2000 UNIFORM BUSINESS REPORT (UBR)

Jan 19, 2000 08:00 AM DOCUMENT # P97000057795 1. Entity Name **Secretary of State** CNL HEALTH CARE CORP. Principal Place of Business Mailing Address 450 SOUTH ORANGE AVENUE 450 SOUTH ORANGE AVENUE ORLANDO FL ORLANDO FL 32801 32801 2. Principal Place of Business 3. Mailing Address 450 S. ORANGE AVENUE 450 S. ORANGE AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ORLANDO FL ORLANDO FL 59-3467834 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32801 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOURNE BOURNE ROBERT 400 EAST SOUTH STREET #500 Street Address (P.O. Box Number is Not Acceptable) 450 S. ORANGE AVENUE ORLANDO 32801 City Zip Code ORLANDO 32801 8. 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. 01/19/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change X Addition NAME NAME ANDERSON PHILLIP STREET ADDRESS STREET ADDRESS 450 S. ORANGE AVENUE CITY-ST-ZIP CITY-ST-ZIP ORLANDO 32801 TITLE ☐ Delete EVP TITLE EVP X Change ☐ Addition NAME NAME WALL JEANNE A WALL. JEANNE. STREET ADDRESS 400 E SOUTH ST. SHITE 500 STREET ACCRESS 450 S. ORANGE AVENUE CITY-ST-ZIF ORLANDO FI 32801 CITY-ST-718 ORLANDO FT. 32801 TITLE ☐ Deiete TILE X Change ☐ Addition NAME MCWILLIAMS NAME SIMMONS DANIEL STREET ADDRESS 400 E SOUTH ST, SUITE 500 STREET ADDRESS 450 S. ORANGE AVENUE CITY-ST-ZIP ORLANDO 32801 CITY-ST-ZIP ORLANDO 32801 TITLE DST ☐ Defete TITLE DST X Change ☐ Addition NAME ROSE LYNN \mathbf{E} NAME ROSE LYNN STREET ADDRESS 400 EAST SOUTH STREET #500 STREET ADDRESS 450 S. ORANGE AVENUE CITY-ST-ZIP ORLANDO 32801 CITY-ST-ZIP ORLANDO FL. 32801 FL. TITLE DCCE DCCE ☐ Delete TITLE X Change ☐ Addition NAME SENEFF JAMES NAME SENEFF JAMES MJR 400 EAST SOUTH STREET #500 450 S. ORANGE AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 ORLANDO FL32801 CITY-ST-ZIP TITLE DP ☐ Delete DP TITLE Change ☐ Addition NAME BOURNE ROBERT BOURNE ROBERT NAME STREET ADDRESS 400 EAST SOUTH STREET #500 450 S. ORANGE AVENUE STREET ADDRESS CITY-ST-ZIP ORLANDO 32801 CITY-ST-7/2 ORLANDO 32801

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^{13.} 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

KYLE L. WHITEJOHNSON, AS 450 S. ORANGE AVENUE

ORLANDO, FL 32801