

1704 HAYS STREET
TALLAHASSEE, FL 32304
904-222-9070
904-222-0793 FAX

800-343-8086

F9500002225

networks
PRESENCE HAS
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032
REFERENCE : 591966 11949A
AUTHORIZATION :
COST LIMIT : ~~0.0000~~ Prepaid

ORDER DATE : May 5, 1995
ORDER TIME : 10:49 AM
ORDER NO. : 591966
CUSTOMER NO: 11949A

200001477342
-05/05/95--01067--018
****122.50 ****122.50

CUSTOMER: Yvonne Jones, Legal Assistant
Geary Porter & Donovan
Suite 550
16475 Dallas Parkway
Dallas, TX 75248

FOREIGN FILINGS

FILED
95 MAY 15 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NAME: HEALTHCARE REALTY MANAGEMENT
INCORPORATED

PROFIT CORPORATE
 NON-PROFIT LIMITED PARTNERSHIP

QUALIFICATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Rozer

RECEIVED
95 MAY -5 AM 11:54
DIVISION OF CORPORATION

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:**

1. Healthcare Realty Management Incorporated
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Maryland 3. 52-1906563
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. December 9, 1994 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or 'perpetual')
6. January 1, 1995
(Date first transacted business in Florida. (See sections 607.1801, 607.1802, and 617.186, F.S.)
7. 3310 West End Avenue, Suite 400
Nashville, Tennessee 37203
(Current mailing address)
8. to engage in any lawful act or activity for which corporations may be organized under the laws of the States of Maryland and Florida
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

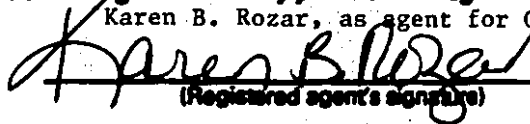
Name: CORPORATION SERVICE COMPANY
Office Address: 1201 Hayes Street
Tallahassee, Florida, 32309

FILED
MAY - 5 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
(2) Code

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Karen B. Rozar, as agent for Corporation Service Company


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: (see attachment)

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: (see attachment)

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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95 MAY - 5 PM 2: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

Bita H. Todd

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

Bita H. Todd, Assistant Secretary

(Typed or printed name and capacity of person signing application)

ATTACHMENT - FLORIDA

12. A. DIRECTORS

NAME	ADDRESS
David R. Emery	3310 West End Avenue Fourth Floor Nashville, Tennessee 37203
Bryan B. Starr (Chairman)	One Chase Corporate Drive Suite 450 Birmingham, Alabama 35244
Rance M. Sanders	One Chase Corporate Drive Suite 450 Birmingham, Alabama 35244
Roger O. West	3310 West End Avenue Fourth Floor Nashville, Tennessee 37203
Timothy G. Wallace	3310 West End Avenue Fourth Floor Nashville, Tennessee 37203

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TALLAHASSEE, FLORIDA

12. B. OFFICERS

NAME	OFFICE	ADDRESS
David R. Emory	Chief Executive Officer	3310 West End Avenue Fourth Floor Nashville, Tennessee 37203
Rance M. Sanders	President	One Chase Corporate Drive Suite 450 Birmingham, Alabama 35244
Timothy G. Wallace	Senior Vice President	3310 West End Avenue Fourth Floor Nashville, Tennessee 37203
Roger O. West	Senior Vice President	3310 West End Avenue Fourth Floor Nashville, Tennessee 37203
Robert L. Watkins	Senior Vice President/Development	One Chase Corporate Drive Suite 450 Birmingham, Alabama 35244
Roland H. Hart	Senior Vice President/Property Management	One Chase Corporate Drive Suite 450 Birmingham, Alabama 35244
T. Lynn Adams	Vice President/Administration and Secretary	One Chase Corporate Drive Suite 450 Birmingham, Alabama 35244
David M. Baylot	Vice President/Development	One Chase Corporate Drive Suite 450 Birmingham, Alabama 35244
Emilio M. Cerice	Treasurer	One Chase Corporate Drive Suite 450 Birmingham, Alabama 35244
Fredrick M. Langrock	Assistant Treasurer	3310 West End Avenue Fourth Floor Nashville, Tennessee 37203
Rita Hicks Todd	Assistant Secretary	3310 West End Avenue Fourth Floor Nashville, Tennessee 37203

FILED
 MAY - 5 PM 2:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

STATE OF MARYLAND

359459

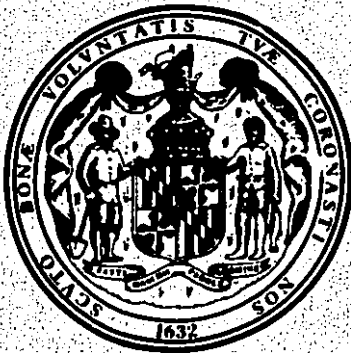
DEPARTMENT OF ASSESSMENTS AND TAXATION

301 West Preston Street Baltimore, Maryland 21201

I, NANCY GRUENINGER OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT SAID DEPARTMENT, BY THE LAWS OF SAID STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATE CHARTERS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE; AND I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT HEALTHCARE REALTY MANAGEMENT INCORPORATED IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND SAID CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN THE STATE OF MARYLAND.

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95 MAY -5 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE THIS 1ST DAY OF MAY, 1995.

Nancy Grueninger
NANCY GRUENINGER
ADMINISTRATIVE OFFICER



F9500002225

ACCOUNT NO. : 072100000032

REFERENCE : 254352 4347023

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : February 10, 1997

ORDER TIME : 11:47 AM

ORDER NO. : 254352-005

CUSTOMER NO: 4347023

700002082447--3
-02/10/97--01028--006
*****35.00 *****35.00

CUSTOMER: Yvonne Jones, Legal Assistant
Geary Porter & Donovan
16475 Dallas Parkway
Suite #550
Dallas, TX 75248

FOREIGN FILINGS

NAME: HEALTHCARE REALTY MANAGEMENT
INCORPORATED

PROFIT
 NON-PROFIT

CORPORATE
 LIMITED PARTNERSHIP

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lori R. Dunlap

N. HENDRICKS FEB 10 1997

FILED
97 FEB 10 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
96 FEB 10 P.
DEPARTMENT OF
DIVISION OF CORP.
TALLAHASSEE.

**STATE OF FLORIDA
COMPTROLLER OF REVENUE
APPLICATION FOR REFUND**

F95000002225

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred. Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money."

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Healthcare Realty Management EIN or SS#: 52-1906563
Incorporated
 Address: 57 Adams Avenue
Montgomery, AL 36104-4045

Amount: \$105.00 Date Paid 5/1/97
 Reason for claim: Corp. withdrawal, no AR required - F95000002225
SP 5/28/97

Certified true and correct this 20th day of June, 19 97.
 Signature: Michael W. Coker

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ 105.00

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 91271850 dated 05-14-97

Name of Account: _____
45202130001453000000000010000

Statutory Authority for Collection: 607

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____
452021300014530000000022002000

Certified true and correct this _____ day of _____, 19 _____

Department of State, Division of Corporations (Agency) _____ (Authorized Signature and Title)