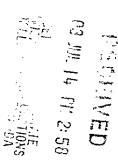
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ACCOUNT NO. : 072100000032

REFERENCE : 135804

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: June 17, 2003

ORDER TIME : 12:59 PM

ORDER NO. : 135804-025

CUSTOMER NO: 5042714

CUSTOMER: Ms. Laurie W. Matthews

Healthcare Realty Trust 3310 West End Avenue

Suite 700

Nashville, TN 37203

CHANGE OF AGENT

NAME: HR OF PORT ORANGE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to th	ne provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,	
	of change is submitted for a corporation organized under the laws of the State of	
ALABAMA	in order to change its registered office or registered agent, or both, in the State	
of Florida. 1. The name of	f the corporation: HR OF PORT ORANGE, INC. (F/K/A CAPSTONE CAPITAL OF PORT ORANGE,	ÍNC
	al office address: 3310 WEST END AVENUE, SUITE 700	
	NASHVILLE, TN 37203	
3. The mailing	g address (if different): N/A	
4. Date of inco	prporation/qualification: AUGUST 27, 1998 Document number: F 98 00000 4852	
	nd street address of the current registered agent and registered office on file with the artment of State:	
	CT CORPORATION SYSTEM	
	1200 SOUTH PINE ISLAND	
	PLANTATION, FL 33324	
6. The name a changed):	and street address of the new registered agent (if changed) and /or registered office (if	
	CORPORATION SERVICE COMPANY	
	1201 HAYS STREET	
	(P.O. Box or personal mailbox NOT acceptable) TALLAHASSEE, FL 32301	
		_
The street addi	ress of its registered office and the street address of the business office of its registered ged will be identical.	
Such change wanthorized by	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change. RITA H. TODD, SECRETARY	
	er, Chairman or vice chairman of the board) (Printed or typed name and title)	#.E
i juriner agree performance o registered agei office address,	of the appointment as registered agent and agree to act in this capacity. The to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as ont. Or, if this document is being filed merely to reflect a change in the registered. I hereby confirm that the corporation has been notified in writing of this change. Signature of Registered Agent)	_
If signing on beha		

* * * FILING FEE: \$35.00 * * *