## Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0383

From:

: CORPORATION SERVICE COMPANY Account Name

Account Number : I2000000195 : (850)521-1000 Phone Fax Number : (850)558-1575

LIMITED LIABILITY CO.

ELOR OLANO	LIDA/FOREIGN LIMI CRESTVIEW MED BI	
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<u> </u>	Estimated Charge	\$195.00

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	BILITY COMPAN	DD10 110				
I. CRESTV	TEW MED BUIL		on Limited Lie	bility Company)		
2 Deiaware		(**************************************	Pri thirming tite	omy company)		
(Jurisdictio		of which foreign limit	ed liability 3,	(FEI number, if applicable)	,	
4 May 17.	2006		5	Perpetusi		
·	(Date of Org	anization)		(Duration: Year limited liability company exist or "perpetual")	will cease to	
6 Upon fili	ing					
<u> </u>	(E (So	hate first transacted by e sections 608.501 &	isiness in Florid 608.502 F.S. to	ia, if prior to registration.) determine penalty liability)		
7. 3760 Kili	roy Airport Way	, Suite 300				•
Long Ber	ach, California 90					
		(Str	ect Address of	Principal Office)	<del></del>	•
8. If limited	d liability com	pany is a manager	-managed co	mpany, check here		
0 The see		. ainean addanana	£-1			
y. The nam	e and usual bu	isiness addresses (	it the managi	ing members or managers are as folio	ows:	, ,
HCP Bir	mingham SPE M	anager, LLC				
3760 Ki	lroy Airport Drive	e, Suite 300			<del></del>	
Long Be	ach, CA 90806					
					and the state of t	
10. Attached is	s an original certifi	este of existence, no m	are than 90 days	sold, duly authenticated by the official having	custody of records	in
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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	e of the Limited Liability	Company is:	
CRESTVIEV	Y MED BUILDING, LLC		<u> </u>
2. The nam	e and the Florida street a	ddress of the registered agent and office are:	
	Corporation Service Co	трапу	
		(Name)	
	1201 Hays Street		
	Florida Str	pet Address (P.O. Box <u>NOT</u> acceptable)	
	Tallabassee	FL 32301	
		City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Corporation Service Company

taura R. Dunlap es its agent

> \$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CRESTVIEW MED BUILDING, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CRESTVIEW MED BUILDING, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF MAY, A.D. 2006.

THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF MAY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Warriet Smith Windsor, Secretary of State

AUTHENTICATION: 4756795

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