

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000004283

Entity Name: SABRA HEALTH CARE REIT, INC.**Current Principal Place of Business:**C/O SABRA HEALTH CARE REIT, INC.18500 VON KARMAN AVENUE SUITE 550
IRVINE, CA 92612**Current Mailing Address:**C/O SABRA HEALTH CARE REIT, INC.18500 VON KARMAN AVENUE SUITE
550
IRVINE, CA 92612 US**FEI Number:** 27-2560479**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
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

Officer/Director Detail :

Title CHAIRMAN, PRESIDENT AND CHIEF
EXECUTIVE OFFICER
Name MATROS, RICHARD K
Address C/O SABRA HEALTH CARE REIT,
INC.18500 VON KARMAN AVENUE
SUITE 550
City-State-Zip: IRVINE CA 92612

Title DIRECTOR
Name ETTL, ROBER A
Address C/O SABRA HEALTH CARE REIT,
INC.18500 VON KARMAN AVENUE
SUITE 550
City-State-Zip: IRVINE CA 92612

Title DIRECTOR
Name GEARY, RONALD G
Address C/O SABRA HEALTH CARE REIT,
INC.18500 VON KARMAN AVENUE
SUITE 550
City-State-Zip: IRVINE CA 92612

Title CHAIRMAN
Name MATROS, RICHARD K
Address C/O SABRA HEALTH CARE REIT,
INC.18500 VON KARMAN AVENUE
SUITE 550
City-State-Zip: IRVINE CA 92612

Title DIRECTOR
Name BARBAROSH, CRAIG A
Address C/O SABRA HEALTH CARE REIT,
INC.18500 VON KARMAN AVENUE
SUITE 550
City-State-Zip: IRVINE CA 92612

Title DIRECTOR
Name FOSTER, MICHAEL J
Address C/O SABRA HEALTH CARE REIT,
INC.18500 VON KARMAN AVENUE
SUITE 550
City-State-Zip: IRVINE CA 92612

Title DIRECTOR
Name LEWIS, RAYMOND J
Address C/O SABRA HEALTH CARE REIT,
INC.18500 VON KARMAN AVENUE
SUITE 550
City-State-Zip: IRVINE CA 92612

Title DIRECTOR
Name MALEHORN, JEFFREY A
Address C/O SABRA HEALTH CARE REIT,
INC.18500 VON KARMAN AVENUE
SUITE 550
City-State-Zip: IRVINE CA 92612

Continues on page 2

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 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD K MATROS**PRESIDENT AND CHIEF 03/28/2022**
EXECUTIVE OFFICER

Officer/Director Detail Continued :

Title EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL
OFFICER AND SECRETARY
Name ANDREWS, JR. HAROLD W
Address C/O SABRA HEALTH CARE REIT, INC.18500 VON
KARMAN AVENUE SUITE 550
City-State-Zip: IRVINE CA 92612

Title EXECUTIVE VICE PRESIDENT, CHIEF
INVESTMENT OFFICER AND
TREASURER
Name NEVO-HACOHEN, TALYA
Address C/O SABRA HEALTH CARE REIT,
INC.18500 VON KARMAN AVENUE
SUITE 550
City-State-Zip: IRVINE CA 92612