

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1400007243

**Entity Name:** BKD CCRC OPCO HOLDCO MEMBER, LLC

**Current Principal Place of Business:**

111 WESTWOOD PLACE  
SUITE 400  
BRENTWOOD, TN 37027

**FILED**  
**Apr 19, 2022**  
**Secretary of State**  
**5654951987CC**

**Current Mailing Address:**

111 WESTWOOD PLACE  
SUITE 400  
BRENTWOOD, TN 37027 US

**FEI Number: 47-1078775**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
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	AUTHORIZED MEMBER	Title	PRESIDENT, CEO
Name	AMERICAN RETIREMENT CORPORATION	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	EVP	Title	EVP AND SECRETARY
Name	BOWMAN, KEVIN W.	Name	WHITE, CHAD
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	Title	CFO
Name	LESKOWICZ, JOANNE	Name	SWAIN, STEVEN
Address	6737 W WASHINGTON STREET SUITE 2300	Address	111 WESTWOOD PLACE SUITE 400
City-State-Zip:	MILWAUKEE WI 53214	City-State-Zip:	BRENTWOOD TN 37027

*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**

**04/19/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date