

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002418

FILED  
Apr 23, 2004  
Secretary of State

Entity Name: HEALTHCARE REALTY TRUST INCORPORATED

## Current Principal Place of Business:

3310 WEST END AVE., STE 700  
NASHVILLE, TN 37203 US

## New Principal Place of Business:

## Current Mailing Address:

3310 WEST END AVE., STE 700  
NASHVILLE, TN 37203 US

## New Mailing Address:

FEI Number: 62-1507028

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DCEO ( ) Delete  
Name: EMERY, DAVID R  
Address: 3310 WEST END AVE., STE 700  
City-St-Zip: NASHVILLE, TN 37203 US

Title: SVP ( ) Delete  
Name: HOLMES, SCOTT W  
Address: 3310 WEST END AVE., STE 700  
City-St-Zip: NASHVILLE, TN 37203 US

Title: S ( ) Delete  
Name: TODD, RITA HICKS  
Address: 3310 WEST END AVE., STE 700  
City-St-Zip: NASHVILLE, TN 37203 US

Title: SVT ( ) Delete  
Name: LANGRECK, FREDRICK M  
Address: 3310 WEST END AVE., STE 700  
City-St-Zip: NASHVILLE, TN 37203 US

Title: D ( ) Delete  
Name: BIGGS, ERROL L  
Address: 3310 WEST END AVE., STE 700  
City-St-Zip: NASHVILLE, TN 37203 US

Title: D ( ) Delete  
Name: SINGLETON, J. KNOX  
Address: 3310 WEST END AVE., STE 700  
City-St-Zip: NASHVILLE, TN 37203 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SCOTT W. HOLMES

SVP

04/23/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date