

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000004753

**Entity Name:** HTA-KISSIMMEE HOSPITAL MOB, LLC

**Current Principal Place of Business:**

16435 N. SCOTTSDALE ROAD, SUITE 320  
SCOTTSDALE, AZ 85254

**Current Mailing Address:**

16435 N. SCOTTSDALE ROAD, SUITE 320  
SCOTTSDALE, AZ 85254 US

**FEI Number: 38-4038666**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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           SOLE MBR  
Name           HEALTHCARE TRUST OF AMERICA  
                  HOLDINGS, LP  
Address        16435 N. SCOTTSDALE ROAD, SUITE  
                  320  
City-State-Zip: SCOTTSDALE AZ 85254

*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: LINDSAY A CDEBACA**

**TAX MANAGER**

**04/17/2019**

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

\_\_\_\_\_ Date