

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01 1996 8:00 am
Secretary of State

DOCUMENT # F93000002418 (2)

1. Corporation Name
HEALTHCARE REALTY TRUST INCORPORATED



Principal Place of Business: 3310 WST END AVENUE FOURTH FLOOR NASHVILLE TN 37203
Mailing Address: 3310 WST END AVENUE FOURTH FLOOR NASHVILLE TN 37203

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

3. Date Incorporated or Qualified: 05/17/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: 62-1507028
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature typed or printed name of registered agent and then if applicable, NOTE: Registered Agent signature required when recording. DATE

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	EMERY, DAVID R	
STREET ADDRESS	3310 WEST END AVE., 4TH FLOOR	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WALLACE, TIMOTHY G	
STREET ADDRESS	3310 WEST END AVE., 4TH FLOOR	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TODD, RITA HICKS	
STREET ADDRESS	3310 WEST END AVE., 4TH FLOOR	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LANGRECK, FREDRICK M	
STREET ADDRESS	3310 WEST END AVE., 4TH FLOOR	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BIGGS, ERROL L	
STREET ADDRESS	POST OFFICE BOX 173364	
CITY-ST-ZIP	DENVER CO 80217-3364	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DENT, THOMPSON S	
STREET ADDRESS	30 BURTON HILLS BLVD.	
CITY-ST-ZIP	NASHVILLE TN 37215	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Fredrick M. Langreck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96 (615) 269-8175
Date Filed

CR2E034 (12/95)

Handwritten initials and date: AEB 4-1-96

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**HEALTHCARE REALTY TRUST INCORPORATED
CORPORATION ANNUAL REPORT
FOR CALENDAR YEAR 1996**

Block 12 - Additional Officers and Directors

Title Senior Vice-President Acquisitions & General Counsel
Name Roger O. West
Street Address Healthcare Realty Trust Incorporated
Street Address 3310 West End Avenue, Suite 400
City, State & Zip Nashville, TN 37203

Title Vice-President Acquisitions
Name Kenneth D. Stach
Street Address Healthcare Realty Trust Incorporated
Street Address 3310 West End Avenue, Suite 400
City, State & Zip Nashville, TN 37203

Title Director
Name C. Raymond Fernandez, M.D.
Street Address The Nalle Clinic
Street Address 1350 South Kings Drive
City, State & Zip Charlotte, NC 28207

Title Director
Name Batey M. Gresham, Jr., AIA
Street Address Gresham Smith & Partners
Street Address 3310 West End Avenue
City, State & Zip Nashville, TN 37203

Title Director
Name Marliese E. Mooney
Street Address 6125 Deer Run, S.W.
City, State & Zip Fort Myers, FL 33908

Title Director
Name Edwin B. Morris, III
Street Address Morris & Morse Company, Inc.
Street Address 399 Boylston Street
City, State & Zip Boston, MA 02116

Title Director
Name J. Knox Singleton
Street Address INOVA Health System
Street Address 8001 Braddock Road
City, State & Zip Springfield, VA 22151