

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000001608

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

**Current Principal Place of Business:**

303 INTERNATIONAL CIRCLE #200  
HUNT VALLEY, MD 21030

**Current Mailing Address:**

303 INTERNATIONAL CIRCLE #200  
HUNT VALLEY, MD 21030 US

**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           TREASURER  
Name           STEPHENSON, ROBERT O.  
Address        303 INTERNATIONAL CIRCLE #200  
City-State-Zip: HUNT VALLEY MD 21030

Title           PRESIDENT  
Name           PICKETT, C. TAYLOR  
Address        303 INTERNATIONAL CIRCLE #200  
City-State-Zip: HUNT VALLEY MD 21030

Title           VP  
Name           KOVITZ, SAMUEL H.  
Address        303 INTERNATIONAL CIRCLE #200  
City-State-Zip: HUNT VALLEY MD 21030

Title           VP  
Name           RITZ, MICHAEL D.  
Address        303 INTERNATIONAL CIRCLE #200  
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**

**TREASURER**

**03/20/2019**

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

\_\_\_\_\_  
Date