

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

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

FOREIGN FILINGS

NAME: HEALTHCARE REALTY MANAGEMENT  
INCORPORATED

XX PROFIT XX CORPORATE  
       NON-PROFIT        LIMITED PARTNERSHIP

XX QUALIFICATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Rozer

**RECEIVED**  
95MAY -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 TRANSACTION 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)

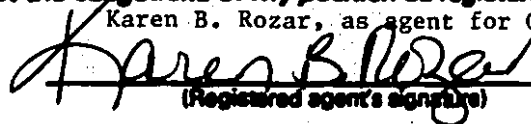
9. Name and street address of Florida registered agent:

Name: CORPORATION SERVICE COMPANY  
Office Address: 1201 Hayes Street  
Tallahassee, Florida, 32309  
(Zip Code)

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

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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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**

<b>NAME</b>	<b>ADDRESS</b>
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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95 MAY - 5 PM 2:53  
SECRETARY OF STATE  
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.

**FILED**  
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:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 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.

# APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Healthcare Realty Management Incorporated  
(Name of Corporation)

Maryland  
(Incorporated Under Laws Of)

FILED  
9 FEB 10 PM 3:33  
TALLAHASSEE, FLORIDA

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

3310 West End Avenue, Suite 400  
(Mailing Address)

Nashville, Tennessee 37203  
(City/State/Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Michael W. Crisler Signature      Vice President / Financial Planning Title

Michael W. Crisler Typed or printed name      2-5-97 Date



**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 20<sup>th</sup> 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)