

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P35878

1. Entity Name

NATIONAL HEALTH INVESTORS, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90009 013 ***150.00

Principal Place of Business	Mailing Address
CITY CENTER 100 VINE STREET, SUITE 1400 MURFREESBORO TN 37130	CITY CENTER 100 VINE STREET, SUITE 1400 MURFREESBORO TN 37130-3773

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	62-1470956	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table><tr><td>TITLE</td><td>PD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>ADAMS, W. ANDREW</td><td></td></tr><tr><td>STREET ADDRESS</td><td>100 VINE STREET, #1400</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MURFREESBORO TN</td><td></td></tr></table>	TITLE	PD	<input type="checkbox"/> Delete	NAME	ADAMS, W. ANDREW		STREET ADDRESS	100 VINE STREET, #1400		CITY-ST-ZIP	MURFREESBORO TN		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete																							
NAME	ADAMS, W. ANDREW																								
STREET ADDRESS	100 VINE STREET, #1400																								
CITY-ST-ZIP	MURFREESBORO TN																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>VSD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>LAROCHE, RICHARD F., JR.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>100 VINE STREET, #1400</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MURFREESBORO TN</td><td></td></tr></table>	TITLE	VSD	<input type="checkbox"/> Delete	NAME	LAROCHE, RICHARD F., JR.		STREET ADDRESS	100 VINE STREET, #1400		CITY-ST-ZIP	MURFREESBORO TN		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete																							
NAME	LAROCHE, RICHARD F., JR.																								
STREET ADDRESS	100 VINE STREET, #1400																								
CITY-ST-ZIP	MURFREESBORO TN																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>SWAFFORD, CHARLOTTE A.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>100 VINE STREET, #1400</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MURFREESBORO TN</td><td></td></tr></table>	TITLE		<input type="checkbox"/> Delete	NAME	SWAFFORD, CHARLOTTE A.		STREET ADDRESS	100 VINE STREET, #1400		CITY-ST-ZIP	MURFREESBORO TN		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME	SWAFFORD, CHARLOTTE A.																								
STREET ADDRESS	100 VINE STREET, #1400																								
CITY-ST-ZIP	MURFREESBORO TN																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>TYRRELL, JACK</td><td></td></tr><tr><td>STREET ADDRESS</td><td>3100 WEST END AVE.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>NASHVILLE TN</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> Delete	NAME	TYRRELL, JACK		STREET ADDRESS	3100 WEST END AVE.		CITY-ST-ZIP	NASHVILLE TN		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	TYRRELL, JACK																								
STREET ADDRESS	3100 WEST END AVE.																								
CITY-ST-ZIP	NASHVILLE TN																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>WEBB, ROBERT T.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>149 MTCS DR.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MURFREESBORO TN</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> Delete	NAME	WEBB, ROBERT T.		STREET ADDRESS	149 MTCS DR.		CITY-ST-ZIP	MURFREESBORO TN		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	WEBB, ROBERT T.																								
STREET ADDRESS	149 MTCS DR.																								
CITY-ST-ZIP	MURFREESBORO TN																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>WELCH, TED H.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>THE TOWER, #2920</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>NASHVILLE TN</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> Delete	NAME	WELCH, TED H.		STREET ADDRESS	THE TOWER, #2920		CITY-ST-ZIP	NASHVILLE TN		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	WELCH, TED H.																								
STREET ADDRESS	THE TOWER, #2920																								
CITY-ST-ZIP	NASHVILLE TN																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. Andrew Adams W. Andrew Adams, President 4/6/00 615-890-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)