2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2025
Secretary of State
2332316067CC

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Entity Name: CNL HEALTHCARE PROPERTIES, INC.

Current Principal Place of Business:

450 S. ORANGE AVE.
14TH FLOOR
ORLANDO, FL 32801

Current Mailing Address:

P. O. BOX 4920
ORLANDO, FL 32802-4920 US

FEI Number: 27-2876363

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRACCO, TRACEY B
450 S. ORANGE AVE.
14TH FLOOR
ORLANDO, FL 32801 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	VC, CEO, PRESIDENT, DIRECTOR
Name	MAULDIN, STEPHEN H
Address	450 S. ORANGE AVE.
City-State-Zip:	ORLANDO FL 32801

Title	CFO, TREASURER, SENIOR VICE PRESIDENT
Name	DUARTE, IXCHELL C
Address	450 S. ORANGE AVE.
City-State-Zip:	ORLANDO FL 32801

Title	SVP
Name	RAWLS, KAKI
Address	450 S. ORANGE AVE. 14TH FLOOR
City-State-Zip:	ORLANDO FL 32801

Title	SVP, SECRETARY, GENERAL COUNSEL
Name	BRACCO, TRACEY B
Address	450 S. ORANGE AVE.
City-State-Zip:	ORLANDO FL 32801

Title	SENIOR VICE PRESIDENT
Name	MCRAE, JOHN
Address	450 S. ORANGE AVE. 14TH FLOOR
City-State-Zip:	ORLANDO FL 32801

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: TRACEY B. BRACCO SVP 03/25/2025

Electronic Signature of Signing Officer/Director Detail — Date