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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

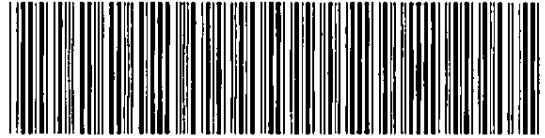
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SO. DIST. CTY. OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Healthcare Realty Holdings, L.P.

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Robin Higgins

Contact Person

Healthcare Realty Trust Incorporated

Firm/Company

3310 West End Avenue, Suite 700

Address

Nashville, TN 37203

City, State and Zip Code

rhiggins@healthcare Realty.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin Higgins

at (615) 269-8111

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$1,000.00 Filing Fee
(\$965 Filing Fee and
\$35 Registered Agent
Fee) | <input checked="" type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fee,
Certified Copy, and
Certificate of Status |
|--|--|---|---|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA**

1. Healthcare Realty Holdings, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P., or LLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida: must contain acceptable suffix.

2. Delaware

State or Country of Formation

3. _____

Date of Formation

4. Federal Employer Identification Number: 20-4738347

5. Name of Registered Agent for Service of Process and Florida Street Address:

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

6. 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.

Torsha Flores Torsha Flores, Asst. Secretary

Signature of Registered Agent

7. Principal Office:

3310 West End Avenue, Suite 700

Nashville, TN 37203

8. Mailing Address:

3310 West End Avenue, Suite 700

Nashville, TN 37203

9. If limited partnership is a limited liability limited partnership, check box. ☐

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Healthcare Realty Trust Incorporated

Street Address: 3310 West End Avenue, Suite 700

Nashville, TN 37203

Mailing Address: 3310 West End Avenue, Suite 700

Nashville, TN 37203

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

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Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Signed this 7th day of November, 2024

Healthcare Realty Trust Incorporated

By: Robin J. Higgins

Signature of a general partner Robin J. Higgins
Assistant Secretary

The individual signing this document affirms that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75


Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "HEALTHCARE REALTY HOLDINGS, L.P." IS
DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE FOURTH DAY OF NOVEMBER, A.D. 2024.




Jeffrey W. Bullock, Secretary of State

4145375 8300

SR# 20244116562

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204793120

Date: 11-04-24

HEALTHCARE REALTY

3370 West End Avenue Suite 700
Nashville Tennessee 37203
615-269-8115
www.healthcarerealty.com

November 7, 2024

Florida Secretary of State
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street
Suite 810
Tallahassee, FL 32303
Via FedEx

Re: Application by Foreign Limited Partnership for Authorization
to Transact Business in Florida

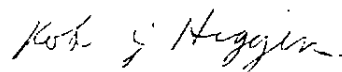
Dear Sir or Madam:

Enclosed is the above-referenced application and a check in the amount of \$1008.75
for the filing fee and certificate of status.

Also enclosed is a return prepaid FedEx mailer for returning the documents to me.

Thank you for your assistance. I can be reached at 615-269-8111 regarding this
request.

Sincerely,



Robin J. Higgins
Assistant Secretary and Paralegal

Enclosures

