

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 08 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P95000042157 (4)
 1. Corporation Name
HRT OF FLORIDA, INC.

| | |
|---|---|
| Principal Place of Business 3310 WEST END AVENUE SUITE 400 NASHVILLE TN 37203 | Mailing Address 3310 WEST END AVENUE SUITE 400 NASHVILLE TN 37203 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. SUITE 700 | 26 Suite, Apt. #, etc. SUITE 700 |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |

| | |
|---|--|
| 3. Date Incorporated or Qualified 05/31/1995 | |
| 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

| |
|---|
| 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------------|---------------------------------|
| TITLE | PCD | <input type="checkbox"/> DELETE |
| NAME | EMERY, DAVID R | |
| STREET ADDRESS | 3310 WEST END AVENUE SUITE 400 | |
| CITY-ST-ZIP | NASHVILLE TN 37203 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | WALLACE, TIMOTHY G | |
| STREET ADDRESS | 3310 WEST END AVENUE SUITE 400 | |
| CITY-ST-ZIP | NASHVILLE TN 37203 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | WEST, ROGER O | |
| STREET ADDRESS | 3310 WEST END AVENUE SUITE 400 | |
| CITY-ST-ZIP | NASHVILLE TN 37203 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | STACH, KENNETH D | |
| STREET ADDRESS | 3310 WEST END AVENUE SUITE 400 | |
| CITY-ST-ZIP | NASHVILLE TN 37203 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | LANGRECK, FREDRICK M | |
| STREET ADDRESS | 3310 WEST END AVENUE SUITE 400 | |
| CITY-ST-ZIP | NASHVILLE TN 37203 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | TODD, RITA H | |
| STREET ADDRESS | 3310 WEST END AVENUE SUITE 400 | |
| CITY-ST-ZIP | NASHVILLE TN 37203 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 3310 WEST END AVE STE 700 |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 3310 WEST END AVE STE 700 |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | 3310 WEST END AVE STE 700 |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | 3310 WEST END AVE STE 700 |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | 3310 WEST END AVE STE 700 |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | 3310 WEST END AVE STE 700 |
| 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Michael W. Crisler* **MICHAEL W. CRISLER** 3/31/98 (615) 269-8175

CP2E034 (10/97)

HRT OF FLORIDA, INC.

LIST OF ADDITIONAL OFFICERS

OFFICERS:

Michael W. Crisler
Vice President Financial Planning
3310 West End Avenue Suite 700
Nashville, TN 37203

Carter Steele
Vice President Real Estate Investments
3310 West End Avenue Suite 700
Nashville, TN 37203

Keith Harville
Vice President Real Estate Investments
3310 West End Avenue Suite 700
Nashville, TN 37203

Leigh Ann Bertram
Vice President & Controller
3310 West End Avenue Suite 700
Nashville, TN 37203