## 2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002418

**Entity Name: HEALTHCARE REALTY TRUST INCORPORATED** 

FILED
Mar 26, 2013
Secretary of State
CC8546458958

# **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 Title VP

Name EMERY, DAVID R Name HOLMES, SCOTT W

Address 3310 WEST END AVE., STE 700 Address 3310 WEST END AVE., STE 700

City-State-Zip: NASHVILLE TN 37203 City-State-Zip: NASHVILLE TN 37203

Title S Title VPT

Name TODD, RITA H Name LANGRECK, FREDRICK M

Address 3310 WEST END AVE., STE 700 Address 3310 WEST END AVE., STE 700

City-State-Zip: NASHVILLE TN 37203 City-State-Zip: NASHVILLE TN 37203

Title D Title D

Name BIGGS PH.D., ERROL L Name SINGLETON, JOHN K

Address 3310 WEST END AVE., STE 700 Address 3310 WEST END AVE., STE 700

City-State-Zip: NASHVILLE TN 37203 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