

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90210 011 ***150.00

DOCUMENT # P97000057795

1. Corporation Name

CNL HEALTH CARE ADVISORS, INC.



Principal Place of Business
400 EAST SOUTH STREET #500
ORLANDO FL 32801

Mailing Address
400 EAST SOUTH STREET #500
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1997

4. FEI Number

59-3467834

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

BOURNE, ROBERT A
400 EAST SOUTH STREET #500
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME BOURNE, ROBERT A
STREET ADDRESS 400 EAST SOUTH STREET #500
CITY-ST-ZIP ORLANDO FL 32801

TITLE DCCE
NAME SENEFF, JAMES M JR
STREET ADDRESS 400 EAST SOUTH STREET #500
CITY-ST-ZIP ORLANDO FL 32801

TITLE DST
NAME ROSE, LYNN E
STREET ADDRESS 400 EAST SOUTH STREET #500
CITY-ST-ZIP ORLANDO FL 32801

TITLE EVP
NAME MCWILLIAMS, CURTIS B
STREET ADDRESS 400 E SOUTH ST, SUITE 500
CITY-ST-ZIP ORLANDO FL 32801

TITLE EVP
NAME WALL, JEANNE A
STREET ADDRESS 400 E SOUTH ST, SUITE 500
CITY-ST-ZIP ORLANDO FL 32801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE AS
6.2 NAME WhiteJohnson, Kyle L
6.3 STREET ADDRESS 400 E. South Street #500
6.4 CITY-ST-ZIP Orlando, FL 32801

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 9, 1999

407-650-1000

Date

Daytime Phone #

CR2E034 (11/98)