

2019 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

VICE PRESIDENT

03/27/2019

Electronic Signature of Signing Officer/Director Detail

Date