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May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P35878
1. Corporation Name
NATIONAL HEALTH INVESTORS, INC.

(8)



DO NOT WRITE IN THIS SPACE

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		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
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	
		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	ADAMS, W. ANDREW	1.2 NAME	
STREET ADDRESS	100 VINE STREET, #1400	1.3 STREET ADDRESS	
CITY-ST-ZIP	MURFREESBORO TN	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	
NAME	LAROCHE, RICHARD F., JR.	2.2 NAME	
STREET ADDRESS	100 VINE STREET, #1400	2.3 STREET ADDRESS	
CITY-ST-ZIP	MURFREESBORO TN	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	SWAFFORD, CHARLOTTE A.	3.2 NAME	
STREET ADDRESS	100 VINE STREET, #1400	3.3 STREET ADDRESS	
CITY-ST-ZIP	MURFREESBORO TN	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	TYRRELL, JACK	4.2 NAME	
STREET ADDRESS	3100 WEST END AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	WEBB, ROBERT T.	5.2 NAME	
STREET ADDRESS	149 MTCS DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MURFREESBORO TN	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	WELCH, TED H.	6.2 NAME	
STREET ADDRESS	THE TOWER, #2920	6.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	6.4 CITY-ST-ZIP	

14. 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 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.

CR2E034 (10/97)