

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08190

FILED
Apr 21, 2004
Secretary of State

Entity Name: NATIONWIDE HEALTH PROPERTIES, INC.

Current Principal Place of Business:

610 NEWPORT CENTER DR
SUITE 1150
NEWPORT BCH, CA 92660 US

New Principal Place of Business:

Current Mailing Address:

610 NEWPORT CENTER DRIVE
SUITE 1150
NEWPORT BCH, CA 92660 US

New Mailing Address:

FEI Number: 95-3997619

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: D () Delete
Name: BANKS, DAVID R.,
Address: 1200 S. WALDRON ROAD #155
City-St-Zip: FORT SMITH, AR 72903

Title: D () Delete
Name: PAULSON, ROBERT
Address: 590 SANDHILL CRANE PO BOX 1270
City-St-Zip: WILSON, WY 830141270

Title: S () Delete
Name: PEARSON, DON M.,
Address: 801 S FLOWER ST 5TH FLR
City-St-Zip: LOS ANGELES, CA 90017

Title: C () Delete
Name: MILLER, CHARLES, D,
Address: 150 N ORANGE GROVE BLVD
City-St-Zip: PASADENA, CA 91103

Title: D () Delete
Name: SAMUELSON, JACK
Address: 5000 EDENHURST AVE
City-St-Zip: LOS ANGELES, CA 90039

Title: D () Delete
Name: DOYLE, WILLIAM K
Address: 445 SOUTH FIFUEROA STREET SUITE 3045
City-St-Zip: LOS ANGELES, CA 90071

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 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 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: MARK L. DESMOND

SVP

04/21/2004

Electronic Signature of Signing Officer or Director

_____ Date

MARK L. DESMOND
610 NEWPORT CENTER DRIVE
SUITE 1150
NEWPORT BEACH, CA 92660

DOUGLAS M. PASQUALE
610 NEWPORT CENTER DRIVE
SUITE 1150
NEWPORT BEACH, CA 92660

MARK L. DESMOND
610 NEWPORT CENTER DRIVE

DOUGLAS M. PASQUALE
610 NEWPORT CENTER DRIVE
SUITE 1150
NEWPORT BEACH, CA 92660