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Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/11/1991

3a. Date of Last Report

05/29/1996

4. FEI Number

62-1470956

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 of principal officer or registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ADAMS, W. ANDREW
STREET ADDRESS 100 VINE STREET, #1400
CITY-ST-ZIP MURFREESBORO TN

TITLE VSD ☐ DELETE

NAME LAROCHE, RICHARD F., JR.
STREET ADDRESS 100 VINE STREET, #1400
CITY-ST-ZIP MURFREESBORO TN

TITLE T ☐ DELETE

NAME SWAFFORD, CHARLOTTE A.
STREET ADDRESS 100 VINE STREET, #1400
CITY-ST-ZIP MURFREESBORO TN

TITLE D ☐ DELETE

NAME TYRRELL, JACK
STREET ADDRESS 3100 WEST END AVE.
CITY-ST-ZIP NASHVILLE TN

TITLE D ☐ DELETE

NAME WEBB, ROBERT T.
STREET ADDRESS 149 MTCS DR.
CITY-ST-ZIP MURFREESBORO TN

TITLE D ☐ DELETE

NAME WELCH, TED H.
STREET ADDRESS THE TOWER, #2920
CITY-ST-ZIP NASHVILLE TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/97 (615) 890-2020

CR2E034 (9/96)