## B94000000 391

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
<u> </u>	<del></del>	
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
•	•	
Certified Copies	_ Certificates	of Status
Considerate and the second	Ciling Officer:	
Special Instructions to	riling Officer:	

Office Use Only



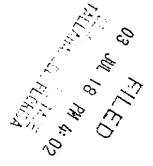
200018944412

RECEIVED

O3 JUL 18 PH 1: 04

DIVISION DI CLEA GENTION

BK





\_ ACCOUNT NO. : 072100000032

REFERENCE :

136949

AUTHORIZATION

COST LIMIT :

\$ 35.00

ORDER DATE: June 18, 2003

ORDER TIME : 10:31 AM

ORDER NO. : 136949-020

CUSTOMER NO: 5042714

CUSTOMER: Ms. Laurie W. Matthews

Healthcare Realty Trust 3310 West End Avenue

Suite 700

Nashville, TN 37203

NAME: HR OF CAPE CORAL, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan EXT. 1155

## LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1, <u>&amp;</u>	R OF CAPE CORAD, D.	Name of the limited part	nership	15∓ <b>1</b> 51
	0/3/1994	3	B 9400 0000 391	<u> </u>
Date of fi	iling/registration in Florida		Document number assigned	1 ~ O3
4. The name of Department		the registered office	address as shown on the re	`_ `
Department	or state.	CT CORPORATIO	ON .	
		Name		m o is
	1	200 SOUTH PINE	ISLAND ROAD	
		Address		一世 三
	P	LANTATION, FL :	33324	9 S
		City, State and Zi	p	7
5. The name an	d address of the new reg	_	office:	
	1201 Hays Stre	act.		
		eet address (P.O. Box	not acceptable)	
		,		
	Tallahassee	FL City, State and Zig	32301	_
6. Such change	(s) was/were authorized l			
John	R V	•		7 71 ( 0
Signature of Genera	al Partner ) V/ Ass +	ban. Insu	of that Holdings	, he, 18 9.11
with the provisi familiar with an merely to reflect	ons of all statutes relatived accept the obligations of	ve to the proper and of mv position as regi	to act in this capacity. I fu complete performance of stered agent. Or, if this do hereby confirm that the lin	my duties, and I am ocument is being filed
Corporation	Service Company			•
And Man	Ruth			
Signature of Regist	ered Agent			

Make checks payable to Florida Department of State and mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00