2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2015
Secretary of State
CC0199909859

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Entity Name: OVIEDO MEDICAL CENTER MOB OWNER LLC

Current Principal Place of Business:

1920 MAIN STREET, SUITE 1200
IRVINE, CA 92614

Current Mailing Address:

1920 MAIN STREET, SUITE 1200
IRVINE, CA 92614 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MEMBER
Name	HCP DAS TRANCHE 1 GP, LLC
Address	1920 MAIN STREET, SUITE 1200
City-State-Zip:	IRVINE CA 92614

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN MAAS AUTHORIZED PERSON 04/17/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date