


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P35878</b> 1. Entity Name NATIONAL HEALTH INVESTORS, INC.	
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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
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04182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331
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**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, 2006 Fee will be \$550.00**

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

000000528690  
05/05/06-80048-004 150.00

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 exemptions contained in Chapter 119, 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:** Kathy T. Henderson, Kathy T. Henderson, Asst. Sec. 4/18/06 615-890-9000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #