

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000048045

**Entity Name:** CNL HEALTHCARE CORP.**Current Principal Place of Business:**450 S ORANGE AVE  
ORLANDO, FL 32801**Current Mailing Address:**450 S ORANGE AVE  
ORLANDO, FL 32801**FEI Number:** 27-2961763**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCARCELLI, LINDA A  
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 COOP  
Name MAULDIN, STEPHEN H  
Address 450 SO. ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32801

Title SVP  
Name GREER, HOLLY  
Address 450 SO. ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32801

Title CEO  
Name SITTEMA, THOMAS K  
Address 450 SO. ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32801

Title T  
Name SCHMIDT, TRACY G  
Address 450 SO. ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32801

Title S  
Name SCARCELLI, LINDA A  
Address 450 SO. ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32801

Title AT  
Name RAWLS, KAKI  
Address 450 SO. ORANGE AVENUE  
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: LINDA A. SCARCELLI****SECRETARY****04/14/2016**

Electronic Signature of Signing Officer/Director Detail

Date