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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850) 222-1092

Fax Number

1 (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:				

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HTA-VISTA PROFESSIONAL CENTER, LLC

Certificate of Status	1
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SEP 2 7 2010

EXAMINER

COVER LETTER

TO: ne-terest	- Garat			•
TO: Registration of Division of	on Section f Corporations			
SUBJECT:	HTA - Vista P	rofessional Center,	LLC	
		Limited Liability Comp		
Dear Sir or Madan	n:			
	davit by Foreign Limite r(s) and fee(s) are subm	ed Liability Company to nitted for filing.	Change Manager(s) or
Please return all co	orrespondence concerni	ng this matter to the fol	lowing:	
				7201 721 721
	Kellie S. Pruitt			S S
	Name of Person			图 中。
Health	care Trust of Americ	e_ Inc.		2010 SEP 24 SEGRE TAR)
	Firm/Company	,		[H]
	•			* 1
16435 P	V. Scottsdale Road, Su	ite 320		65 86 C C C C C C C C C C C C C C C C C C C
	Address			音点。ま
	Scottsdale, AZ 85254			73**
	City/State and Zip Coo	de		
	kelliepruitt@htareit	0.000		
E-mail addres	s: (to be used for future	annual report notificat	ion)	
	·	•	,	
For further informa	ttion concerning this m	atter, please call:		
Kellie S	. Pruitt at (480) 998.3478		
Name o	f Person	Area Code and Daytim	e Telephone Numb	ет
STD F FT/C	OURIER ADDRESS:	MAILING A	nnøree.	
Registration		Registration S		
Division of Corporations Division of Corporations				
Clifton Build		P.O. Box 632		
2661 Execut	ive Center Circle	Tallahassee, F	forida 32314	
Tallahassee,	Florida 32301			
Enclosed is a chec	k for the following an	iount:		
\$25 Filing Fee	\$30 Filing Fee &	\$55.00 Filing Fee &	560 Filing Fee,	
	Certificate of Status	Certified Copy	Certificate of Status	&
			Certified Copy	
	•		,	

CR2E123(8/07)

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

. This entity was formed under the	laws of:	Delaware	_
This entity was authorized to trained its Florida document/registration			100
The name and address of each m	anager or managi	ng member is as follows:	MA
<u>itle:</u> MGR" = Manager MGRM" = Managing Member	Name an	nd Address:	A SOCIO
<u>IGRM</u>	16435 N.	are Trust of America Holdings, LP . Scattsdale Road, Suite 320 le, AZ 85254	[
······································	**************************************		

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· .	<u> </u>		
equired Signature: *See attached	sippature nage*	·	_

Filing Fee: \$25

SIGNATURE PAGE

FLORIDA AFFIDAVIT by FOREIGN LIMITED LIABILITY COMPANY to CHANGE MANAGER(S) of MANAGING MEMBER(S)

of HTA – VISTA PROFESSIONAL CENTER, LLC

Sole Member:

Healthcare Trust of America Holdings, LP,

a Delaware limited partnership

By: Healthcare Trust of America, Inc., a Maryland corporation, its General Partner

By: Kellie S. Pruitt, Chief Financial Officer

ONO SEP 24 AM 89 18
SECRETARY OF STATE