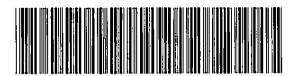
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(Re	questor's Name)	
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COVER LETTER

TO:	e: Amendment Section Division of Corporations			
SUBJ	HR Acquisition I Corporation			
aupa.	БСТ.	(Name of Corporation)		
DOCU	JMENT NUMBER: F94000003143			
The er	nclosed withdrawal application and	fee are submitted for filing.		
Please	return all correspondence concerning	g this matter to the following:		
	Robin Higgins			
		(Name of Person)		
	Healthcare Realty Trust Incorporated	<u></u>		
		(Firm/Company)		
	3310 West End Avenue, Suite 700			
		(Address)		
	Nashville, TN 37203			
	(0	City/State and Zip code)		
For fu	rther information concerning this ma	tter, please call:		
Robin Higgins		at (615)269-8111		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclos	sed is a check for the amount:			
■ \$35	5 Filing Fee	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, 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

HR Acquisition I Corporation	
(Name of Corporatio	n)
F94000003143	
(Document Number of Corporation	on (if known)
Maryland	
(Incorporated Under Laws of and date authorized to tran	sact business/conduct its affairs)
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or condu	
This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of procetime it was authorized to transact business or conduct affairs in I	ess based on a cause of action arising during the
The following is a current mailing address for the corporation:	
3310 West End Avenue, Suite 700	
(Mailing Address)	
Nashville, TN 37203	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the f	uture of any change in its mailing address.
Rober Higgins	7/6/22
(Signature of a director, president of other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Robin Higgins	Assistant Secretary
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35

