

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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 : (850) 878-5368

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****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
Certified Copy	1
Page Count	04
Estimated Charge	\$60.00

T. CLINE

SEP 27 2010

EXAMINER

RECEIVED
10 SEP 24 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HTA - Vista Professional Center, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kellie S. Pruitt

Name of Person

Healthcare Trust of America, Inc.

Firm/Company

16435 N. Scottsdale Road, Suite 320

Address

Scottsdale, AZ 85254

City/State and Zip Code

kelliepruitt@htareit.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kellie S. Pruitt

Name of Person

at (480) 998.3478

Area Code and Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy

☒ \$60 Filing Fee,
Certificate of Status &
Certified Copy

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TALLAHASSEE, FLORIDA

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: HTA - Vista Professional Center, LLC

2. This entity was formed under the laws of: Delaware

3. This entity was authorized to transact business in Florida on March 12, 2008
and its Florida document/registration number is M08000001180

4. The name and address of each manager or managing member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Healthcare Trust of America Holdings, LP
16435 N. Scottsdale Road, Suite 320
Scottsdale, AZ 85254

Required Signature: *See attached signature page*
Signature of Manager, Managing Member or Member

Filing Fee: \$25

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TALLAHASSEE, FLORIDA

SIGNATURE PAGE

FLORIDA AFFIDAVIT ^{to} *by* FOREIGN LIMITED LIABILITY COMPANY
^{to} CHANGE MANAGER(S) *or* 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
Kellie S. Pruitt, Chief Financial Officer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 SEP 24 AM 8:15

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