

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06974

FILED
Apr 08, 2009
Secretary of State

Entity Name: HEALTH CARE REIT, INC.

Current Principal Place of Business:

ONE SEAGATE
SUITE 1500
TOLEDO, OH 43604 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1475
TOLEDO, OH 436031475

New Mailing Address:

FEI Number: 34-1096634 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CCEO () Delete
Name: CHAPMAN, GEORGE L
Address: ONE SEAGATE SUITE 1500
City-St-Zip: TOLEDO, OH 43604

Title: D () Delete
Name: KLIPSCH, FRED S
Address: ONE SEAGATE SUITE 1500
City-St-Zip: TOLEDO, OH 43604

Title: T () Delete
Name: CRABTREE, MICHAEL A
Address: ONE SEAGATE SUITE 1500
City-St-Zip: TOLEDO, OH 43604

Title: VS () Delete
Name: IBELE, ERIN C
Address: ONE SEAGATE SUITE 1500
City-St-Zip: TOLEDO, OH 43604

Title: D () Delete
Name: DEROSA, THOMAS J
Address: 10275 LITTLE PATUXENT PKWY
City-St-Zip: COLUMBIA, MD 21044

Title: D () Delete
Name: BALLARD, WILLIAM C JR
Address: 101 SOUTH FIFTH STREET
City-St-Zip: LOUISVILLE, KY 40202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL A. CRABTREE

TREA

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date