

DO800000000035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

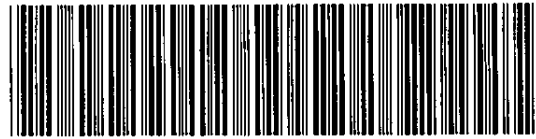
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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300256341033

Amendment to  
declaration of  
Trust

RECEIVED  
DEPARTMENT OF STATE  
14 MAR - 4 AM 11:23

FILED  
2014 MAR - 4 PM 2:57  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DR  
2/15/14



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 035099 7373129

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : March 3, 2014

ORDER TIME : 9:18 AM

ORDER NO. : 035099-005

CUSTOMER NO: 7373129

FOREIGN FILINGS

NAME: SNH MEDICAL OFFICE PROPERTIES  
TRUST

XX TRUST

OUR CLIENT WAS TOLD TO SUBMIT THIS FORM BY THE FL SOS.

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SNH Medical Office Properties Trust  
Name of Corporation

**DOCUMENT NUMBER:** D08000000035

The enclosed *Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s)* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Robert Branch**

Name of Contact Person

**Corporation Service Company**

Firm/Company

**84 State Street**

Address

**Boston, MA 02109**

City/State and Zip Code

**fkirkpatrick@cscinfo.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Cheryl Coleman**

Name of Contact Person

at ( **617** ) **796-8333**

Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FILED

2014 MAR -4 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**Amendment by Foreign Declaration of Trust**  
**~~AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE~~ ADD OFFICER(S)**  
**~~AND/OR DIRECTOR(S)~~**

(Note: Applicable only during the first calendar year of qualification)

1. The name of the foreign corporation as it appears on the records of the Florida Department of State is:  
SNH Medical Office Properties Trust
2. This entity was authorized to transact business in Florida on 12/17/2008 and its Florida document number is D08000000035
3. This corporation was formed under the laws of Maryland
4. The name and address of each officer and/or director is as follows:

Title:

President, Chief Operating Officer & Assistant Sec.

Name and Address

David J. Hegarty

Two Newton Place, 255 Washington Street  
Newton, MA 02458

Treasurer/CFO

Richard A. Doyle

Two Newton Place, 255 Washington Street  
Newton, MA 02458

Secretary

Jennifer B. Clark

Two Newton Place, 255 Washington Street  
Newton, MA 02458

Assistant Secretary

Jacquelyn S. Anderson

Two Newton Place, 255 Washington Street  
Newton, MA 02458

(Attach additional pages if necessary)

Richard A. Doyle  
Signature of an officer or director

Richard A. Doyle

Typed or printed name of person signing

Treasurer/CFO

Title of person signing

**FILING FEE \$35**

Make checks payable to Florida Department of State and Mail to:  
Division of Corporations • PO Box 6327 • Tallahassee, FL 32314