

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002418

FILED
Mar 16, 2011
Secretary of State

Entity Name: HEALTHCARE REALTY TRUST INCORPORATED

Current Principal Place of Business:

3310 WEST END AVENUE
SUITE 700
NASHVILLE, TN 37203 US

New Principal Place of Business:

Current Mailing Address:

3310 WEST END AVENUE
SUITE 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

OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D
Name: SINGLETON, JOHN K
Address: 3310 WEST END AVE., STE 700
City-St-Zip: NASHVILLE, TN 37203 US

I hereby 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 all other like empowered.

SIGNATURE: RITA H. TODD

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03/16/2011

Electronic Signature of Signing Officer or Director

_____ Date