## 2002 UNIFORM BUSINESS REPORT (UBR)

| 2002 Uniform Business Report (UBR)   |   |                      |  |               |  |                  | FILED  |              |           |                   |  |
|--|---|----------------------|--|---------------|--|------------------|--|--------------|-----------|-------------------|--|
| DOCUMENT # P95000042157  1. Entity Name HRT OF FLORIDA, INC.   |   |                      |  |               |  |                  | Apr 11, 2002 8:00 am<br>Secretary of State<br>04-11-2002 90653 031 ***150.00 |              |           |                   |  |
|  |   |                      |  |               |  |                  |  |              |           |                   |  |
| Principal Place of Business Mailing Address  |   |                      |  |               |  |                  |  |              |           |                   |  |
| 3310, WEST END AVENUE<br>SUITE 700<br>NASHVILLE TN 37203<br>US   |   |                      | 3310 WEST END AVENUE<br>SUITE 700<br>NASHVILLE TN 37203<br>US                  |               |  |                  |  |              |           |                   |  |
| 2. Principal Place of Business   |   |                      | 3. Mailing Address   |               |  |                  |  |              |           |                   |  |
| Suite, Apt. #, etc.  |   |                      | Suite, Apt. #, etc.  |               |  |                  | DO NOT WRITE IN THIS SPACE   |              |           |                   |  |
| City & State C   |   |                      | City & State   | City & State  |  |                  | 4. FEI Number Applied For Not Applicable                                     |              |           |                   |  |
| Zip  | Cou   | ntry                 | Zip  | гу            | 5 Certificate of Status Desired S8.75 Additional   |                  |  |              |           |                   |  |
|  | 6. Name and A                                   | ddress of Current Re | egistered Agent  |               | 7. Name and Address of New Registered Agent        |                  |  |              |           |                   |  |
| o. Tulino una Augusto di Guironi riggiori di Aggini  |   |                      |  |               | Name   |                  |  |              |           |                   |  |
| CORPORATION SERVICE COMPANY  |   |                      |  | ļ             | Street Address (P.O. Box Number is Not Acceptable) |                  |  |              |           |                   |  |
| 1201 HAYS STREET<br>TALLAHASSEE FL 32301-2525  |   |                      |  |               |  |                  |  |              |           |                   |  |
| TALLA INCOLE I E GEOUTZOEO   |   |                      |  |               | City   | City FL Zip Code |  |              |           |                   |  |
| 8. The above named entity submits this statement for the purpose of changing its regi  |   |                      |  |               | d office or  | registered ag    | ent, or both, in the State o   | <del></del>  |           |                   |  |
|  |   |                      |  |               |  |                  |  |              |           |                   |  |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE   |   |                      |  |               |  |                  |  |              |           |                   |  |
| 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! I  |   |                      |  |               | S \$150.0  | 00               | 40 Floation Comparison   | Cinencina    |           |                   |  |
| Tax filing requirement and elects to do so. (See criteria on back)   |   |                      | After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta |               |  |                  | 10. Election Campaign<br>Trust Fund Contrib                                  |              |           | May Be<br>to Fees |  |
| 11. · OFFICERS AN  |   |                      |  |               |  |                  | L<br>DITIONS/CHANGES TO (  | OFFICERS AND | DIRECTORS | S IN 11           |  |
| TITLE  | PCD   |                      | ☐ Delete   | TITLE         |  |                  |  |              | ☐ Change  | Addition          |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | EMERY, DAVID<br>3310 WEST ENI<br>  NASHVILLE TN | AVE STE 700          |  | II            | T ADDRESS<br>ST-ZIP                                |                  |  |              |           |                   |  |
| TITLE  | EVCF  |                      | ☐ Delete   | TITLE         |  |                  |  |              | ☐ Change  | Addition          |  |
| NAME<br>STREET ADDRESS   | WALLACE, TIMO<br>3310 WEST ENI                  |                      |  | NAME<br>STREE | T ADDRESS  |                  |  |              |           |                   |  |
| CITY-ST-ZIP  | NASHVILLE TN                                    |                      |  | CITY-         | ST-ZIP   |                  |  | -            |           |                   |  |
| TITLE  | VPRE  |                      | Delete =   | TITLE         |  |                  |  | · ··         | Change    | Addition          |  |
| STREET ADDRESS   | HARVILLE, KEIT<br>3310 WEST ENI                 |                      |  | STREE         | T ADDRESS  |                  |  |              |           |                   |  |
| CITY-ST-ZIP  | NASHVILLE TN                                    | 37203                | ☐ Delete   | CITY-         | ST-ZIP   |                  |  |              | ☐ Change  | Addition          |  |
| TITLE<br>NAME  | SVPT<br>  LANGRECK, FRI                         | EDRICK M             | ∟ Delete   | NAME          |  |                  |  |              | Gliange   |                   |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | 3310 WEST EN                                    |                      |  | Ш             | T ADDRESS<br>ST-ZIP                                |                  |  |              |           |                   |  |
| TITLE  | NASHVILLE TN<br>S                               | 3/203                | ☐ Delete   | TITLE         | G / L  |                  |  |              | ☐ Change  | Addition          |  |
| NAME   | TODD, RITA H                                    |                      |  | NAME          |  |                  |  |              |           |                   |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | 3310 WEST ENI<br>NASHVILLE TN                   |                      |  | Ш             | T ADDRESS<br>ST-ZIP                                |                  |  |              |           |                   |  |
| TITLE  | VPFP  |                      | ☐ Delete   | TITLE         |  | SVP              |  |              | ☐ Change  | ☐ Addition        |  |
| NAME<br>STREET ADDRESS   | CRISLER, MICH.<br>3310 WEST ENI                 |                      |  | NAME<br>STREE | T ADDRESS  |                  |  |              |           |                   |  |
| CITY-ST-ZIP  | NASHVILLE TN                                    | 37203                | <del></del>  | <u> </u>      | ST-ZIP   |                  |  |              |           |                   |  |
| 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. |   |                      |  |               |  |                  |  |              |           |                   |  |

Michael W. Crisler, Sr. Vice President 19/02-(615)269-8175 Daytime Phone #

Corporate Records of: HRT OF FLORIDA, INC.

State of Incorporation:

Florida

Date of Incorporation:

May 31, 1995

Date of Acquisition:

**OFFICERS:** 

David R. Emery

President and CEO

Timothy G. Wallace Roger O. West

Executive Vice President & CFO Executive Vice President & GC Senior Vice President and Treasurer

Fredrick M. Langreck Scott W. Holmes

Senior Vice President Financial Reporting

# P95000042157 6026169

Michael W. Crisler

Senior Vice President, Technology

Carter Steele Keith Harville Eric W. Fischer Senior Vice President, Asset Administration Vice-President Real Estate Investments Vice President Real Estate Investments

Leigh Ann Stach

Vice President and Controller

Rita H. Todd

Secretary

**DIRECTORS:** 

David R. Emery, Sole Director

Shareholder:

Healthcare Realty Trust Incorporated - 100%

Shares issued and outstanding are:

Registered Agent:

CSC - Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

(800) 342-8086

FEIN: 62-1643204