

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000002418

**Entity Name:** HEALTHCARE REALTY TRUST INCORPORATED**Current Principal Place of Business:**3310 WEST END AVENUE  
SUITE 700  
NASHVILLE, TN 37203**Current Mailing Address:**3310 WEST END AVENUE  
SUITE 700  
NASHVILLE, TN 37203 US**FEI Number:** 62-1507028**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE, FL 32301 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\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DCEO
Name	EMERY, DAVID R
Address	3310 WEST END AVE., STE 700
City-State-Zip:	NASHVILLE TN 37203

Title	VP
Name	HOLMES, SCOTT W
Address	3310 WEST END AVE., STE 700
City-State-Zip:	NASHVILLE TN 37203

Title	S
Name	TODD, RITA H
Address	3310 WEST END AVE., STE 700
City-State-Zip:	NASHVILLE TN 37203

Title	VPT
Name	LANGRECK, FREDRICK M
Address	3310 WEST END AVE., STE 700
City-State-Zip:	NASHVILLE TN 37203

Title	D
Name	BIGGS PH.D., ERROL L
Address	3310 WEST END AVE., STE 700
City-State-Zip:	NASHVILLE TN 37203

Title	D
Name	SINGLETON, JOHN K
Address	3310 WEST END AVE., STE 700
City-State-Zip:	NASHVILLE TN 37203

*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:** RITA H. TODD**SECRETARY****04/21/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date