

PO6974

Florida Department of State
Division of Corporations
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To: Division of Corporations
 Fax Number : (850) 617-6380

From: Account Name : CORPORATION SERVICE COMPANY
 Account Number : I20000000195
 Phone : (850) 521-1000
 Fax Number : (850) 558-1515

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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REGISTERED AGENT CHANGE
HEALTH CARE REIT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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RAC
5/17/10

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: HEALTH CARE REIT, INC.
2. The principal office address: One Seagate, Suite 1500, Toledo, OH 43604
3. The mailing address (if different): P O Box 1475, Toledo, OH 43603-1475
4. Date of incorporation/qualification: August 5, 1995 Document number: P06974

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company
1201 Hays Street
(P.O. Box NOT acceptable)
Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature of Blanca Lozada]
(Signature of an officer or director)

Blanca Lozada, Attorney in fact
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: [Signature of Grace E. Kirby]
(Signature of Registered Agent)

May 12, 2010
(Date)

If signing on behalf of an entity:

Grace E. Kirby, Assistant VP
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***