# 2009 LIMITED PARTNERSHIP REINSTATEMENT

**FILED**
**Oct 01, 2009**
**Secretary of State**

DOCUMENT# A98000000278

**Entity Name:** HEALTH CARE PROPERTIES XVII, LTD.

**Current Principal Place of Business:**

4605 NORTH LEE HWY
CLEVELAND, TN 37312

**New Principal Place of Business:**

**Current Mailing Address:**

4605 NORTH LEE HWY
CLEVELAND, TN 37312

**New Mailing Address:**

**FEI Number: 59-3494199** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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

**GENERAL PARTNER INFORMATION:**

Document #: M96000000416
Name: THE WELLINGTON GROUP, LLC
Address: 4605 NORTH LEE HWY
City-St-Zip: CLEVELAND, TN 37312

**ADDRESS CHANGES ONLY:**

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: MARK D. WEST CFO 10/01/2009

Electronic Signature of Signing General Partner — Date