

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P35878

1. Entity 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



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number
62-1470956

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

100000328118

04/25/05-60063-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ADAMS, W. ANDREW 100 VINE STREET, #1400 MURFREESBORO, TN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LAROCHÉ, 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 MCCABE, JR., ROBERT A 211 COMMERCE ST. NASHVILLE, TN 37201
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

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/05
Date

615890-2020
Daytime Phone #