

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90053 006 ***150.00

DOCUMENT # P05952

1. Corporation Name

HEALTH CARE PROPERTY INVESTORS, INC.

Principal Place of Business

4675 MACARTHUR CT
STE 900
NEWPORT BEACH CA 92660
US

Mailing Address

4675 MACARTHUR CT.
STE 900
NEWPORT BEACH CA 92660
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1985

4. FEI Number

33-0091377

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDC ☐ DELETE

NAME ROATH, KENNETH B.
STREET ADDRESS 4675 MACARTHUR CT #900
CITY-ST-ZIP NEWPORT BEACH CA 92660

TITLE V ☐ DELETE

NAME REYNOLDS, JAMES G.
STREET ADDRESS 4675 MACARTHUR CT #900
CITY-ST-ZIP NEWPORT BEACH FL 92660

TITLE S ☐ DELETE

NAME EDWARD J HENNING
STREET ADDRESS 4675 MACARTHUR CT #900
CITY-ST-ZIP NEWPORT BEACH CA 92660

TITLE T ☐ DELETE

NAME GHOSE, DEVASIS
STREET ADDRESS 4675 MACARTHUR CT #900
CITY-ST-ZIP NEWPORT BEACH CA 92660

TITLE D ☐ DELETE

NAME MCKEE, MICHAEL
STREET ADDRESS 4675 MACARTHUR CT #900
CITY-ST-ZIP NEWPORT BEACH CA 92660

TITLE D ☐ DELETE

NAME FANNING, ROBERT R. JR.
STREET ADDRESS 4675 MACARTHUR CT #900
CITY-ST-ZIP NEWPORT BEACH CA 92660

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/99

Date

949-221-0600

Daytime Phone #

CR2E034 (11/98)

0653701