

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90114 003 ***150.00

0657967 AT

DOCUMENT # P08190

1. Entity Name
NATIONWIDE HEALTH PROPERTIES, INC.



Principal Place of Business
**610 NEWPORT CENTER DR
SUITE 1150
NEWPORT BCH CA 92660
US**

Mailing Address
**610 NEWPORT CENTER DRIVE
SUITE 1150
NEWPORT BCH CA 92660
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **95-3997619**

Applied For
Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. 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-ZIP

TITLE **D** ☒ Delete
NAME **JOHN ARGUE, JOHN**
STREET ADDRESS **444 SOUTH FLOWER SUITE 1450**
CITY-ST-ZIP **LOS ANGELES CA 90071**

TITLE **Director** ☐ Change ☒ Addition
NAME **Robert Paulson**
STREET ADDRESS **590 Sandhill Crane Road, P.O. Box 1270**
CITY-ST-ZIP **Wilson, WY 83014-1270**

TITLE **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-ZIP

TITLE **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-ZIP

TITLE **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-ZIP

TITLE **D** ☐ Delete
NAME **DOYLE, WILLIAM K**
STREET ADDRESS **445 SOUTH FIUEROA STREET SUITE 3045**
CITY-ST-ZIP **LOS ANGELES CA 90071**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03 949 718 4400

Date Daytime Phone

CR2E034 (10/02)