

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000002016

Entity Name: HEALTHCARE TRUST OF AMERICA, INC.

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: 20-4738347

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 | CFO | Title | CEO |
| Name | PRUITT, KELLIE S | Name | PETERS, SCOTT D |
| Address | 16435 N. SCOTTSDALE ROAD | Address | 16435 N. SCOTTSDALE ROAD |
| City-State-Zip: | SCOTTSDALE AZ 85254 | 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 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: KELLIE S. PRUITT

CFO

04/22/2014

Electronic Signature of Signing Officer/Director Detail

Date