

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

FILED

**May 12 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000001608 (5)
 1. Corporation Name
OMEGA HEALTHCARE INVESTORS, INC.



Principal Place of Business 901 WEST EISENHOWER SUITE 110 ANN ARBOR MI 48103	Mailing Address 901 WEST EISENHOWER SUITE 110 ANN ARBOR MI 48103
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 905 W. EISENHOWER #10 Suite, Apt. #, etc.	2a. Mailing Address 26 905 W. EISENHOWER #110 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified 03/28/1997	
4. FEI Number APPLIED FOR	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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	SECRETARY
NAME	BAILEY, ESSEL W	1.2 NAME	SUSAN KOVACH
STREET ADDRESS	901 WEST EISENHOWER SUITE 110	1.3 STREET ADDRESS	905 WEST EISENHOWER CIRCLE #110
CITY-ST-ZIP	ANN ARBOR MI 48103	1.4 CITY-ST-ZIP	Ann Arbor, MI 48103
TITLE	EV	2.1 TITLE	ALL 901 W. EISENHOWER
NAME	KELLMAN, F S	2.2 NAME	should be 905
STREET ADDRESS	901 WEST EISENHOWER SUITE 110	2.3 STREET ADDRESS	
CITY-ST-ZIP	ANN ARBOR MI 48103	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	STOVER, DAVID A	3.2 NAME	
STREET ADDRESS	901 WEST EISENHOWER SUITE 110	3.3 STREET ADDRESS	
CITY-ST-ZIP	ANN ARBOR MI 48103	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	ROBINSON, TODD	4.2 NAME	
STREET ADDRESS	901 WEST EISENHOWER SUITE 110	4.3 STREET ADDRESS	
CITY-ST-ZIP	ANN ARBOR MI 48103	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BAILEY, ESSEL W JR	5.2 NAME	
STREET ADDRESS	ONE HILLSIDE COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	ANN ARBOR MI 48104	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	LOWENTHAL, EDWARD	6.2 NAME	
STREET ADDRESS	610 FIFTH AVENUE 7TH FLOOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 48104	6.4 CITY-ST-ZIP	

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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.

CR2E034 (10/97)

Edward Lowenthal 2/17 9795