

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  
**APPLIED FOR 38-3041398**

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 \_\_\_\_\_ 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	<b>PS</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAILEY, ESSEL W</b>	1.2 NAME	
STREET ADDRESS	<b>905 WEST EISENHOWER SUITE 110</b>	1.3 STREET ADDRESS	<b>900 Victors Way, Suite 350</b>
CITY-ST-ZIP	<b>ANN ARBOR MI 48103</b>	1.4 CITY-ST-ZIP	<b>Ann Arbor, MI 48108</b>
TITLE	<b>EV</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KELLMAN, F S</b>	2.2 NAME	
STREET ADDRESS	<b>905 WEST EISENHOWER SUITE 110</b>	2.3 STREET ADDRESS	<b>900 Victors Way, Suite 350</b>
CITY-ST-ZIP	<b>ANN ARBOR MI 48103</b>	2.4 CITY-ST-ZIP	<b>Ann Arbor, MI 48108</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STOVER, DAVID A</b>	3.2 NAME	
STREET ADDRESS	<b>905 WEST EISENHOWER SUITE 110</b>	3.3 STREET ADDRESS	<b>900 Victors Way, Suite 350</b>
CITY-ST-ZIP	<b>ANN ARBOR MI 48103</b>	3.4 CITY-ST-ZIP	<b>Ann Arbor, MI 48108</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOVACH, SUSAN</b>	4.2 NAME	
STREET ADDRESS	<b>905 WEST EISENHOWER SUITE 110</b>	4.3 STREET ADDRESS	<b>900 Victors Way, Suite 350</b>
CITY-ST-ZIP	<b>ANN ARBOR MI 48103</b>	4.4 CITY-ST-ZIP	<b>Ann Arbor, MI 48108</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAILEY, ESSEL W JR</b>	5.2 NAME	
STREET ADDRESS	<b>905 WEST EISENHOWER SUITE 110</b>	5.3 STREET ADDRESS	<b>900 Victors Way, Suite 350</b>
CITY-ST-ZIP	<b>ANN ARBOR MI 48103</b>	5.4 CITY-ST-ZIP	<b>Ann Arbor, MI 48108</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOWENTHAL, EDWARD</b>	6.2 NAME	
STREET ADDRESS	<b>905 WEST EISENHOWER SUITE 110</b>	6.3 STREET ADDRESS	<b>900 Victors Way, Suite 350</b>
CITY-ST-ZIP	<b>ANN ARBOR MI 48103</b>	6.4 CITY-ST-ZIP	<b>Ann Arbor, MI 48108</b>

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)