#### 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: ROBERT MILLIGAN

Electronic Signature of Signing Officer/Director Detail

2019	FOREIGN PR	OFIT CORPO	RATION AN	NUAL REPORT

#### DOCUMENT# F1300002016

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

# 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

# **Officer/Director Detail :**

Title	CFO	Title	CEO
Name	MILLIGAN, ROBERT	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

Date

CFO

#### FILED Apr 16, 2019 Secretary of State 6962223203CC

Certificate of Status Desired: No

04/16/2019 Date