

**CORPORATE
ACCESS,
INC.**

F99000005226

230 East 1st Avenue Tallahassee, Florida 32301

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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Foreign

1.) Medical Properties of America, Inc.
(CORPORATE NAME & DOCUMENT #)

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2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

File Twist

5.) _____
(CORPORATE NAME & DOCUMENT #)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS



By 10/11/99

**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.

1. Medical Properties of America, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Tennessee 3. 62-1751633
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. August 12, 1998 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Date of filing
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 310 25th Avenue North, Nashville, TN 37203

(Current mailing address)

8. to engage in any lawful business
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box NOT acceptable)

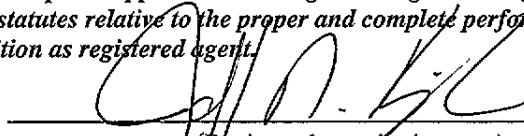
Name: NRAI Services, Inc.

Office Address: 526 East Park Avenue

Tallahassee, Florida, 32301
(Zip code)

10. **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)

11. 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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Richard Treadway 310 25th Avenue North, Nashville, TN 37203

Address: _____

Vice Chairman: Wayne J. Buck

Address: same as Chairman

Director: Phillip D. Suiter

Address: same as Chairman

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Wayne J. Buck

Address: 310 25th Avenue North

Nashville, TN 37203

Vice President: Andrew P. Grisham

Address: same as President

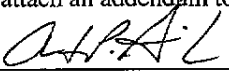
Secretary: Phillip D. Suiter

Address: same as President

Treasurer: Phillip D. Suiter

Address: same as President

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ANDREW P. GRISHAM, VICE PRESIDENT
(Typed or printed name and capacity of person signing application)

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**Secretary of State
Corporations Section**

**James K. Polk Building, Suite 1800
Nashville, Tennessee 37243-0306**

ISSUANCE DATE: 10/04/1999
REQUEST NUMBER: 99277139
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 08/12/1998
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0355729
JURISDICTION: TENNESSEE

TO:
MILLER, MARTIN & TRABUE
JEAN P. SHEARER
150 4TH AVENUE NO.
NASHVILLE, TN 37219

REQUESTED BY:
MILLER, MARTIN & TRABUE
JEAN P. SHEARER
150 4TH AVENUE NO.
NASHVILLE, TN 37219

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CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT
"MEDICAL PROPERTIES OF AMERICA, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED
WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

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FOR: REQUEST FOR CERTIFICATE

ON DATE: 10/04/99

FROM:
MILLER MARTIN & TRABUE(1200 1ST UNION TW
1200 FIRST UNION TWR
150 4TH AVE., N
NASHVILLE, TN 37219-2433

RECEIVED: FEES \$40.00 \$0.00
TOTAL PAYMENT RECEIVED: \$40.00

RECEIPT NUMBER: 00002555949
ACCOUNT NUMBER: 00001605



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE