

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35878

FILED
Mar 31, 2008
Secretary of State

Entity Name: NATIONAL HEALTH INVESTORS, INC.

Current Principal Place of Business:

100 VINE STREET
MURFREESBORO, TN 37130

New Principal Place of Business:

100 E. VINE STREET
MURFREESBORO, TN 37130

Current Mailing Address:

P.O. BOX 1102
MURFREESBORO, TN 37133

New Mailing Address:

P.O. BOX 1102
MURFREESBORO, TN 371331102 US

FEI Number: 62-1470956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: ADAMS, W. ANDREW
Address: 100 VINE STREET
City-St-Zip: MURFREESBORO, TN 37130

Title: S () Delete
Name: DENBESTEN, KENNETH D
Address: 100 VINE STREET, #1400
City-St-Zip: MURFREESBORO, TN 37130

Title: D (X) Delete
Name: LAROCHE, RICHARD F JR
Address: 100 VINE STREET
City-St-Zip: MURFREESBORO, TN 37130

Title: D () Delete
Name: MCCABE, JR., ROBERT A
Address: 211 COMMERCE ST.
City-St-Zip: NASHVILLE, TN 37201

Title: D () Delete
Name: WEBB, ROBERT T
Address: 149 MTCS DR.
City-St-Zip: MURFREESBORO, TN

Title: D () Delete
Name: WELCH, TED H
Address: THE TOWER, #2920
City-St-Zip: NASHVILLE, TN

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: ADAMS, W. ANDREW
Address: 100 E VINE STREET
City-St-Zip: MURFREESBORO, TN 37130

Title: S (X) Change () Addition
Name: DENBESTEN, KENNETH D
Address: 100 VINE STREET
City-St-Zip: MURFREESBORO, TN 37130

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH D. DENBESTEN

SECR

03/31/2008

Electronic Signature of Signing Officer or Director

Date