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FLORIDA/FOREIGN LIMITED LIABILITY CO.

HCRI Tallahassee Medical Facility, LLC

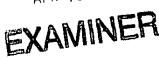
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APR- 10 2009



4/9/2009

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: HCRI Tallahessee Medical Facility, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.(.C.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Ploridu and uttach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L,I,,C.," "LLC.") Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 01/09/2007 Perpetual (Date of Organization) (Duration: Year limited imbility company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) One ScaGate, Suite 1500 Toledo, Ohio 43604 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Health Care REIT, Inc. (Sole Member), One SeaGate, Suite 1500, Totedo, Ohio 43604

translation of the certificate under outh of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida:

To hold real estate.

business of purposes to be conducted to promoted in Plottan.

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a

By: Care Kell, inc.

By: Care Kell, inc.

Signature of a member or an authorized representative of

Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes on affirmation under the possible of perjury that the facts stated herein are true.)

Erin C. Ibele, Senior Vice President-Administration and Corporate Secretary

Typed or printed name of signee

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SECRETARY OF STATE DIVISION OF CORPORATIONS

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.

If name unavailable, the alternate name to be used in the state of Florida is:		
	· · · · · · · · · · · · · · · · · · ·	
2. The name and the Florida street address of the regi-	stered agent and office are:	
C'T Corporation	1 System	
		
(Name))	
(Nume)		
,	Nord Koxd	
Florida Streut Address (P.O. B.	Nord Koxd	

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.

C I Corporation System

Renee Cruz, Asst. Secretary

100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

FLOST - DEFENDON C T Syntae Dulles

SECRETARY OF STATE OF CORPORATIONS

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ECRI TALLAHASSEE MEDICAL FACILITY, 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 THIS OFFICE SHOW, AS OF THE FIRST DAY OF APRIL, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4282001 8300

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TO COLD GOITHMEN' BON AMEDIANY SPORT

AUTHENTY CATION: 7221619

DATE: 04-01-09