

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

FILED
May 29, 1999 8:00 am
Secretary of State

05-29-1999 90014 023 ***300.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F97000001608** ✓

1. Corporation Name
OMEGA HEALTHCARE INVESTORS, INC.



Principal Place of Business Mailing Address
905 WEST EISENHOWER SUITE 110 **905 WEST EISENHOWER SUITE 110**
ANN ARBOR MI 48103 **ANN ARBOR MI 48103**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 900 Victors Way **26 900 Victors Way**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 350 **27 Suite 350**
 City & State City & State
23 Ann Arbor, MI **28 Ann Arbor, MI**
 Zip Country Zip Country
24 48108 **25 USA** **29 48108** **30 USA**

3. Date Incorporated or Qualified
03/28/1997
 4. FEI Number **APPLIED FOR** 38-3041398 Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PS	<input type="checkbox"/> DELETE
NAME	BAILEY, ESSEL W	
STREET ADDRESS	905 WEST EISENHOWER SUITE 110	
CITY-ST-ZIP	ANN ARBOR MI 48103	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	KELLMAN, F S	
STREET ADDRESS	905 WEST EISENHOWER SUITE 110	
CITY-ST-ZIP	ANN ARBOR MI 48103	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STOVER, DAVID A	
STREET ADDRESS	905 WEST EISENHOWER SUITE 110	
CITY-ST-ZIP	ANN ARBOR MI 48103	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KOVACH, SUSAN	
STREET ADDRESS	905 WEST EISENHOWER SUITE 110	
CITY-ST-ZIP	ANN ARBOR MI 48103	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAILEY, ESSEL W JR	
STREET ADDRESS	905 WEST EISENHOWER SUITE 110	
CITY-ST-ZIP	ANN ARBOR MI 48103	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOWENTHAL, EDWARD	
STREET ADDRESS	905 WEST EISENHOWER SUITE 110	
CITY-ST-ZIP	ANN ARBOR MI 48103	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	900 Victors Way, Suite 350
1.4 CITY-ST-ZIP	Ann Arbor, MI 48108
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	900 Victors Way, Suite 350
2.4 CITY-ST-ZIP	Ann Arbor, MI 48108
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	900 Victors Way, Suite 350
3.4 CITY-ST-ZIP	Ann Arbor, MI 48108
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	900 Victors Way, Suite 350
4.4 CITY-ST-ZIP	Ann Arbor, MI 48108
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	900 Victors Way, Suite 350
5.4 CITY-ST-ZIP	Ann Arbor, MI 48108
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	900 Victors Way, Suite 350
6.4 CITY-ST-ZIP	Ann Arbor, MI 48108

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, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/22/99** Daytime Phone #: **(734) 887-0200**

CR2E034 (1/98)