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RESUBMIT

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To: Division of Corporations
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Alan J. Rind-

From:

Account Name	:	CORPORATION SERVICE COMPANY
Account Number	:	I20000000195
Phone	:	(850) 521-1000
Fax Number	:	(850) 558-1575

546

FOREIGN LIMITED PARTNERSHIP**MEDREALTY OPERATING PARTNERSHIP, L.P.**

Certificate of Status	0
Certified Copy	0
Page Count	035
Estimated Charge	\$87.50

TELEPHONE

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 10, 2004

RESUBMIT

Please give original
submission date as file date.

CORPORATION SERVICE COMPANY

TALLAHASSEE, FL

SUBJECT: MEDREALTY OPERATING PARTNERSHIP, L.P.
REF: W04000022451

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You didn't submit the entire application. You are missing the second page of the actual application.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability partnership must have an active registration/filing on file with this office before this filing will be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist

FAX Aud. #: H04000122777
Letter Number: 704A00039389

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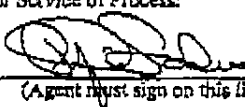
DIVISION OF CORPORATIONS

JUN. 14. 2004 8:54AM

CORPORATION SVC CO

H04000122777 3 P. 3

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. MedRealty Operating Partnership, L.P.
(Name of limited partnership as it is in the home state)
2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")
3. Delaware 4. May 12, 2004
(State of Formation) (Date of Formation)
5. Patrick J. DiSalvo
(Name of Registered Agent for Service of Process)
6. 101 North Clematis Street, Suite 502
(Street Address of Registered Office)
- West Palm Beach, Florida 33401
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:
By: 
(Agent must sign on this line) Patrick J. DiSalvo
8. 2731 Centerville Road, Suite 400
Wilmington, Delaware 19808
(Address of registered office required in state of formation or, if not required, address of principal office.)
9. NAMES OF GENERAL PARTNERS STREET ADDRESS
- MedRealty Trust, 101 North Clematis Street, Suite 502, West Palm Beach, FL 33401
004000000 034
10. 101 North Clematis Street, Suite 502, West Palm Beach, FL 33401
(Office where Names, Addresses and Contributions of Limited Partners are kept.)
11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

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CORPORATION SVC CO

NO. 294

P. 4

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12 101 North Clematis Street, Suite 502, West Palm Beach, FL 33401

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 10 day of June, 2004.

MedRealty Trust, General Partner

BY: Patrick J. DiSalvo, General Partner

STATE OF Florida

COUNTY OF Palm Beach

On this 10 day of June, 2004.

Patrick J. DiSalvo, Trustee of MedRealty Trust, personally appeared before me.

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

2004 JUN 15 P 3:03
TALLAHASSEE, FL
SECRETARY OF STATE

FILED

Jacqueline M. Ruszenas
(Notary Public Signature)

(Notary's Printed Name)



JACQUELINE M. RUSZENAS
Notary Public - State of Florida
My Commission Expires Apr. 16, 2005
Commission # CC996635

Seal

My Commission Expires: _____

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Patrick J. DiSalvo, Trustee of MedRealty Trust
 a general partner of MedRealty Operating Partnership, L.P., a (an) Delaware
 limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 1,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1,000.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 7 day of June, 2004.

MedRealty Trust, General Partner

BY: Patrick J. DiSalvo, Trustee

STATE OF Florida

COUNTY OF Palm Beach

On this 7th day of June, 2004.

Patrick J. DiSalvo, Trustee of MedRealty Trust, personally appeared before me,

☒ who is personally known to me

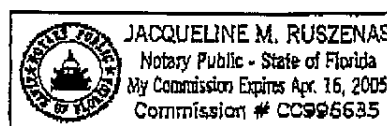
☐ whose identity I proved on the basis of _____

Jacqueline M. Ruszenas
 (Notary Public Signature)

(Notary's Printed Name)

Seal

My Commission Expires: _____



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