2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08190

Entity Name: NATIONWIDE HEALTH PROPERTIES, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:		
SUITE 1150	ORT CENTER) BEACH, CA {		US				
Current Mailing Address:					New Mailing Address:		
610 NEWPORT CENTER DRIVE SUITE 1150 NEWPORT BEACH, CA 92660 US							
FEI Number: 9	95-3997619	FEI Num	ber Applied For()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US							
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 Cam	paign Financing	Trust Fun	d Contribution ().				
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	O () Delete PASQUALE, DOUGLAS M PRES 610 NEWPORT CENTER DRIVE, SUITE 1150 NEWPORT BEACH, CA 92660				Title: Name: Address: City-St-Zip:	610 NEWPO	(X) Change () Addition , DOUGLAS M DRT CENTER DRIVE, SUITE 1150 BEACH, CA 92660
Title: Name: Address: City-St-Zip:	O () Delete KHOURY, ABDO H VP/CFO 610 NEWPORT CENTER DRIVE, SUITE 1150 NEWPORT BEACH, CA 92660				Title: Name: Address: City-St-Zip:		(X) Change ()Addition BDO H DRT CENTER DRIVE, SUITE 1150 BEACH, CA 92660
Title: Name: Address: City-St-Zip:	SNYDER, DAVID	CENTER D	RIVE, SUITE 1150		Title: Name: Address: City-St-Zip:		(X) Change () Addition DON M MANDALE DRIVE #22M EST, CA 92630
Title: Name: Address: City-St-Zip:	C ()[MILLER, CHARL 150 N ORANGE PASADENA, CA	ES D CHAI GROVE BL			Title: Name: Address: City-St-Zip:	BRADLEY, I 610 NEWPO	(X) Change () Addition DONALD D DRT CENTER DRIVE, SUITE 1150 CENTER, CA 92660
Title: Name: Address: City-St-Zip:	ANDREWS, BRU	CENTER D	RIVE, SUITE 1150		Title: Name: Address: City-St-Zip:		(X) Change () Addition , BRENT P DRT CENTER DRIVE, SUITE 1150 BEACH, CA 92660
Title: Name: Address: City-St-Zip:	D () EBANKS, DAVID F 15 SOUTH BLOC FAYETTEVILLE,	K, SUITE	204		Title: Name: Address: City-St-Zip:		(X) Change ()Addition ER E DRT CENTER DRIVE, SUITE 1150 BEACH, CA 92660

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: ROGER E LATY VP 04/30/2009