

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000055828

Entity Name: CNL HEALTHCARE MANAGER CORP.**Current Principal Place of Business:**450 S. ORANGE AVENUE
ORLANDO, FL 32801-3336**Current Mailing Address:**450 S ORANGE AVE
ORLANDO, FL 32801**FEI Number: 27-3111299****Certificate of Status Desired: Yes****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	DVC
Name	BOURNE, ROBERT A
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	SVP
Name	JOHNSON, JOSEPH T
Address	450 S. 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: STEPHEN H. MAULDIN**PRESIDENT****02/01/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date