

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000004740

**Entity Name:** HTA-MIAMI DADE LAND, LLC

**Current Principal Place of Business:**

3310 WEST END AVENUE, SUITE 700  
NASHVILLE, TN 37203

**Current Mailing Address:**

3310 WEST END AVENUE, SUITE 700  
NASHVILLE, TN 37203 US

**FEI Number:** 37-1860730

**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 SM  
Name HEALTHCARE REALTY HOLDINGS,  
L.P.  
Address 3310 WEST END AVENUE, SUITE 700  
City-State-Zip: NASHVILLE TN 37203

*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:** ANDREW E. LOOPE

**AUTHORIZED PERSON**

**04/27/2023**

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

\_\_\_\_\_ Date