2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P35502

Entity Name: NHI/REIT, INC.

Current Principal Place of Business:

100 E. VINE STREET
MURFREESBORO, TN 37130 US

New Principal Place of Business:

222 ROBERT ROSE DRIVE
MURFREESBORO, TN 37129 US

Current Mailing Address:

P.O. BOX 1102
MURFREESBORO, TN 371331102 US

New Mailing Address:

FEI Number: 62-1487865 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: P/D ( ) Delete
Name: ADAMS, W. ANDREW
Address: 100 E VINE STREET
City-St-Zip: MURFREESBORO, TN 37130 US

Title: S ( ) Delete
Name: DENBESTEN, KENNETH D
Address: 100 E VINE STREET
City-St-Zip: MURFREESBORO, TN 37130 US

Title: D (X) Delete
Name: GAINES, KRISTIN S
Address: 100 E. VINE STREET
City-St-Zip: MURFREESBORO, TN 37130 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: ADAMS, W. ANDREW
Address: 222 ROBERT ROSE DRIVE
City-St-Zip: MURFREESBORO, TN 37129 US

Title: S (X) Change ( ) Addition
Name: GAINES, KRISTIN S
Address: 222 ROBERT ROSE DRIVE
City-St-Zip: MURFREESBORO, TN 37129 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: KRISTIN S. GAINES SECR 04/30/2009

Electronic Signature of Signing Officer or Director Date