

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06974

FILED
Apr 12, 2012
Secretary of State

Entity Name: HEALTH CARE REIT, INC.

Current Principal Place of Business:

4500 DORR STREET
TOLEDO, OH 43615 US

New Principal Place of Business:

Current Mailing Address:

4500 DORR STREET
TOLEDO, OH 43615 US

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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: PD
Name: CHAPMAN, GEORGE L
Address: 4500 DORR STREET
City-St-Zip: TOLEDO, OH 43615 US

Title: DIR
Name: KLIPSCH, FRED S
Address: 4500 DORR STREET
City-St-Zip: TOLEDO, OH 43615 US

Title: TSVP
Name: CRABTREE, MICHAEL A
Address: 4500 DORR STREET
City-St-Zip: TOLEDO, OH 43615 US

Title: SEC
Name: IBELE, ERIN C
Address: 4500 DORR STREET
City-St-Zip: TOLEDO, OH 43615 US

Title: CFO
Name: ESTES, SCOTT A
Address: 4500 DORR STREET
City-St-Zip: TOLEDO, OH 43615 US

Title: DIR
Name: BALLARD, WILLIAM C JR.
Address: 4500 DORR STREET
City-St-Zip: TOLEDO, OH 43615 US

I hereby 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 all other like empowered.

SIGNATURE: ERIN C. IBELE

SEC

04/12/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date