

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000003217

Entity Name: CNL HEALTHCARE PROPERTIES, INC.**Current Principal Place of Business:**450 S. ORANGE AVE.
ORLANDO, FL 32801**Current Mailing Address:**P. O. BOX 4920
ORLANDO, FL 32802-4920**FEI Number:** 27-2876363**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PATTERSON, AMY J
450 S. ORANGE AVE.
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** CHAIRMAN, CEO, PRESIDENT,
DIRECTOR**Name** MAULDIN, STEPHEN H**Address** 450 S. ORANGE AVE.**City-State-Zip:** ORLANDO FL 32801**Title** VP, SECRETARY, GENERAL
COUNSEL**Name** BRACCO, TRACEY B**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** AS**Name** PATTERSON, AMY J**Address** 450 S. ORANGE AVE.**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

VP

04/06/2020

Electronic Signature of Signing Officer/Director Detail_____
Date