

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000001035

**Entity Name:** ASSISTED LIVING PROPERTIES, INC.

**Current Principal Place of Business:**

111 WESTWOOD PLACE  
SUITE 400  
BRENTWOOD, TN 37037

**Current Mailing Address:**

111 WESTWOOD PLACE  
SUITE 400  
BRENTWOOD, TN 37037 US

**FEI Number:** 48-1179716

**Certificate of Status Desired:** No

**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

Date

**Officer/Director Detail :**

Title CEO, PRESIDENT, DIRECTOR  
Name SMITH, T ANDREW  
Address 111 WESTWOOD PLACE #400  
City-State-Zip: BRENTWOOD TN 37027

Title SECRETARY  
Name WHITE, CHAD C  
Address 111 WESTWOOD PLACE, SUITE 400  
City-State-Zip: BRENTWOOD TN 37027

Title EVP, DIRECTOR  
Name RICHARDSON, BRYAN D  
Address 111 WESTWOOD PLACE  
SUITE 400  
City-State-Zip: BRENTWOOD TN 37037

*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

EVP

03/12/2016

Electronic Signature of Signing Officer/Director Detail

Date