

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000001117

**Entity Name:** HCP MEDICAL OFFICE BUILDINGS, LLC

**Current Principal Place of Business:**

1920 MAIN STREET  
STE 1200  
IRVINE, CA 92614

**Current Mailing Address:**

5050 SOUTH SYRACUSE STREET  
SUITE 800  
DENVER, CO 80237 US

**FEI Number:** 87-1704339

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 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 HEALTHPEAK PROPERTIES, INC.  
Address 1920 MAIN STREET  
STE 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:** HEALTHPEAK PROPERTIES, INC.

MEMBER

02/21/2022

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date