2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001608

Entity Name: OMEGA HEALTHCARE INVESTORS, INC.

Current Principal Place of Business:

303 INTERNATIONAL CIRCLE SUITE 200 HUNT VALLEY, MD 21030

Current Mailing Address:

303 INTERNATIONAL CIRCLE SUITE 200 HUNT VALLEY, MD 21030 US

FEI Number: 38-3041398

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

Officer/Director Detail :

	Title	VICE PRESIDENT/ASSISTANT SECRETARY	Title	ASSISTANT TREASURER
	N		Name	PETERSON, THOMAS H.
	Name Address	KOVITZ, SAMUEL H. 303 INTERNATIONAL CIRCLE	Address	303 INTERNATIONAL CIRCLE SUITE 200
		SUITE 200	City-State-Zip:	HUNT VALLEY MD 21030
	City-State-Zip:	HUNT VALLEY MD 21030	<i>y</i>	
	Title	CFO, TREASURER/ASSISTANT SECRETARY	Title	VICE PRESIDENT - OPERATIONS/ASSISTANT SECRETARY
	Name	STEPHENSON, ROBERT O.	Name	AMES, MEGAN M.
	Address	303 INTERNATIONAL CIRCLE SUITE 200	Address	303 INTERNATIONAL CIRCLE SUITE 200
	City-State-Zip:	HUNT VALLEY MD 21030	City-State-Zip:	HUNT VALLEY MD 21030
	Title	CHIEF CORPORATE DEVELOPMENT OFFICER	Title	CHIEF ACCOUNTING OFFICER, VICE PRESIDENT/ASSISTANT SECRETARY
	Name	INSOFT, STEVEN J.	Name	RITZ, MICHAEL D.
	Address	303 INTERNATIONAL CIRCLE SUITE 200	Address	303 INTERNATIONAL CIRCLE SUITE 200
	City-State-Zip:	HUNT VALLEY MD 21030	City-State-Zip:	HUNT VALLEY MD 21030
	Title	CHIEF EXECUTIVE OFFICER/PRESIDENT	Title	CHIEF OPERATING OFFICER/ASSISTANT SECRETARY
	Name	PICKETT, C. TAYLOR	Name	BOOTH, DANIEL J.
	Address	303 INTERNATIONAL CIRCLE SUITE 200	Address	303 INTERNATIONAL CIRCLE SUITE 200
	City-State-Zip:	HUNT VALLEY MD 21030	City-State-Zip:	HUNT VALLEY MD 21030

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: ROBERT O. STEPHENSON

FILED Jun 02, 2020 Secretary of State 3912675170CC

Certificate of Status Desired: No

Date

CHIEF FINANCIAL OFFICER, TREASURER/ASSISTANT SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date