

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90009 016 \*\*\*150.00

**DOCUMENT # F97000001608**

1. Entity Name

**OMEGA HEALTHCARE INVESTORS, INC.**

Principal Place of Business

Mailing Address

900 VICTORS WAY  
 SUITE 350  
 ANN ARBOR MI 48108

900 VICTORS WAY  
 SUITE 350  
 ANN ARBOR MI 48108-5213

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **38-3041398**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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 Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS</b> <b>BAILEY, ESSEL W</b> <b>900 VICTORS WAY, SUITE 350</b> <b>ANN ARBOR MI 48108</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EV</b> <b>KELLMAN, F S</b> <b>900 VICTORS WAY, SUITE 350</b> <b>ANN ARBOR MI 48108</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>STOVER, DAVID A</b> <b>900 VICTORS WAY, SUITE 350</b> <b>ANN ARBOR MI 48108</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KOVACH, SUSAN</b> <b>900 VICTORS WAY, SUITE 350</b> <b>ANN ARBOR MI 48108</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BAILEY, ESSEL W JR</b> <b>900 VICTORS WAY, SUITE 350</b> <b>ANN ARBOR MI 48108</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOWENTHAL, EDWARD</b> <b>900 VICTORS WAY, SUITE 350</b> <b>ANN ARBOR MI 48108</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: David A. Stover  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A. Stover

4/30/2000

Date

Daytime Phone #

CR2E034 (9/99)