

1398000000534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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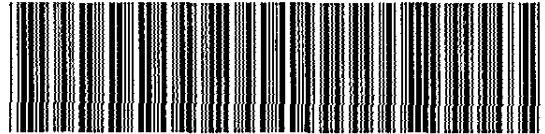
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TALLAHASSEE, FLORIDA

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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 0721000000032

REFERENCE : 137585 5042714

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : June 18, 2003

ORDER TIME : 10:19 AM

ORDER NO. : 137585-020

CUSTOMER NO: 5042714

CUSTOMER: Ms. Laurie W. Matthews  
Healthcare Realty Trust  
3310 West End Avenue  
Suite 700  
Nashville, TN 37203

CHANGE OF AGENT

NAME: HR OF PORT ORANGE, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY

CONTACT PERSON: Mimi Replogle

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FLORIDA

**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. HR OF PORT ORANGE LTD. (F/K/A CAPSTONE OF PORT ORANGE, LTD)  
Name of the limited partnership

2. 8/27/98  
Date of filing/registration in Florida

3. BA8000000534  
Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT CORPORATION SYSTEM  
Name  
1200 South Pine Island  
Address  
PLANTATION, FL 33324  
City, State and Zip

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TALLAHASSEE, FLORIDA

5. The name and address of the new registered agent and/or office:

Corporation Service Company  
Name  
1201 Hays Street  
Florida street address (P.O. Box not acceptable)  
Tallahassee FL 32301  
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Rita H. Todd

Signature of General Partner Rita H. Todd, Secretary of the General Partner, HR of Port Orange, Inc

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.*

Corporation Service Company

Dolores Burton  
Signature of Registered Agent

Dolores Burton, as 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