

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90130 004 \*\*\*150.00

**DOCUMENT # P35878**

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**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

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

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

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

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

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

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

☐ DELETE

☐ DELETE

☐ DELETE

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☐ DELETE

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

*W. Andrew Adams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/99

Date

615-890-9100

Daytime Phone #

CR2E034 (1/98)