1201 Hays Street
Tallahassee, FL 32301
904-222-0171
904-222-0391 FAX
800-342-8086

F95000002225

networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 591966 11949A

AUTHORIZATION :

COST LIMIT : [redacted] prepaid

ORDER DATE : May 5, 1995

ORDER TIME : 10:49 AM

ORDER NO. : 591966

CUSTOMER NO: 11949A

CUSTOMER: Yvonne Jones, Legal Assistant
Geary Porter & Donovan
Suite 550
16475 Dallas Parkway
Dallas, TX 75248

200001477342
-05/05/95--01067--018
****122.50 ****122.50

FILED
95 MAY -5 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: HEALTHCARE REALTY MANAGEMENT INCORPORATED

XX PROFIT
____ NON-PROFIT

XX CORPORATE
____ LIMITED PARTNERSHIP

XX QUALIFICATION

RECEIVED
95 MAY -5 AM 11:54
DIVISION OF CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY
[redacted] PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Rozar

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Healthcare Realty Management Incorporated
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Maryland
(State or country under the law of which it is incorporated)

3. 52-1906563
(FEI number, if applicable)

4. December 9, 1994
(Date of Incorporation)

5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. January 1, 1995
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 3310 West End Avenue, Suite 400
Nashville, Tennessee 37203
(Current mailing address)

8. to engage in any lawful act or activity for which corporations may be organized under the laws of the States of Maryland and Florida
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

FILED
95 MAY -5 PM 2:53
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TALLAHASSEE, FLORIDA

9. **Name and street address of Florida registered agent:**

Name: CORPORATION SERVICE COMPANY

Office Address: 1201 Hayes Street

Tallahassee, **Florida**, 32301
(Zip Code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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.

Karen B. Rozar, as agent for Corporation Service Company

Karen B Rozar
(Registered agent's signature)

11. **Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.**

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: (see attachment)

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: (see attachment)

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Rita H. Todd
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Rita H. Todd, Assistant Secretary
(Typed or printed name and capacity of person signing application)

ATTACHMENT : [illegible]

12. A. DIRECTORS

NAME	ADDRESS
David R. Emery	3310 West End Avenue Fourth Floor Nashville, Tennessee 37203
Bryan B. Starr (Chairman)	One Chase Corporate Drive Suite 450 Birmingham, Alabama 35244
Rance M. Sanders	One Chase Corporate Drive Suite 450 Birmingham, Alabama 35244
Roger O. West	3310 West End Avenue Fourth Floor Nashville, Tennessee 37203
Timothy G. Wallace	3310 West End Avenue Fourth Floor Nashville, Tennessee 37203

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95 MAY -5 PM 2:53
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TALLAHASSEE, FLORIDA

12. B. OFFICERS

NAME	OFFICE	ADDRESS
David R. Emery	Chief Executive Officer	3310 West End Avenue Fourth Floor Nashville, Tennessee 37203
Rance M. Sanders	President	One Chase Corporate Drive Suite 450 Birmingham, Alabama 35244
Timothy G. Wallace	Senior Vice President	3310 West End Avenue Fourth Floor Nashville, Tennessee 37203
Roger O. West	Senior Vice President	3310 West End Avenue Fourth Floor Nashville, Tennessee 37203
Robert L. Watkins	Senior Vice President/Development	One Chase Corporate Drive Suite 450 Birmingham, Alabama 35244
Roland H. Hart	Senior Vice President/Property Management	One Chase Corporate Drive Suite 450 Birmingham, Alabama 35244
T. Lynn Adams	Vice President/Administration and Secretary	One Chase Corporate Drive Suite 450 Birmingham, Alabama 35244
David M. Baylot	Vice President/Development	One Chase Corporate Drive Suite 450 Birmingham, Alabama 35244
Emilio M. Cerice	Treasurer	One Chase Corporate Drive Suite 450 Birmingham, Alabama 35244
Fredrick M. Langreck	Assistant Treasurer	3310 West End Avenue Fourth Floor Nashville, Tennessee 37203
Rita Hicks Todd	Assistant Secretary	3310 West End Avenue Fourth Floor Nashville, Tennessee 37203

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95 MAY -5 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I:\CLIENT-H\7755\MANAG\ATTACH.FL

STATE OF MARYLAND

359459

DEPARTMENT OF ASSESSMENTS AND TAXATION

301 West Preston Street Baltimore, Maryland 21201

I, NANCY GRUENINGER OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT SAID DEPARTMENT, BY THE LAWS OF SAID STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATE CHARTERS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE; AND I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT HEALTHCARE REALTY MANAGEMENT INCORPORATED
IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND SAID CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN THE STATE OF MARYLAND.

FILED
95 MAY -5 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE THIS 1ST DAY OF MAY, 1995.

Nancy Grueninger

NANCY GRUENINGER
ADMINISTRATIVE OFFICER

AT5-031

F95000002225

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 254352 4347023

AUTHORIZATION :

COST LIMIT : $ PREPAID

ORDER DATE : February 10, 1997

ORDER TIME : 11:47 AM

ORDER NO. : 254352-005

700002082447--3
-02/10/97--01028--006
*****35.00 *****35.00

CUSTOMER NO: 4347023

CUSTOMER: Yvonne Jones, Legal Assistant
Geary Porter & Donovan
16475 Dallas Parkway
Suite ##550
Dallas, TX 75248

FILED
97 FEB 10 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: HEALTHCARE REALTY MANAGEMENT INCORPORATED

XX PROFIT
____ NON-PROFIT

XX CORPORATE
____ LIMITED PARTNERSHIP

XXXX WITHDRAWAL/CANCELLATION

RECEIVED
96 FEB 10 P
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

N. HENDRICKS FEB 10 1997

CONTACT PERSON: Lori R. Dunlap

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

Healthcare Realty Management Incorporated
(Name of Corporation)

Maryland
(Incorporated Under Laws Of)

FILED
97 FEB 10 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

3310 West End Avenue, Suite 400
(Mailing Address)

Nashville, Tennessee 37203
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Michael W. Crisler — Vice President | Financial Planning
Signature — Title

Michael W. Crisler — 2-5-97
Typed or printed name — Date

F95000002225

STATE OF FLORIDA
COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Healthcare Realty Management Incorporated EIN or SS#: 52-1906563

Address: 57 Adams Avenue

Montgomery, AL 36104-4045

Amount: $165.00 Date Paid 5/1/97

Reason for claim: Corp. withdrew, no AR required – F95000002225

SPT 5/28/97

Certified true and correct this 20th *day of* June, *19* 97.

Signature Michael W. Cirlo

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: *Amount of recommended refund $* 165.00

The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. [illegible] *dated* 05-14-97

Name of Account

4520213000145300000000010000

Statutory Authority for Collection 607

It is requested that payment be made from the following account:

NAME OF ACCOUNT:

4520213000145300000022002000

Certified true and correct this _____ *day of* _____ *19* ____

Department of State, Division of Corporations

(Agency) (Authorized Signatory and Title)

CR2E060(6/95)