2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 05, 2016
Secretary of State
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Entity Name: CNL HEALTHCARE MANAGER CORP.

Current Principal Place of Business:

450 SO. ORANGE AVENUE
ORLANDO, FL 32801

Current Mailing Address:

PO BOX 4920
ORLANDO, FL 32802 US

FEI Number: 27-3111299

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCARCELLI, LINDA A
450 S. ORANGE AVENUE
ORLANDO, FL 32801-3336 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	DC
Name	SENEFF, JAMES MJR
Address	450 S. ORANGE AVENUE
City-State-Zip:	ORLANDO FL 32801-3336

Title	P
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	ASST. TREASURER, VP
Name	TIPTON, TAMMY
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

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 08/05/2016

Electronic Signature of Signing Officer/Director Detail — Date