

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000001608

**Entity Name:** OMEGA HEALTHCARE INVESTORS, INC.

**Current Principal Place of Business:**

200 INTERNATIONAL CIRCLE #3500  
HUNT VALLEY, MD 21030

**Current Mailing Address:**

200 INTERNATIONAL CIRCLE #3500  
HUNT VALLEY, MD 21030

**FEI Number: 38-3041398**

**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 DCEO  
Name PICKETT, C. TAYLOR  
Address 200 INTERNATIONAL CIRCLE #3500  
City-State-Zip: HUNT VALLEY MD 21030

Title COOS  
Name BOOTH, DANIEL J  
Address 200 INTERNATIONAL CIRCLE #3500  
City-State-Zip: HUNT VALLEY MD 21030

Title CFOT  
Name STEPHENSON, ROBERT O  
Address 200 INTERNATIONAL CIRCLE #3500  
City-State-Zip: HUNT VALLEY MD 21030

Title D  
Name KLOOSTERMAN, HAROLD  
Address 200 INTERNATIONAL CIRCLE #3500  
City-State-Zip: HUNT VALLEY MD 21030

Title D  
Name KORMAN, BERNARD J  
Address 200 INTERNATIONAL CIRCLE #3500  
City-State-Zip: HUNT VALLEY MD 21030

Title D  
Name PLAVIN, STEPHEN D  
Address 200 INTERNATIONAL CIRCLE #3500  
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 STEPHENSON**

**DIRECTOR**

**04/24/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date