

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05952

**Entity Name:** HEALTHPEAK PROPERTIES, INC.**Current Principal Place of Business:**1920 MAIN STREET, STE 1200  
IRVINE, CA 92614**Current Mailing Address:**1920 MAIN STREET, STE 1200  
IRVINE, CA 92614 US**FEI Number:** 33-0091377**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

**Officer/Director Detail :**

Title DIRECTOR  
Name SULLIVAN, JOSEPH P.  
Address 1920 MAIN STREET, STE 1200  
City-State-Zip: IRVINE CA 92614

Title DIRECTOR  
Name GRIFFIN, KENT  
Address 1920 MAIN STREET, STE 1200  
City-State-Zip: IRVINE CA 92614

Title DIRECTOR  
Name RHEIN, PETER L.  
Address 1920 MAIN STREET, STE 1200  
City-State-Zip: IRVINE CA 92614

Title DIRECTOR  
Name LEWIS, SARA  
Address 1920 MAIN STREET, STE 1200  
City-State-Zip: IRVINE CA 92614

Title DIRECTOR  
Name SANDSTROM, KATHERINE  
Address 1920 MAIN STREET, STE 1200  
City-State-Zip: IRVINE CA 92614

Title DIRECTOR  
Name KENNARD, LYDIA  
Address 1920 MAIN STREET, STE 1200  
City-State-Zip: IRVINE CA 92614

Title DIRECTOR  
Name HERZOG, THOMAS  
Address 1920 MAIN STREET, STE 1200  
City-State-Zip: IRVINE CA 92614

Title SENIOR VICE PRESIDENT  
Name GRAZIANO, SCOTT A.  
Address 1920 MAIN STREET, STE 1200  
City-State-Zip: IRVINE CA 92614

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*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 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SCOTT A. GRAZIANO**SENIOR VICE PRESIDENT 05/31/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            CEO  
Name            HERZOG, THOMAS M.  
Address        1920 MAIN STREET, STE 1200  
City-State-Zip: IRVINE CA 92614

Title            PRESIDENT  
Name            BRINKER, SCOTT M.  
Address        1920 MAIN STREET, STE 1200  
City-State-Zip: IRVINE CA 92614

Title            TREASURER  
Name            PATADIA, ANKIT B.  
Address        1920 MAIN STREET, STE 1200  
City-State-Zip: IRVINE CA 92614

Title            DIRECTOR  
Name            GARVEY, CHRISTINE N.  
Address        1920 MAIN STREET, STE 1200  
City-State-Zip: IRVINE CA 92614

Title            CFO  
Name            SCOTT, PETER A.  
Address        1920 MAIN STREET, STE 1200  
City-State-Zip: IRVINE CA 92614

Title            SECRETARY  
Name            MCHENRY, TROY E.  
Address        1920 MAIN STREET, STE 1200  
City-State-Zip: IRVINE CA 92614

Title            DIRECTOR  
Name            CARTWRIGHT, BRIAN G.  
Address        1920 MAIN STREET, STE 1200  
City-State-Zip: IRVINE CA 92614

Title            DIRECTOR  
Name            HENRY, DAVID B.  
Address        1920 MAIN STREET, STE 1200  
City-State-Zip: IRVINE CA 92614