2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0700000392

Entity Name: BROOKDALE SENIOR LIVING INC.

Current Principal Place of Business:

111 WESTWOOD PLACE SUITE 400 BRENTWOOD, TN 37027

Current Mailing Address:

111 WESTWOOD PLACE SUITE 400 BRENTWOOD, TN 37027

FEI Number: 20-3068069

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

Officer/Director Detail :

Olligon, Place			
Title	D	Title	CEO & DIRECTOR
Name	BURNSTEAD, FRANK M	Name	SMITH, T. ANDREW
Address	111 WESTWOOD PLACE	Address	111 WESTWOOD PLACE #400
City-State-Zip:	SUITE 400 BRENTWOOD TN 37027	City-State-Zip:	BRENTWOOD TN 37207
	050	Title	EVP
Title		Name	RICHARDSON, BRYAN D
Name Address	OHLENDORF, MARK W 6737 W WASHINGTON SUITE 2300	Address	111 WESTWOOD PLACE SUITE 400
City-State-Zip:	MILWAUKEE WI 53214	City-State-Zip:	BRENTWOOD TN 37027
Title	DIRECTOR	Title	DIRECTOR
Name	CLEGG, JACKIE M	Name	LEEDS, JEFFREY R.
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	DIRECTOR	Title	DIRECTOR
Name	SCHULTE, MARK J.	Name	SEWARD, JAMES R.
Address	111 WESTWOOD PLACE SUITE 400	Address	111 WESTWOOD PLACE SUITE 400
City-State-Zip:	BRENTWOOD TN 37027	City-State-Zip:	BRENTWOOD TN 37027

Continues on page 2

EVP

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRYAN D. RICHARDSON

Electronic Signature of Signing Officer/Director Detail

FILED Apr 10, 2015 Secretary of State CC9036340594

Certificate of Status Desired: No

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	SECRETARY
Name	WAXMAN, SAMUEL	Name	WHITE, CHAD C
Address	S 111 WESTWOOD PLACE SUITE 400	Address	111 WESTWOOD PLACE SUITE 400
City-Sta	te-Zip: BRENTWOOD TN 37027	City-State-Zip:	BRENTWOOD TN 37027
Title	TREASURER		

NameFERGE, KRISTIN A.Address111 WESTWOOD PLACE
SUITE 400

City-State-Zip: BRENTWOOD TN 37027