

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

FILED

Jun 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthorn Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P17034

1. Corporation Name

~~HARBOR AMERICAN HEALTH CARE TRUST, INC.~~ 1/13  
HEALTHCARE INVESTORS OF AMERICA, INC.

Principal Place of Business

Mailing Address

2990 N. Swan Rd.  
Suite 228  
Tucson, AZ 85712  
US

2990 N. Swan Rd.  
Suite 228  
Tucson, AZ 85712  
US

3. Date Incorporated or Qualified  
12-02-87

3a. Date of Last Report  
4-5-96

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2b Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

4. FEI Number  
84-0574027

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1299 S. Pine Island Road  
Plantation, FL 33324

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	Pres. & CEO
NAME	Thomas M. Clarke
STREET ADDRESS	75 South Church St., Suite 650
CITY-ST-ZIP	Pittsfield, MA 01201
TITLE	
NAME	Grady P. Hunter
STREET ADDRESS	2290 N. Swan, Suite 228
CITY-ST-ZIP	Tucson, AZ 85712
TITLE	Chairman
NAME	F. Dale Markham
STREET ADDRESS	2990 N. Swan, Suite 228
CITY-ST-ZIP	Tucson, AZ 85712
TITLE	
NAME	Charles E. Trefzger, Jr.
STREET ADDRESS	75 S. Church St., Suite 650
CITY-ST-ZIP	Pittsfield, MA 01201
TITLE	
NAME	Thomas A. White
STREET ADDRESS	75 S. Church St., Suite 650
CITY-ST-ZIP	Pittsfield, MA 01201
TITLE	Secretary & Treasurer
NAME	Linda M. Clarke
STREET ADDRESS	75 S. Church St., Suite 650
CITY-ST-ZIP	Pittsfield, MA 01201

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	200002211482
5.3 STREET ADDRESS	-06/13/97--01045--025
5.4 CITY-ST-ZIP	***165.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

*F. Dale Markham*

4-22-97 (520) 326-2000

CR2E034 (9/96)