2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State
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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: 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	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	CFO
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: JOSEPH T. JOHNSON — CHIEF FINANCIAL OFFICER — 04/02/2014

Electronic Signature of Signing Officer/Director Detail — Date