

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000135228

FILED  
Aug 02, 2006  
Secretary of State

Entity Name: HEALTHCARE REALTY ADVISORS, INC.

## Current Principal Place of Business:

14792 ENCLAVE LAKES DRIVE  
T-1  
DELRAY BEACH, FL 33484 US

## Current Mailing Address:

14792 ENCLAVE LAKES DRIVE  
T-1  
DELRAY BEACH, FL 33484 US

## New Principal Place of Business:

303 CHAMBORD TERRACE  
T-1  
PALM BEACH GARDENS, FL 33410 US

## New Mailing Address:

303 CHAMBORD TERRACE  
PALM BEACH GARDENS, FL 33410 US

FEI Number: 55-0814009

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THAXTER, JEFFREY D  
14792 ENCLAVE LAKES DRIVE  
T-1  
DELRAY BEACH, FL 33484 US

## Name and Address of New Registered Agent:

THAXTER, JEFFREY D  
303 CHAMBORD TERRACE  
PALM BEACH GARDENS, FL 33410 US

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: JEFFREY D. THAXTER

08/02/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: THAXTER, JEFFREY D  
Address: 651 OKEECHOBEE BOULEVARD, #811  
City-St-Zip: WEST PALM BEACH, FL 33401 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: THAXTER, JEFFREY D  
Address: 303 CHAMBORD TERRACE  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JEFFREY D. THAXTER

PRES

08/02/2006

Electronic Signature of Signing Officer or Director

Date