2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2014
Secretary of State
CC3256552575

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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	C
Name	SENEFF, JAMES M JR.
Address	450 S. ORANGE AVE.
City-State-Zip:	ORLANDO FL 32801

Title	DIRECTOR
Name	SITTEMA, THOMAS K
Address	450 S. ORANGE AVE.
City-State-Zip:	ORLANDO FL 32801

Title	CEOP
Name	MAULDIN, STEPHEN H
Address	450 S. ORANGE AVE.
City-State-Zip:	ORLANDO FL 32801

Title	SVPS
Name	GREER, HOLLY
Address	450 S. ORANGE AVE.
City-State-Zip:	ORLANDO FL 32801

Title	CFOSVPT
Name	JOHNSON, JOSEPH T
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: JOSEPH T. JOHNSON SENIOR VICE PRESIDENT 03/31/2014

Electronic Signature of Signing Officer/Director Detail — Date