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**May 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

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 37203-1028**

3. Date Incorporated or Qualified
05/17/1993

3a. Date of Last Report
04/01/1996

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

2. Principal Place of Business

21 **11 East Chase Street**

22 Suite, Apt. #, etc.

23 **Baltimore, MD**

24 **21202**

25 Country

26 **11 East Chase Street**

27 Suite, Apt. #, etc.

28 **Baltimore, MD**

29 **21202**

30 Country

9. Name and Address of Current Registered Agent **10. Name and Address of New Registered Agent**

**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301**

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 title if applicable (NOTE: Registered Agent signature required when reinstating) 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	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Michael W. Crisler* **Michael W. Crisler** 5/1/97 615/269-8246

CR2E034 (9/96)

**HEALTHCARE REALTY TRUST INCORPORATED
PROFIT CORPORATION ANNUAL REPORT
FOR CALENDAR YEAR 1997**

Block 12 - Additional Officers and Directors

Title	Executive Vice President & General Counsel
Name	Roger O. West
Business address	Healthcare Realty Trust Incorporated
Business address (cont.)	3310 West End Avenue, Suite 400
City, state & zip code	Nashville, TN 37203

Title	Vice President-Acquisitions
Name	Kenneth D. Stach
Business address	Healthcare Realty Trust Incorporated
Business address (cont.)	3310 West End Avenue, Suite 400
City, state & zip code	Nashville, TN 37203

Title	Vice President-Financial Planning
Name	Michael W. Crisler
Business address	Healthcare Realty Trust Incorporated
Business address (cont.)	3310 West End Avenue, Suite 400
City, state & zip code	Nashville, TN 37203

Title	Director
Name	C. Raymond Fernandez, M.D.
Business address	The Nalle Clinic
Business address (cont.)	1918 Randolph Rd
City, state & zip code	Charlotte, NC 28207

Title	Director
Name	Batey M. Gresham, Jr., AIA
Business address	Gresham Smith & Partners
Business address (cont.)	511 Union Street, 1400 Nashville City Center
City, state & zip code	Nashville, TN 37219

Title	Director
Name	Marliese E. Mooney
Home address	6125 Deer Run, S.W.
City, state & zip code	Fort Myers, FL 33908

Title	Director
Name	Edwin B. Morris, III
Business address	Morris & Morse Company, Inc.
Business address (cont.)	399 Boylston St
City, state & zip code	Boston, MA 02116

Title	Director
Name	J. Knox Singleton
Business address	INOVA Health System
Business address (cont.)	8001 Braddock Rd
City, state & zip code	Springfield, VA 22151