

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35878

FILED
Jan 12, 2011
Secretary of State

Entity Name: NATIONAL HEALTH INVESTORS, INC.

Current Principal Place of Business:

222 ROBERT ROSE DRIVE
MURFREESBORO, TN 37129

New Principal Place of Business:

Current Mailing Address:

222 ROBERT ROSE DRIVE
MURFREESBORO, TN 37129 US

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: P
Name: HUTCHENS, J. JUSTIN
Address: 222 ROBERT ROSE DRIVE
City-St-Zip: MURFREESBORO, TN 37129

Title: S
Name: SIDWELL, SUSAN V
Address: 222 ROBERT ROSE DRIVE
City-St-Zip: MURFREESBORO, TN 37129

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

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

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

Title: D
Name: ADAMS, W. ANDREW
Address: 222 ROBERT ROSE DRIVE
City-St-Zip: MURFREESBORO, TN 37129

I hereby 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 all other like empowered.

SIGNATURE: KRISTI GAINES

CCO

01/12/2011

Electronic Signature of Signing Officer or Director

Date