

7/22/2021

Division of Corporations

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Florida Department of State
Division of Corporations
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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STATE OF FLORIDA
TALLAHASSEE, FL

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Sabra Health Care REIT, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

Please keep file date 7/22/2021

Electronic Filing Menu

Corporate Filing Menu

Help

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Sabra Health Care REIT, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Maryland 3. 27-2560479
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/10/2010 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. 07/14/2021
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. c/o Sabra Health Care REIT, Inc. 18500 Von Karman Avenue, Suite 550, Irvine, CA 92612
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road


Plantation, Florida 33324
(City) (Zip code)

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TALLAHASSEE, FL

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System


(Registered agent's signature)

Candice Pignataro, Asst. Secretary

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS *SEE ATTACHMENT*

☒ Chairman Name: Richard K. Matros

☐ Vice Chairman Address: c/o Sabra Health Care REIT, Inc.

☐ Director 18500 Von Karman Avenue, Suite 550

☐ President Irvine, CA 92612

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Craig A. Barbarosh

☐ Vice Chairman Address: c/o Sabra Health Care REIT, Inc.

☒ Director 18500 Von Karman Avenue, Suite 550

☐ President Irvine, CA 92612

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Robert A. Ettl

☐ Vice Chairman Address: c/o Sabra Health Care REIT, Inc.

☒ Director 18500 Von Karman Avenue, Suite 550

☐ President Irvine, CA 92612

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Michael J. Foster

☐ Vice Chairman Address: c/o Sabra Health Care REIT, Inc.

☒ Director 18500 Von Karman Avenue, Suite 550

☐ President Irvine, CA 92612

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Ronald G. Gearv

☐ Vice Chairman Address: c/o Sabra Health Care REIT, Inc.

☒ Director 18500 Von Karman Avenue, Suite 550

☐ President Irvine, CA 92612

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Raymond J. Lewis

☐ Vice Chairman Address: c/o Sabra Health Care REIT, Inc.

☒ Director 18500 Von Karman Avenue, Suite 550

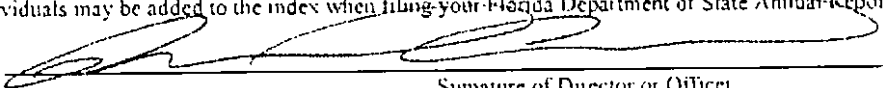
☐ President Irvine, CA 92612

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Michael Costa, EVP - Finance and Chief Accounting Officer

(Typed or printed name and capacity of person signing application)

Attachment to Florida Officers & Directors

1.

Full name:

Officer/Director:

Officer's Title:

Business Address:

City:

State:

ZIP Code:

Harold W. Andrews

Officer

Executive Vice President, Chief Financial Officer and Secretary

c/o Sabra Health Care REIT, Inc. 18500 Von Karman Avenue, Suite 550

Irvine

CA

92612
2.

Full name:

Officer/Director:

Officer's Title:

Business Address:

City:

State:

ZIP Code:

Michael L. Costa

Officer

EVP – Finance and Chief Accounting Officer

c/o Sabra Health Care REIT, Inc. 18500 Von Karman Avenue, Suite 550

Irvine

CA

92612
3.

Full name:

Officer/Director:

Officer's Title:

Business Address:

City:

State:

ZIP Code:

Richard K. Matros

Officer

President and Chief Executive Officer

c/o Sabra Health Care REIT, Inc. 18500 Von Karman Avenue, Suite 550

Irvine

CA

92612
4.

Full name:

Officer/Director:

Director's Title:

Business Address:

City:

State:

ZIP Code:

Jeffrey A. Malehorn

Director

Director

c/o Sabra Health Care REIT, Inc. 18500 Von Karman Avenue, Suite 550

Irvine

CA

92612

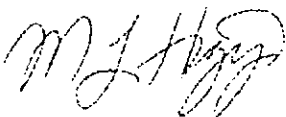
STATE OF MARYLAND

Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT SABRA HEALTH CARE REIT, INC. (D13560230), INCORPORATED MAY 10, 2010, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JULY 08, 2021.



Michael L. Higgs
Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TTY/Voice

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