

Division of Corporations

Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 AUG -5 AM 8:22

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NEEDLES ACQUISITIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

A. LUNT

AUG -8 2011

EXAMINE

RECEIVED
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SECRETARY OF STATE
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8195484-Line 53

FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Eva Hayes
DATE	2011-08-05 11:50:57 EDT
RE	Order 8195484 - Line 53 / Needles Acquisitions LLC / Amendment

COVER MESSAGE

Eva Hayes
Associate Operations Specialist
CT, A Wolters Kluwer business
600 S. Second Street
Suite 103
Springfield, IL 62704
217-522-4441
217-522-7868 (fax)
eva.hayes@wolterskluwer.com

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department
State: Needles Acquisition LLC

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: 6/30/2011

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the
change effected under the laws of its jurisdiction of organization? 07/01/2011

5. New name of the limited liability company: Nationwide Health Properties, LLC
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in
Florida and attach a copy of the written consent of the managers or managing members adopting
the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C."
or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment corrects any false statement, indicate the statement being corrected and the
correction:

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned
amendment(s), duly authenticated by the official having custody of records in the jurisdiction
under the law of which this entity is organized.

Signature of a member or the authorized representative of a member

Ventas, Inc., its sole member

Typed or printed name of signee

By: T. Richard Riney, Executive VP

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "NEEDLES ACQUISITION
LLC", FILED A CERTIFICATE OF MERGER, CHANGING ITS NAME TO
"NATIONWIDE HEALTH PROPERTIES, LLC", THE FIRST DAY OF JULY, A.D.
2011, AT 12:17 O'CLOCK P.M.

4945017 8320

110853640

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8923490

DATE: 07-25-11