


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90005 008 \*\*\*150.00

DOCUMENT # **F97000001608**  
1. Entity Name  
**Omega Healthcare Investors, Inc.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**9690 Deereco Rd**  
Suite, Apt. #, etc.  
**100**  
City & State  
**Timonium, MD**  
Zip  
**21093** Country  
**USA**

3. Mailing Address  
**9690 Deereco Rd**  
Suite, Apt. #, etc.  
**100**  
City & State  
**Timonium, MD**  
Zip  
**21093** Country  
**USA**

**40107794**

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4. FEI Number  
**38-3041398** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent  
Name  
**CT Corporation System**  
Street Address (P.O. Box Number is OK, Acceptable)  
**1200 South Pine Island Rd**  
City  
**PLANTATION** FL Zip Code  
**33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

January 1 - May 1, Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State.

9. Election Campaign Financing Trus. Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	See Attached Schedule "A"		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/30/07 410-427-1700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034B (12/02)

# ATTACHMENT

40107794

# F97000001608

## Omega Healthcare Investors Schedule A

### Officers

1. Name C. Taylor Pickett  
Title Chief Executive Officer  
Address 9690 Deereco Rd, Timonium MD 21093
2. Name Daniel J. Booth  
Title Chief Operating Officer  
Address 9690 Deereco Rd, Timonium MD 21093
3. Name Robert O. Stephenson  
Title Chief Financial Officer  
Address 9690 Deereco Rd, Timonium MD 21093  
County Baltimore
4. Name R. Lee Crabill Jr.  
Title Sr. Vice President of Operations  
Address 9690 Deereco Rd, Timonium MD 21093
5. Name Michael Ritz  
Title Chief Accounting Officer  
Address 9690 Deereco Rd, Timonium MD 21093

### Board of Directors

1. Name Bernard J. Korman  
Title Chairman of the Board  
Address 9690 Deereco Rd, Timonium MD 21093
2. Name Thomas F. Franke  
Title Director  
Address 9690 Deereco Rd, Timonium MD 21093
3. Name Harold J. Kloosterman  
Title Director  
Address 9690 Deereco Rd, Timonium MD 21093
4. Name Edward Lowenthal  
Title Director  
Address 9690 Deereco Rd, Timonium MD 21093
5. Name Stephen D. Plavin  
Title Director  
Address 9690 Deereco Rd, Timonium MD 21093
6. Name C. Taylor Pickett  
Title Director  
Address 9690 Deereco Rd, Timonium MD 21093