

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P08190**

1. Entity Name

NATIONWIDE HEALTH PROPERTIES, INC.**FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90179 048 ***158.75

Principal Place of Business

Mailing Address

**610 NEWPORT CENTER DR
SUITE 1150
NEWPORT BCH CA 92660
US****610 NEWPORT CENTER DRIVE
SUITE 1150
NEWPORT BCH CA 92660
US**

A0067253



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **95-3997619**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BANKS, DAVID R.**
STREET ADDRESS **1200 S. WALDRON ROAD #155**
CITY-ST-ZIP **FORT SMITH AR 72903**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **ARGUE, JIHN**
STREET ADDRESS **444 SOUTH FLOWER SUITE 1450**
CITY-ST-ZIP **LOS ANGELES CA 90071**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **PEARSON, DON M.**
STREET ADDRESS **801 S FLOWER ST 5TH FLR**
CITY-ST-ZIP **LOS ANGELES CA 90017**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **C** ☐ Delete
NAME **MILLER, CHARLES, D**
STREET ADDRESS **150 N ORANGE GROVE BLVD**
CITY-ST-ZIP **PASADENA CA 91103**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **SAMUELSON, JACK**
STREET ADDRESS **5000 EDENHURST AVE**
CITY-ST-ZIP **LOS ANGELES CA 90039**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **DOYLE, WILLIAM K**
STREET ADDRESS **445 SOUTH FIFUEROA STREET SUITE 3045**
CITY-ST-ZIP **LOS ANGELES CA 90071**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)