

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0600000457

**Entity Name:** BLC ATRIUM-JACKSONVILLE SNF, LLC

**Current Principal Place of Business:**

111 WESTWOOD PLACE  
SUITE 400  
BRENTWOOD, TN 37027

**Current Mailing Address:**

111 WESTWOOD PLACE  
SUITE 400  
BRENTWOOD, TN 37027 US

**FEI Number:** 01-0855749

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MGR, EVP	Title	MGR, CEO, PRESIDENT
Name	PATCHETT, MARY SUE	Name	BAIER, LUCINDA M
Address	111 WESTWOOD PLACE SUITE 400	Address	111 WESTWOOD PLACE SUITE 400
City-State-Zip:	BRENTWOOD TN 37027	City-State-Zip:	BRENTWOOD TN 37027
Title	MGR, EVP AND SECRETARY	Title	CFO
Name	WHITE, CHAD C	Name	SWAIN, STEVEN
Address	111 WESTWOOD PLACE SUITE 400	Address	111 WESTWOOD PLACE SUITE 400
City-State-Zip:	BRENTWOOD TN 37027	City-State-Zip:	BRENTWOOD TN 37027
Title	SVP		
Name	LESKOWICZ, JOANNE		
Address	6737 W WASHINGTON STREET SUITE 2300		
City-State-Zip:	MILWAUKEE WI 53214		

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHAD C. WHITE

**SECRETARY**

**04/24/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date