

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000000174

FILED
Apr 29, 2011
Secretary of State

Entity Name: HTA - MEDICAL PORTFOLIO 1, LLC

Current Principal Place of Business:

16435 N SCOTTSDALE RD
SUITE 320
SCOTTSDALE, AZ 85254 US

New Principal Place of Business:

16435 NORTH SCOTTSDALE ROAD
SUITE 320
SCOTTSDALE, AZ 85254 US

Current Mailing Address:

16435 N SCOTTSDALE RD
SUITE 320
SCOTTSDALE, AZ 85254 US

New Mailing Address:

16435 NORTH SCOTTSDALE ROAD SUITE 440
SCOTTSDALE, AZ 85254 US

FEI Number: 26-1678344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: HEALTHCARE TRUST OF AMERICA HOLDINGS, LP
Address: 16435 NORTH SCOTTSDALE ROAD
City-St-Zip: SCOTTSDALE, AZ 85254 US

Title: S
Name: PRUITT, KELLIE
Address: 16435 NORTH SCOTTSDALE ROAD
City-St-Zip: SCOTTSDALE, AZ 85254 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KELLIE PRUITT

S

04/29/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date