we aim to strengthen collaboration with local medical institutions and other referral sources, reduce vacant rooms more quickly, continuously improve occupancy rates, and build a stable pipeline of prospective residents for each facility.



Continue to Strengthen Human Resource Development

Strengthen compliance training on an ongoing basis.

1. Targeting leaders (facility managers, assistant managers, and deputy assistant managers)

- Level-based management training
- Level-based pre-promotion training
- Ethics training/legal training

2. Targeting all staff

Basic education

- New employee training
  (management philosophy, abuse prevention and physical restraint prevention, accident prevention, infection control, BCP, and customer service)
- Ethics training/legal training
- Compliance training
- Basic training required under service operation standards

Professional education

- In-house PD license system (grade 1 to grade 3)
- Specialized training to enhance individual skills (specialized care, clinical judgment, functional support, insurance systems, etc.)
- Facility administrative staff training

Continue to Strengthen Human Resource Development

PD Licensing System introduced to develop a group of specialists in Parkinson's disease.

	Number of PD Licenses Grade 1	Number of PD Licenses Grade 2	Number of PD Licenses Grade 3
June 30, 2025	— (Not implemented)	Number of staff 377 (Acquisition rate 14%)	Number of staff 2,382 (Acquisition rate 88%)
June 30, 2026	Number of staff 166 (Acquisition rate 5%)	Number of staff 335 (Acquisition rate 11%)	Number of staff 2,744 (Acquisition rate 88%)

	Grade 1 (under examination)	Grade 2 (under examination)	Grade 3 (under examination)
Skills to be acquired	Understand the pathology of Parkinson's disease and the roles of other professions in its care. (Pathophysiology: mechanisms that cause symptoms)	Understand the pathology of Parkinson's disease and the roles of their own profession in its care.	Understand the symptoms and risks commonly seen in PD house.
Period of certification	One year Grade 1 holders shall take the exam in the renewal month of their certification.	One year Grade 2 holders shall take the exam in the renewal month of their certification.	—
Renewal Method	Renewal examination (December) <Pass>Renewal <Fail / Not taken> Grade 2	Renewal examination (February) <Pass>Renewal <Fail / Not taken> Grade 3	—
Benefit	Full-time employees: 10,000 yen/month Part-time employees: 61 yen/hour	Full-time employees: 3,000 yen/month Part-time employees: 18 yen/hour	—
Eligibility to take the examination	Persons who have passed Grade 2 (Optional)	Persons who have passed Grade 3 (Optional)	All employees
Frequency of the examination	Once a year (Every December)	Once a year (Every February)	Every month

Supervision

Specially Appointed Professor
at Juntendo University
Yoshio Tsuboi
Professor at Kansai Medical University
Makio Takahashi

*Internal publicity materials

Ongoing Standard Market Reclassification Review and Priority Initiatives

Market Reclassification Schedule

Preliminary Application Completed
2026.03.27

Formal Application Completed
2026.06.30

Review Deadline
By 2027.03.26

Priority Initiatives

Strengthening Governance and Internal Controls

- **Thorough Implementation of Recurrence Prevention Measures**
  Continued meetings of the Home-Visit Nursing and Care Services Risk Review Committee, identification of operational challenges in recurrence prevention measures, and implementation of necessary corrective actions
- **Strengthening Compliance Training**
  Continuous implementation of training programs for all employees
- **Strengthening Internal Controls**
  Establishment and operation of verification procedures utilizing electronic records and cameras in common areas, as well as review processes for visit records and on-site interviews

Rebuilding the Revenue Base

- **Response to the Medical Fee Revision**
  Optimization of service delivery, staffing arrangements, and the maintenance and enhancement of service quality in line with the medical fee revision
- **Promotion of Occupancy Improvement Initiatives**
  Deployment of dedicated sales representatives in each region to strengthen collaboration with local healthcare providers and other referral sources
- **Fundamental Review of the Revenue and Cost Structure**
  Insourcing of outsourced operations to improve facility profitability, review of service charges based on occupancy rates and regional characteristics, and reduction and optimization of administrative expenses

Improving the Financial Structure

- **Stabilization of the Financial Foundation**
  Stabilizing cash flow and optimizing borrowing terms through discussions with financial institutions
- **Working Capital Optimization**
  Enhancing capital efficiency and financial soundness through receivables securitization
- **Investment Plan Optimization**
  Review of investment plans and promotion of the effective utilization and disposal of assets

Balance Sheet

(Unit: million yen)

	End of March 2025	End of March 2026	End of June 2026	Change from March 2026 to June 2026
Gross assets	**38,994**	**45,633**	**45,050**	**△583**
Current assets	9,967	9,448	9,084	△364
Fixed assets	29,026	36,185	35,966	△219
Liabilities	**30,377**	**38,661**	**38,631**	**△30**
Current liabilities	5,602	7,084	7,417	+333
Fixed liabilities	24,774	31,576	31,213	△363
Lease liabilities	14,877	22,535	22,430	△105
Net assets	**8,616**	**6,972**	**6,418**	**△553**
Equity ratio	**22.0%**	**15.2%**	**14.2%**	**△1.0pt**

I. Overview of Financial Results for First Quarter of FY March 2027

II. Business Profile

Parkinson’s Disease and Social Background

About Parkinson’s Disease

Symptoms

- Parkinson’s Disease often develops in the elderly in which an abnormality occurs in the brain, with diminished activity of the cells that generate dopamine in the substantia nigra of the midbrain, **leading to tight muscles and tremors**.
- Dysphagia and difficulty walking can occur. As the disease progresses, the effects of typical treatment drugs become unstable, and **their effective duration also declines**.
- The disease has a progressive course. Treatment with current medicines poses difficulties. It is recognized **by the government as a designated intractable disease**.

Primary treatments

(1) Drug therapy

(2) Rehabilitation

(3) Surgery (deep brain stimulation therapy)

- According to research comparing relative improvement in symptoms, in cases in which patients undergo continuous rehabilitation, they gain improvements in walking function, balance, general motor function, and daily life activities.
- **Rehabilitation has been shown to improve movement disorders observed with Parkinson’s disease, particularly those observed with ambulatory functions and balance.**

Parkinson’s Disease and Social Background

Parkinson’s Disease Symptoms

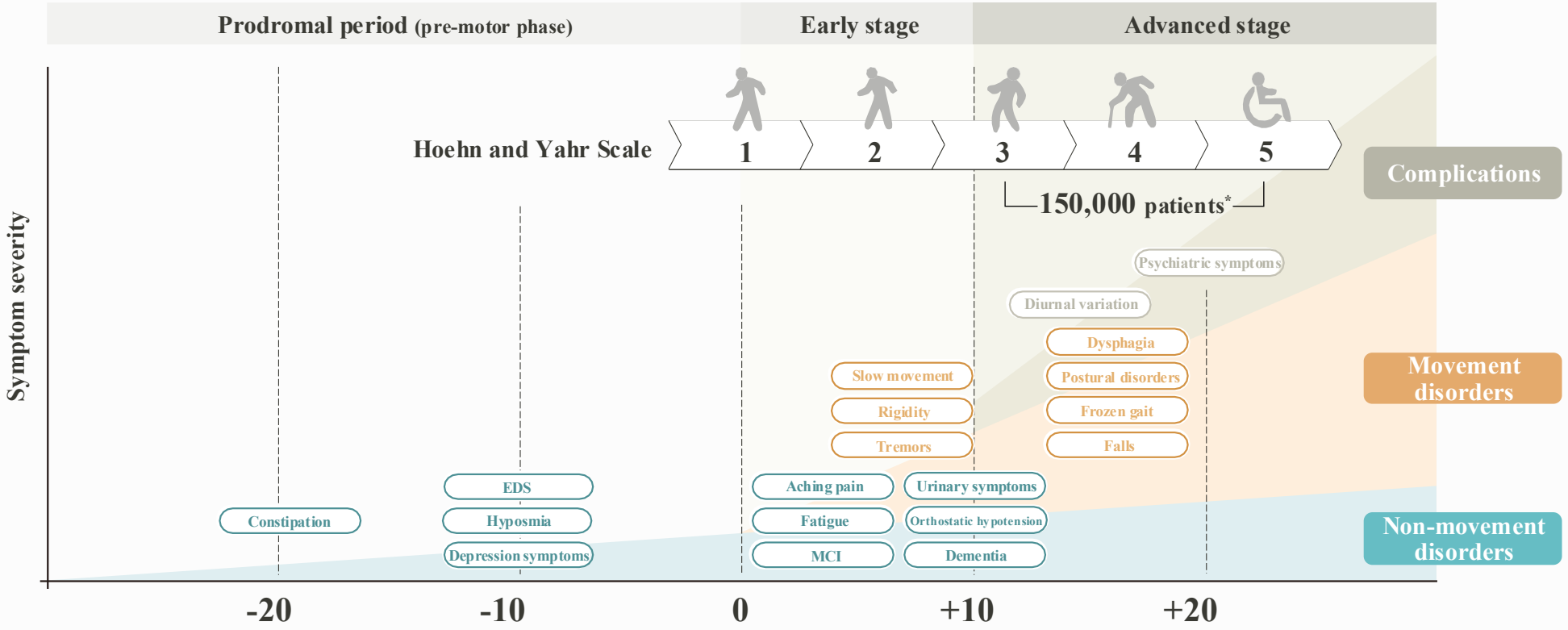
Movement Disorders

- Tremors (bodily shaking)
- Muscular stiffness (muscular rigidity)
- Immobility (slowness of movement)
- Postural reflex disorder
- Dysphagia

Non-Movement Disorders

- Depression symptoms
- Hallucinations
- Sleep disorders
- Seborrhea
- Cognitive dysfunction
- Constipation
- Urinary disorders, frequent urination
- Autonomic nervous system disorder
- Orthostatic hypotension …

Symptoms and Progression*



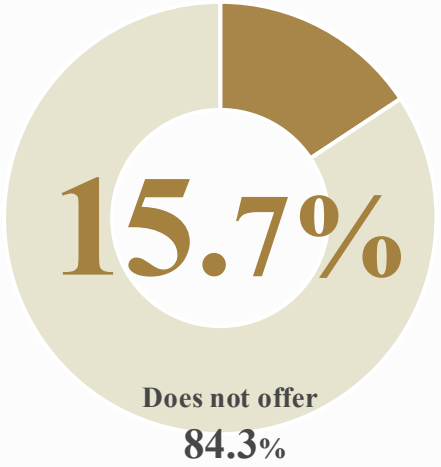
* Number of patients with Parkinson’s disease (Hoehn and Yahr 3–5) (FY2024 Report on Public Health Administration and Services)
The diagram was created based on Kalia, L. V., & Lang, A. E. (2015). Parkinson’s disease. *Lancet Lond Engl 386*: 896–912.

Parkinson’s Disease and Social Background

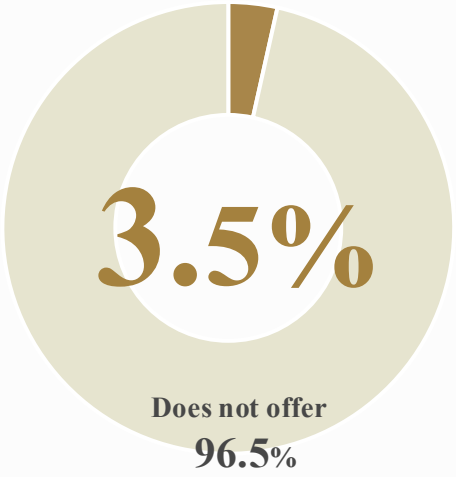
Social Background

With the trend toward a super-aging society in recent years, **the problems of the elderly caring for the elderly, and working people leaving their jobs to care for the elderly**, demand for nursing care facilities has risen sharply. **Few care facilities are capable of providing specialized rehabilitation and medical treatment for Parkinson’s disease**; it is important to maintain specialized care even after patients enter a facility.

Care facilities offering rehabilitation



Care facilities with 24-hour nursing services



Care facilities offering rehabilitation and 24-hour nursing services

* Company survey of approx. 57,000 care facilities

Business Model and Social Background

PD House is a new form of nursing care facility specialized in Parkinson's disease

Three Therapy Issues

- **Outpatient rehabilitation has its limits. As no facilities provide daily rehabilitation outside of hospitalization, patients are at risk of their condition worsening after discharge.**
- **When commuting to the hospital starts to become difficult, therapy from a specialist is no longer readily available. Neurology specialists tend to be relatively rare, especially outside major cities.**
- **Increasing medication doses and frequency result in complex medication management.**

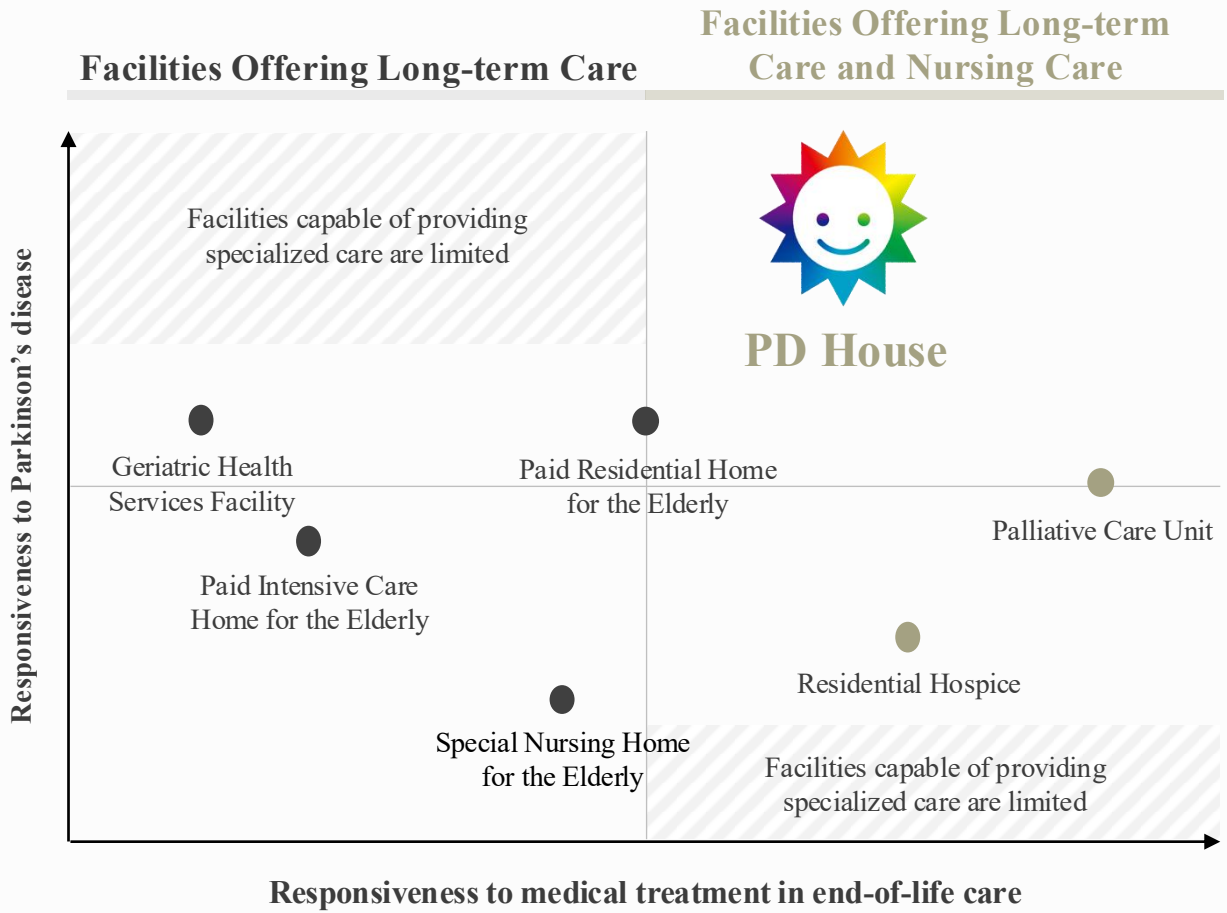
A facility inspired by this and other patient feedback

Three features of PD House facilities

1. **Rehabilitation programs specialized in Parkinson's disease** (overseen by specialist doctors)
2. **Medical care provided by affiliated neurologists and neurology-specialized healthcare institutions**
3. **24-hour visiting nursing care and medication management**

Positioning of PD House Within the Sphere of Parkinson's Disease Care Services

Nursing Care Industry Market Map



Unlike hospitals, the number of nursing care facilities specializing in specific diseases is limited, while demand for disease-specific specialized facilities remains high.

Enhancing nursing and long-term care system	We provide 24-hour home nursing and care services with a well-staffed team, enabling us to offer comprehensive services throughout the day and night
Dedicated rehabilitation services	Provision of rehabilitation program tailored to the treatment of Parkinson's disease through joint research with a university
Safe and convenient locations	Safe locations chosen based on hazard maps, close to stations, easy for family members to visit frequently, and easy for employees to commute to

We strive to provide reliable services that allow patients and their families to live how they wish until the end of their lives with peace of mind.

PD House Service Structure

PD House Service Structure

Providing visiting long-term care services

Providing visiting nursing service

Draws on long-term care insurance

Helper Station

Visiting long-term care service

Bodily nursing care and lifestyle support services for patients needing support or long-term care

Target	Those assessed 1-2 in need of support and 1-5 in need of nursing care
Providers	Certified care workers, new care workers who have completed training
Costs	Long-term care insurance (unit system / upper limit depending on level of certification)

Specific services

1) Bodily nursing care (help with eating, bathing, bed bathing, walking, changing positions, movement, etc.)
2) Lifestyle support (cleaning, laundry, meal prep, and other non-medical actions)

Flow of Steps

Application for long-term care need certification → Long-term care certification notification → Determination of long-term care support specialist → Creating the care application → Selecting the provider and contract → Start of visiting long-term care service

PD House

Facility Service

Costs associated with PD House facility use

Target	Contracted facility occupants (with target disease)
Occupancy conditions	Parkinson's disease,*2 progressive supranuclear palsy, corticobasal degeneration, etc.
Main costs	Rent, food, management, kitchen management, utilities, diapers, etc.

Specific services

Lifestyle support, meal service, club activities, recreation, rehabilitation, etc.

Draws on medical insurance*1

Visiting Nursing Station

Visiting Nursing Service

Registered nurse visits patient home and provides nursing services based on instructions from and with the cooperation of the attending physician.
(support for medical treatment or help with medical treatment)

Target	People with diseases and conditions specified by the Minister of Health, Labour and Welfare deemed by the attending physician to require visiting nursing care (condition for acceptance to our facilities)
Provider	Registered nurses, etc.
Costs	Medical insurance

Specific services

1) Support for recuperation (e.g., eating, elimination, and cleanliness management, terminal care, etc.)
2) Assistance with medical treatment (health status assessment, medication management, rehabilitation, medical actions, etc. based on the physician's orders, etc.)
3) Family support related (instructions and consultations related to treatment by family members)

Flow of Steps (for patients covered by medical insurance)

Consideration of use of visiting nursing service
→ Issuance of visiting nursing instructions based on attending physician's diagnosis
→ Selecting and contracting with provider → Creating visiting nursing plan
→ Explanation and agreement (patient and family members) of visiting nursing plan
→ Start of service provision.

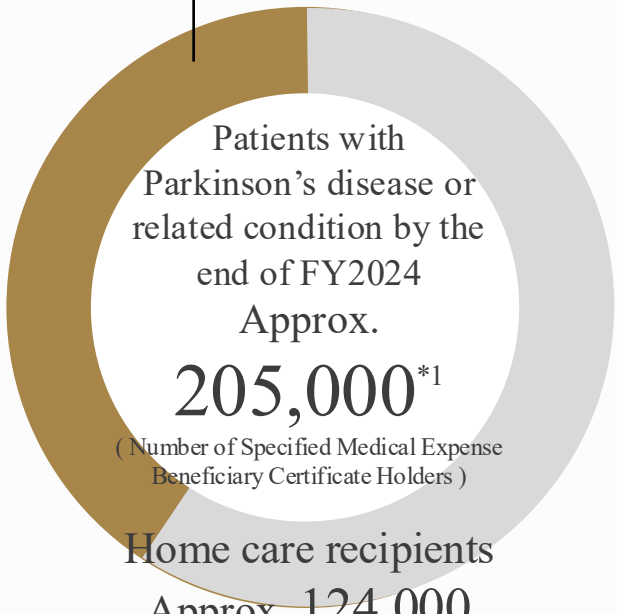
*1 Of the eligibility conditions for visiting nursing care, the person must be a patient of a condition stipulated in Users Public Notice No. 4.
*2. Stage 3 or higher on the Hoehn and Yahr scale and Category II and higher on MHLW Classification for Life Functions

Market Scale

Through improved occupancy rates and enhanced quality of care at PD Houses, we aim to provide highly specialized care for Parkinson's disease patients.

PD House market size and capacity comparison

Hospitalized patients / patients in long-term care facilities
Approx. 81,000*2



PD House
The end of FY March 2026

3,070 individuals

81,000 individuals

(3.8% share)

*1 Number of patients with Parkinson's disease and related conditions: Ministry of Health, Labour and Welfare, FY2024 Report on Public Health Adminstration and Services
Approx. 150,000 Parkinson's disease (Hoehn and Yahr scale 3–5) patients and approx. 55,000 patients with related conditions (progressive supranuclear palsy, corticobasal degeneration, multiple system atrophy, spinocerebellar ataxia)

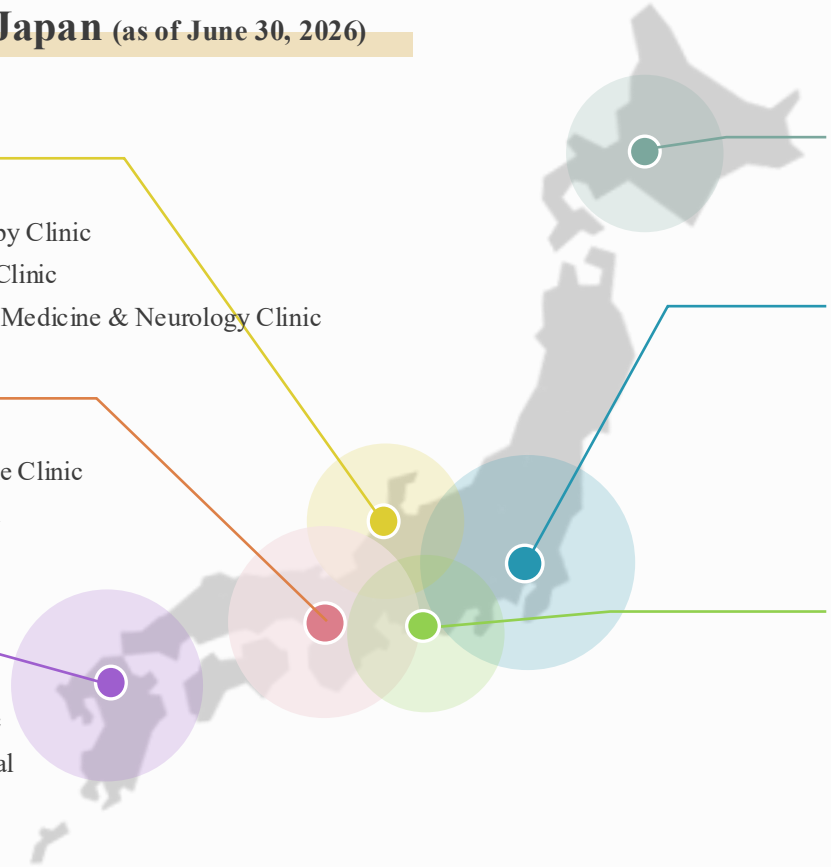
*2 Number of hospitalized patients and patients in long-term care facilities: Estimated (as of March 2024) from the cumulative number of patients in long-term care facilities at nursing care level 2–5 based on percentages provided in the Ministry of Health, Labour and Welfare's Status Report on the Long-Term Care Insurance Business

PD House

Strengthening the coordination of home visits by physicians specializing in neurology

Established a system that enables the continuation of specialized treatment through on-site medical care provided by affiliated healthcare institutions, in collaboration with neurologists and healthcare institutions nationwide. Achieved collaboration with more than 125 of the approximately 600 (estimated) home-visit physicians in Japan.

Cooperating with 125 neurologists in Japan (as of June 30, 2026)



Hokuriku area 13 doctors

Including the following physicians

Neurologist	Ayumi Hamaguchi	Kanazawa Happy Clinic
Neurologist	Chiaki Kabasawa	Kobari Family Clinic
Neurologist	Hiroshi Matsuda	Sakura Internal Medicine & Neurology Clinic

Kansai area 27 doctors

Including the following physicians

Neurologist	Sadayuki Matsumoto	Noshinkei Home Clinic
Neurologist	Yosuke Taruno	Kitano Hospital
Neurologist	Miki Hishizawa	Sakura Clinic

Kyushu area 15 doctors

Including the following physicians

Neurologist	Yoshio Tsuboi	Tsutsumi Clinic
Neurologist	Takenori Uozumi	Nakama Medical

Hokkaido area 6 doctors

Including the following physicians

Neurologist	Hiroyuki Soma	Sapporo Memorial Hospital

Kanto area 53 doctors

Including the following physicians

Neurologist	Ryoichi Okiyama	Prime Clinic
Neurologist	Yutaka Ogino	Toyoda Internal Medicine Clinic
Neurologist	Naohiko Togashi	Yuushin Clinic
Neurologist	Masaki Hizume	Coral Clinic

Tokai area 11 doctors

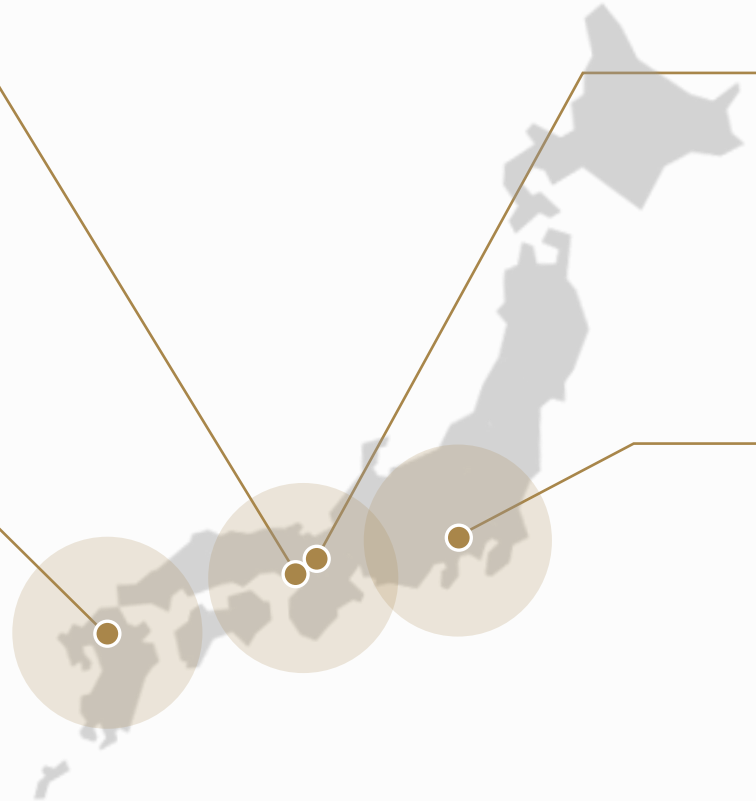
Including the following physicians

Neurologist	Tomonori Inagaki	Mokuren Clinic
Neurologist	Jun Torii	Nagoya Neurology Home Medical Care Clinic

Growth Strategy

Joint Research with University Hospitals and Dedicated Hospitals

Advancing care quality and strengthening our expertise through research and collaboration with leading Parkinson's disease specialists across Japan.



Joint research

Kansai Medical University
Prof. Makio Takahashi

Organizes numerous research meetings and seminars on Parkinson's disease.
Leading Parkinson's disease specialist in the Kansai region.

(i) Verification of results using an e-sports program
(ii) Research on building a system to train personnel to provide care for Parkinson's disease

Operations advisor/Joint research

Tsutsumi Clinic Fukuoka/Juntendo University
Specially Appointed Prof. Yoshio Tsuboi

Currently monitoring the progress of some 600 patients, chiefly in Fukuoka Prefecture.
Pursues research on stopping the progress of the disease through comprehensive care.
Advisor to Fukuoka Branch, Japan Parkinson's Disease Association.

(i) Online case consultations
(ii) Verification of the efficacy of the multidisciplinary cooperation (PD House care model)
(iii) Verification of the effectiveness of PD dance
(iv) Parkinson's disease long-term care observation program

Operations advisor

Kyoto University
Program-Specific Prof. Ryosuke Takahashi

A specialist who conducts research to unravel the molecular mechanisms of Parkinson's disease and develop treatment approaches based on those findings.

(i) Management and supervision of research associations related to Parkinson's disease
(ii) Department of multiple system atrophy therapeutics

Operations advisor/Joint research

Juntendo University
Specially Appointed Prof. Nobutaka Hattori

Seventh most-cited authority on Parkinson's disease research in the world from 1996 through 2006. Considered the world's leading authority on the subject. Advisor to the Japan Parkinson's Disease Association.

(i) Validation of a 3D telemedicine system
(ii) Verification of activity detection by wearable devices
(iii) Efforts to detect and reduce falls
(iv) Hosting online seminars related to Parkinson's disease

SUNWELS CO., Ltd

Management
Philosophy

Let yourself shine and energize others.

At SUNWELS, we pursue the challenge of finding multifaceted solutions to the social issues surrounding medicine and long-term care through business development, starting with management of our PD Houses, which are Parkinson's disease care facilities.

Mission

1. Making the Welfare Workplace More Attractive

At SUNWELS, our services represent our dreams and our pride, and we challenge ourselves to create an industry that everyone can aspire to be a part of.

2. Bringing Evolution and Change to Nursing Care Services

We at SUNWELS Co., Ltd. challenge ourselves to provide better services from the users' point of view without being bound by the conventional wisdom of nursing care.

3. Creating the Future Nurturing People

Through work, we at SUNWELS Co., Ltd. challenge ourselves to create Radiant People who think creatively and act independently.

MISSION

Basic Sustainability (ESG) Policy

Environment

PD House considerations for the environment

- Deployed solar power for self-consumption
- Calculated greenhouse gas emissions
- Promoting paperless office via cloud system
- Deployed stainless steel garbage bins suitable for long-term use
- Helping to cut CO_2 emissions by using 99% recycled garbage bags

Social

PD Houses meeting the need for nursing and long-term care for Parkinson's disease patients

- Internal certification system to ensure high performance and consistency in the knowledge and skills of care workers along with regular study sessions with university hospitals
- To enhance corporate value and further prioritize employee health and working conditions through the promotion of health-conscious management

Governance

Rigorous governance, risk management, and compliance

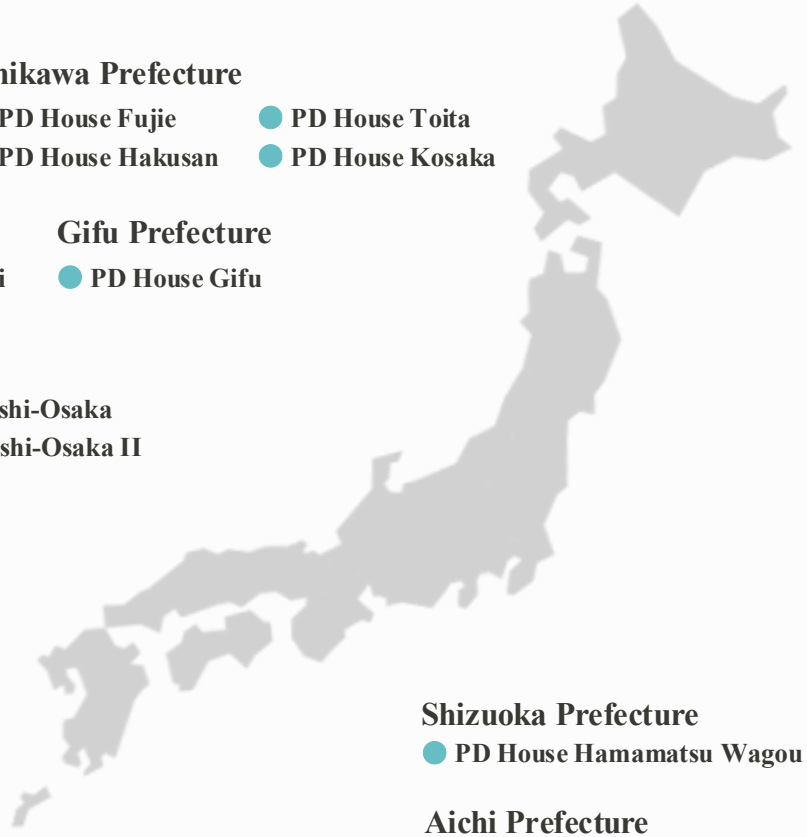
- Establishment of a management system for appropriate medical fee claims
- In addition to audits conducted by an independent auditor in accordance with the Financial Instruments and Exchange Act, we have established a framework to obtain evaluations and advice from external experts as necessary

Expanding initiatives to address sustainability issues to full-scale operations

Environment
Social
Governance

PD House Nationwide

PD House has 56 facilities open nationwide (as of June 30, 2026).



Hokkaido
- PD House Nishino
- PD House Nishimiyanosawa
- PD House Tsukisamu
- PD House Taihei
- PD House Kiyota

Saitama Prefecture
- PD House Minami-Yono
- PD House Higashi-Omiya
- PD House Koshigaya
- PD House Higashi-Urawa

Tochigi Prefecture
- PD House Utsunomiya Hosoyacho

Tokyo
- PD House Itabashi*
- PD House Nishi-Tokyo
- PD House Yoga
- PD House Shakujii-Koen
- PD House Adachi
- PD House Hachioji
- PD House Kunitachi
- PD House Nakano Shirasagi

Chiba Prefecture
- PD House Funabashi
- PD House Yachiyo Chuo
- PD House Minami-Kashiwa
- PD House Inage

Kanagawa Prefecture
- PD House Sagamiono
- PD House Konandai
- PD House Chuorinkan
- PD House Fujisawa
- PD House Kandaiji

Toyama Prefecture
- PD House Akiyoshi

Niigata Prefecture
- PD House Niigata Shichikuyama

Ishikawa Prefecture
- PD House Fujie
- PD House Hakusan
- PD House Toita
- PD House Kosaka

Kyoto Prefecture
- PD House Nishi-Kyogoku

Hyogo Prefecture
- PD House Kobe Fukae Honmachi

Gifu Prefecture
- PD House Gifu

Osaka Prefecture
- PD House Kishibe
- PD House Yao
- PD House Hatsushiba
- PD House Kadoma
- PD House Joto
- PD House Otori
- PD House Higashi-Osaka
- PD House Higashi-Osaka II

Kumamoto Prefecture
- PD House Hikarinomori

Okayama Prefecture
- PD House Okayama Tatsumi

Fukuoka Prefecture
- PD House Noke
- PD House Imajuku
- PD House Arita
- PD House Jinnoharu

Shizuoka Prefecture
- PD House Hamamatsu Wagou

Aichi Prefecture
- PD House Heiwagaoka
- PD House Atsuta
- PD House Sakurayama

Shiga Prefecture
- PD House Otsu

* PD House Itabashi expanded in June 2023

Corporate Profile

Company name	Sunwels Co., Ltd.
Headquarters	■ Tokyo Headquarters (9th floor, PMO Hamamatsucho III, 2-10-6, Hamamatsucho, Minato-ku, Tokyo) ■ Kanazawa Headquarters (15-13 Ninomiya-machi, Kanazawa, Ishikawa Prefecture)
Branch	■ Osaka Branch (3rd Floor, Hiranomachi Chuo Building, 3-2-13 Hiranomachi, Chuo-ku, Osaka) ■ Fukuoka Branch (5th floor, Hakata Tanaka Building, 3-27-24 Hakata Ekimae, Hakata-ku, Fukuoka Prefecture)
Representative	Toshihiko Atarashi, President & CEO
Established	September 2006
Capital	35,000,000 yen
Number of employees	3,554 (Excluding 82 temporary employment / as of June 30, 2026)*
Lines of business	Long-term care and related businesses (care residences with medical services, day services, group homes, rental of care equipment, etc.) ■ Operation of PD House facilities specializing in long-term care for Parkinson's disease patients

* The number of employees represents the number of full-time employees. The number of temporary employees (i.e., part-time and contract employees) represents the average number of temporary employees per year (converted based on an eight-hour workday).

Disclaimer / Inquiries

The forecasts, plans and other forward-looking statements contained in this material are based on information available to the Company at the time of preparation and are subject to certain assumptions. Actual results may differ materially from those expressed or implied by these forward-looking statements due to various factors, including economic conditions, market trends, changes in laws and regulations, and other uncertainties. Accordingly, the Company does not guarantee the achievement of any forward-looking statements contained in this material.

SUNWELS Co., Ltd.

https://sunwels.jp/pdh/

Contact

https://sunwels.jp/pdh/contact/