

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000002225 (9)**

1. Corporation Name

HEALTHCARE REALTY MANAGEMENT INCORPORATED



Principal Place of Business

Mailing Address

3310 W. END AVE., #400
NASHVILLE TN 37203

3310 W. END AVE., #400
NASHVILLE TN 37203

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/05/1995

3a. Date of Last Report

4. FET Number

52-1906563

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES ST.
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

INDICATE Registered Agent Signature Requested when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DCEO
NAME: EMERY, DAVID R
STREET ADDRESS: 3310 W. 3RD AVE., 4TH FLOOR
CITY-ST-ZIP: NASHVILLE TN 37203

1.1 TITLE: Change Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY-ST-ZIP:

TITLE: VD
NAME: WALLACE, TIMOTHY G
STREET ADDRESS: 3310 W. 3RD AVE., 4TH FLOOR
CITY-ST-ZIP: NASHVILLE TN 37203

2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:

TITLE: VD
NAME: WEST, ROGER O
STREET ADDRESS: 3310 W. 3RD AVE., 4TH FLOOR
CITY-ST-ZIP: NASHVILLE TN 37203

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:

TITLE: T
NAME: LANGRECK, FREDRICK M
STREET ADDRESS: 3310 W. 3RD AVE., 4TH FLOOR
CITY-ST-ZIP: NASHVILLE TN 37203

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:

TITLE: S
NAME: TODD, RITA H
STREET ADDRESS: 3310 W. 3RD AVE., 4TH FLOOR
CITY-ST-ZIP: NASHVILLE TN 37203

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:

TITLE: D
NAME: STARR, BRYAN B
STREET ADDRESS: ONE CHASE CORPORATE DR., 4TH FLOOR
CITY-ST-ZIP: NASHVILLE TN 37203

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Frederick M. Langreck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frederick M. Langreck 3/2/96 (615) 269-8175
DATE DAY/MONTH/YEAR PHONE NUMBER

CR2E034 (12/95)

4296