2005 FOR PROFIT CORPORATION ANNUAL REPORT

04-19-2005 90388 040 ***150.00 **DOCUMENT # F04000001618** NHP SENIOR HOUSING, INC. Mailing Address Principal Place of Business 610 NEWPORT CENTER DRIVE, SUITE 1150 610 NEWPORT CENTER DRIVE, SUITE 1150 NEWPORT BEACH, CA 92660 NEWPORT BEACH, CA 92660 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232005 CR2F034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For 37-1486831 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired 😓 🔲 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code out in 101 No. 1 61 260 8. 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. I am familiar with, and accept the obligations of registered agent. ALES TANSORTAL CONTO SIGNATURE_ (Signature, typed or printed name of registered agent and title if applicable) DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be_ FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE С Delete TITLE ☐ Change NAME ANDREWS, R. BRUCE NAME STREET ADDRESS 610 NEWPORT CENTER DRIVE, SUITE 1150 STREET ADDRESS CITY-ST-ZIP NEWPORT BEACH, CA 92660 CITY-ST-2IP TITLE ☐ Addition TITLE ☐ Delete Pasquale, Douglas M. PASQUALE, DOUGLAS M NAME 610 Newport Center Drive, Suite 1150 610 NEWPORT CENTER DRIVE, SUITE 1150 ____ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEWPORT BEACH, CA 92660 Newport Breach, (A 92660 VDAS ☐ Change ☐ Addition ☐ Delete DESMOND MARK L NAME NAME STREET ADDRESS 610 NEWPORT CENTER DRIVE, SUITE 1150 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEWPORT BEACH, CA 92660 VS Change ☐ Addition TITLE ☐ Delete TITLE BRADLEY, DONALD D NAME NAME 610 NEWPORT CENTER DRIVE, SUITE 1150 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEWPORT BEACH, CA 92660 . CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete 14 BOITANO, DAVID M NAME. NAME 610 NEWPORT CENTER DRIVE; SUITE 1150 _____ 224 STREET ADDRESS STREET ADDRESS CITY ST ZIP NEWPORT BEACH, CA 92660 CITY-ST-ZIP vir pelutarita Na Delete TITLE Change ☐ Addition TITLE As SHEEHAN, JOHN JURE - - 1842 F. S. NAME: 40 - 47 NAME 610 NEWPORT CENTER DRIVE, SUITE 1150 STREET ADDRESS STREET ADDRESS NEWPORT BEACH, CA 92660 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered ARK L_DESMOND

SENIOR VICE PRESIDENT

& CHIEF FINANCIAL OFFICER

PRINTED NAME OF SIGNING OFFICER OR DIREC

SIGNATURE:

FILED

Apr 19, 2005 8:00 am Secretary of State

Daytime Phone #