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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	ECT:	Healthcare P	roperties Leasing III, Inc.				
			Name of corporati	on'- mu	st include suffix?		
Dear S	ir or M	adam:					
"Certif	icate of	Existence,"	by Foreign Corporation for "Certificate of Good Storporation to transact busi	anding"	and check are subm		
Please	rcturn a	all correspon	dence concerning this mat	ter to the	e following:		
Legal D	Oepartm	ent					
			Name	of Perso	מ		
PruittH	calth						
			Firm/Co	mpany			
1626 Je	urgens	Court					
	,		Ad	dress			
Norcro	ss, GA 3	30093					
			City/State	and Zij	p code		
legalser	rvices@	pruitthealth.co					
			E-mail address: (to be use	d for fut	ture annual report no	tification)	
For fur	ther inf	ormation cor	ncerning this matter, please	e call:			
Luanne	Estacio	1	at (⁴⁷⁰) 29	92-9858		
	Name	of Person	Area Co	ode	Daytime Telepho	one Number	
	Regist Divisi The C 2415 I	ration Section on of Corpor entre of Talla	ations ahassee treet, Suite 810		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	
			following amount: : FLORIDA DEPARTMENT	T OF S	ТАТЕ		
□ \$ 70.			\$78.75 Filing Fee & Certificate of Status	□ \$78.	.75 Filing Fee & tified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of c	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"		
	•	et e e		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida	a)	
GA, United Sta	tes of America	3. 260-19-8075		
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)		
12/17/2020	S.			
(Date	c of incorporation)	(Date of duration, if other than perpetual)	_	
	Mate first transacted business	n Florida, if prior to registration		
1626 Jeurgens C		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
1626 Jeurgens C	(SEE SECTIONS 607.1501 & 607.1	502, F.S., to determine penalty liability)	25 4	
1626 Jeurgens C	(SEE SECTIONS 607.1501 & 607.1 Durt, Norcross, GA 30093 (Principal off	502, F.S., to determine penalty liability)	25 HIR 2	
	(SEE SECTIONS 607.1501 & 607.1 Durt, Norcross, GA 30093 (Principal off	502, F.S., to determine penalty liability) ice street address) ing address, if different)	25 HIR 21 PH	
	(SEE SECTIONS 607.1501 & 607.1 Durt, Norcross, GA 30093 (Principal off (Current mailing)	502, F.S., to determine penalty liability) ice street address) ing address, if different)	21 PH 1:	
Name and <u>stre</u> Name:	(SEE SECTIONS 607.1501 & 607.1 Durt, Norcross, GA 30093 (Principal off (Current mailing) et address of Florida registered agent: (P.6)	502, F.S., to determine penalty liability) ice street address) ing address, if different)	1 25 HAR 21 PH 1: 38	
Name and stree	(SEE SECTIONS 607.1501 & 607.1 Durt, Norcross, GA 30093 (Principal off (Current mailing and address of Florida registered agent: (P.C.) Corporation Service Company	502, F.S., to determine penalty liability) ice street address) ing address, if different)	21 PH 1: 3	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS				
Chairman	Name: Neil L. Pruitt, Jr.		Name:	
□Vice Chaiлпап	Address:	_ Vice Chairman	Address:	
Director	Norcross, GA 30093	Director		
President		_ President		
□Vice President		_ □Vice President		
☐Secretary	Treasurer	' □Secretary		☐Treasurer ·
CEO CEO	Other	□Other		□Other
□Chairman	Philip Small	□Chairman	Name:	
∐Vice Chairman	1626 Journaine Court		Address:	
■ Director	Norcross, GA 30093	4-1		
□President				
□Vice President		□ Vice President		
☐ Secretary	Treasurer	☐ Secretary		☐Treasurer
Other	Other	Other		□Other
	Randall Loggins	□Chairman	Name:	
⊒Vice Chairman	1626 Jeurgens Court			
Director	Norcross, GA 30093	Director		
□President		_ □ President		
■Vice President		□Vice President		
Secretary	☐ Treasurer	☐ Secretary		□Treasurer
□Other	□ Other	□Other		□Other
adimiduala man ba	Use an attachment to report more than six (6). It added to the index when filing your Florida De Signature of Di			
	> Signature of Di	rector or Officer		

13. Neil L. Pruitt, Jr., Chairman and CEO

(Typed or printed name and capacity of person signing application)

s.817.155, F.S.

Control Number: 20245692

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

> Healthcare Properties Leasing III, Inc. a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 28951406 Date Inc/Auth/Filed: 12/17/2020 Jurisdiction : Georgia : 03/14/2025 Print Date

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State