F0900000507

(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAI	L		
(Business Entity Name)			
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COVER LETTER

TO:	FO: Amendment Section Division of Corporations			
SUBJI	FCT: Healthcare Realty Services Incom	rporated		
0000		(Name of Corporation)		
DOCU	JMENT NUMBER: F0900000050)7 		
The en	closed withdrawal application a	nd fee are submitted for filing.		
Please	return all correspondence concern	ing this matter to the following:		
	Robin Higgins			
		(Name of Person)		
	Healthcare Realty Trust Incorporated			
(Firm/Company)				
3310 West End Avenue, Suite 700				
(Address)				
	Nashville, TN 37203			
		(City/State and Zip code)		
For fu	ther information concerning this n	natter, please call:		
Robin Higgins		at () 269-8111		
	(Name of Person)	at ()		
Enclos	ed is a check for the amount:			
≡ \$35	Filing Fee	& 🗆 \$43.75 Filing Fee & 🗆 \$52.50 Filing Fee. IS Certified Copy Certificate of Status & Certified Copy (Additional copy is Enclosed)		
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

(Name of Corporal	tion)
F0900000507	
(Document Number of Corpora	ition (if known)
Tennessee	
(Incorporated Under Laws of and date authorized to tr	ansact business/conduct its affairs)
This corporation is no longer transacting business or conductivoluntarily surrenders its authority to transact business or conductivation that the Department of State as its agent for service of protime it was authorized to transact business or conduct affairs in	luct affairs in Florida. It in Florida to accept service on its behalf an cess based on a cause of action arising during th
The following is a current mailing address for the corporation:	
3310 West End Avenue, Suite 700	2022 A SECR
(Mailing Address) // // 6. // // - 7.
Nashville, TN 37203	7 AM
(City/ State /Zip)	5 O. S.
The corporation agrees to notify the Department of State in the	future of any change in its mailing address.
John Heggeins	8/16/22
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that (iduciary)	(Date)
Robin Higgins	Assistant Secretary
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35