

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1400008813

**Entity Name:** NHI-REIT OF SEASIDE, LLC

**Current Principal Place of Business:**

222 ROBERT ROSE DRIVE  
MURFREEBORO, TN 37129

**Current Mailing Address:**

222 ROBERT ROSE DRIVE  
MURFREEBORO, TN 37129

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	SMEM	Title	AUTHORIZED REPRESENTATIVE
Name	NATIONAL HEALTH INVESTORS, INC	Name	ADAMICK, AMY
Address	222 ROBERT ROSE DRIVE	Address	222 ROBERT ROSE DRIVE
City-State-Zip:	MURFREEBORO TN 37129	City-State-Zip:	MURFREEBORO TN 37129

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** AMY ADAMICK

**AUTHORIZED  
REPRESENTATIVE**

**04/19/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date