

A01000001299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

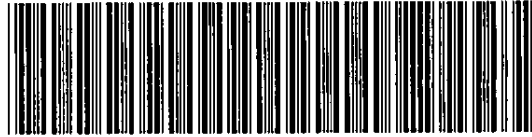
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2014 MAY -8 11:10:54
NO. 10001299
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2014 MAY -8 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY - 9 2013

T. HAMPTON



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : I20000000195

REFERENCE : 123819 7452534

AUTHORIZATION :

COST LIMIT : \$ 52.50

[Handwritten signature]

ORDER DATE : May 7, 2014

ORDER TIME : 4:03 PM

ORDER NO. : 123819-005

CUSTOMER NO: 7452534

DOMESTIC FILINGS

NAME: TUCSON MOB PARTNERS, LTD.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray - EXT# 52925

EXAMINER'S INITIALS: _____

**CERTIFICATE OF DISSOLUTION
FOR**

Tucson MOB Partners, Ltd.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on September 20, 2001, assigned Florida document number A01000001299, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

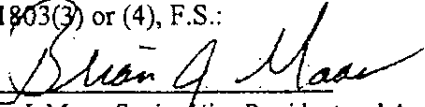
Partnership is no longer doing business in the state of Florida.

SECOND: ☒ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: upon filing.

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:


By: Brian J. Maas, Senior Vice President and Assistant Corporate Secretary,
on behalf of HCP DAS Tranche 1 GP, LLC, its general partner

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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TALLAHASSEE, FLORIDA