


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

04-29-1999 90210 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																																																					
DOCUMENT # P98000086542 1. Corporation Name CNL HEALTH CARE DEVELOPMENT, INC.																																																																																																																																									
Principal Place of Business 400 EAST SOUTH STREET SUITE 500 ORLANDO FL 32801			Mailing Address 400 EAST SOUTH STREET SUITE 500 ORLANDO FL 32801																																																																																																																																						
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		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/08/1998 4. FEI Number 59-3548007 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																					
9. Name and Address of Current Registered Agent BOURNE, ROBERT A 400 EAST SOUTH STREET SUITE 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 <table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>BOURNE, ROBERT A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>400 EAST SOUTH STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO FL 32801</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>SENEFF, JAMES M JR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>400 EAST SOUTH STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO FL 32801</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> DELETE	NAME	BOURNE, ROBERT A		STREET ADDRESS	400 EAST SOUTH STREET		CITY-ST-ZIP	ORLANDO FL 32801		TITLE	D	<input type="checkbox"/> DELETE	NAME	SENEFF, JAMES M JR.		STREET ADDRESS	400 EAST SOUTH STREET		CITY-ST-ZIP	ORLANDO FL 32801		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td>D/P/T</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td>D/C/CEO</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td>S</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td>Rose, Lynn E.</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td>400 E. South Street-#500</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td>Orlando, FL 32801</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td>COO</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td>Anderson, Philip M.</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td>400 E. South Street #500</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td>Orlando, FL 32801</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			1.1 TITLE	D/P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME			1.3 STREET ADDRESS			1.4 CITY-ST-ZIP			2.1 TITLE	D/C/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME			2.3 STREET ADDRESS			2.4 CITY-ST-ZIP			3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME	Rose, Lynn E.		3.3 STREET ADDRESS	400 E. South Street-#500		3.4 CITY-ST-ZIP	Orlando, FL 32801		4.1 TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	4.2 NAME	Anderson, Philip M.		4.3 STREET ADDRESS	400 E. South Street #500		4.4 CITY-ST-ZIP	Orlando, FL 32801		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME			5.3 STREET ADDRESS			5.4 CITY-ST-ZIP			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME			6.3 STREET ADDRESS			6.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE																																																																																																																																							
NAME	BOURNE, ROBERT A																																																																																																																																								
STREET ADDRESS	400 EAST SOUTH STREET																																																																																																																																								
CITY-ST-ZIP	ORLANDO FL 32801																																																																																																																																								
TITLE	D	<input type="checkbox"/> DELETE																																																																																																																																							
NAME	SENEFF, JAMES M JR.																																																																																																																																								
STREET ADDRESS	400 EAST SOUTH STREET																																																																																																																																								
CITY-ST-ZIP	ORLANDO FL 32801																																																																																																																																								
TITLE		<input type="checkbox"/> DELETE																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY-ST-ZIP																																																																																																																																									
TITLE		<input type="checkbox"/> DELETE																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY-ST-ZIP																																																																																																																																									
TITLE		<input type="checkbox"/> DELETE																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY-ST-ZIP																																																																																																																																									
1.1 TITLE	D/P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
1.2 NAME																																																																																																																																									
1.3 STREET ADDRESS																																																																																																																																									
1.4 CITY-ST-ZIP																																																																																																																																									
2.1 TITLE	D/C/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
2.2 NAME																																																																																																																																									
2.3 STREET ADDRESS																																																																																																																																									
2.4 CITY-ST-ZIP																																																																																																																																									
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																																							
3.2 NAME	Rose, Lynn E.																																																																																																																																								
3.3 STREET ADDRESS	400 E. South Street-#500																																																																																																																																								
3.4 CITY-ST-ZIP	Orlando, FL 32801																																																																																																																																								
4.1 TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																																							
4.2 NAME	Anderson, Philip M.																																																																																																																																								
4.3 STREET ADDRESS	400 E. South Street #500																																																																																																																																								
4.4 CITY-ST-ZIP	Orlando, FL 32801																																																																																																																																								
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
5.2 NAME																																																																																																																																									
5.3 STREET ADDRESS																																																																																																																																									
5.4 CITY-ST-ZIP																																																																																																																																									
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
6.2 NAME																																																																																																																																									
6.3 STREET ADDRESS																																																																																																																																									
6.4 CITY-ST-ZIP																																																																																																																																									

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)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Lynn E. Rose, Secretary

April 9, 1999

407-650-1000

Date

Daytime Phone #

CR2E034 (11/98)