

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham,
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 12:00

DOCUMENT # P35878 (8)

1. Corporation Name

NATIONAL HEALTH INVESTORS, INC.

Principal Place of Business

CITY CENTER
100 VINE STREET, SUITE 1400
MURFREESBORO TN 37130

Mailing Address

CITY CENTER
100 VINE STREET, SUITE 1400
MURFREESBORO TN 37130

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/11/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

62-1470956

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$9.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when consulting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	ADAMS, W. ANDREW
STREET ADDRESS	100 VINE STREET, #1400
CITY - ST - ZIP	MURFREESBORO TN
TITLE	VSD
NAME	LAROCHE, RICHARD F., JR.
STREET ADDRESS	100 VINE STREET, #1400
CITY - ST - ZIP	MURFREESBORO TN
TITLE	T
NAME	SWAFFORD, CHARLOTTE A.
STREET ADDRESS	100 VINE STREET, #1400
CITY - ST - ZIP	MURFREESBORO TN
TITLE	D
NAME	TYRRELL, JACK
STREET ADDRESS	3100 WEST END AVE.
CITY - ST - ZIP	NASHVILLE TN
TITLE	D
NAME	WEBB, ROBERT T.
STREET ADDRESS	149 MTCS DR.
CITY - ST - ZIP	MURFREESBORO TN
TITLE	D
NAME	WELCH, TED H.
STREET ADDRESS	THE TOWER, #2020
CITY - ST - ZIP	NASHVILLE TN

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. Andrew Adams W. Andrew Adams

3-14-95

615-890-2020