

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000001022

**Entity Name:** WELLTOWER INC.

**Current Principal Place of Business:**

4500 DORR ST.  
TOLEDO, OH 43615

**Current Mailing Address:**

4500 DORR ST.  
TOLEDO, OH 43615 US

**FEI Number:** 34-1096634

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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

**Officer/Director Detail :**

Title SECRETARY  
Name MCQUEEN, MATTHEW  
Address 4500 DORR ST.  
City-State-Zip: TOLEDO OH 43615

Title CEO, DIRECTOR  
Name MITRA, SHANKH  
Address 4500 DORR ST.  
City-State-Zip: TOLEDO OH 43615

Title CFO  
Name MCHUGH, TIM  
Address 4500 DORR ST.  
City-State-Zip: TOLEDO OH 43615

Title DIRECTOR  
Name PATTON , ADE  
Address 4500 DORR ST.  
City-State-Zip: TOLEDO OH 43615

Title DIRECTOR  
Name LOPEZ, DENNIS  
Address 4500 DORR ST.  
City-State-Zip: TOLEDO OH 43615

Title DIRECTOR  
Name REID, DIANA  
Address 4500 DORR ST.  
City-State-Zip: TOLEDO OH 43615

Title DIRECTOR  
Name DONAHUE, JEFFREY H  
Address 4500 DORR ST.  
City-State-Zip: TOLEDO OH 43615

Title DIRECTOR  
Name SPISSO, JOHNESE M  
Address 4500 DORR ST.  
City-State-Zip: TOLEDO OH 43615

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*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:** MATTHEW MCQUEEN

**SECRETARY**

**04/28/2023**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DISALVO, KAREN B  
Address 4500 DORR ST.  
City-State-Zip: TOLEDO OH 43615

Title DIRECTOR  
Name BACON, KENNETH  
Address 4500 DORR ST.  
City-State-Zip: TOLEDO OH 43615

Title DIRECTOR  
Name SULLIVAN, KATHRYN M  
Address 4500 DORR ST.  
City-State-Zip: TOLEDO OH 43615

Title DIRECTOR  
Name RIVERA, SERGIO D  
Address 4500 DORR ST.  
City-State-Zip: TOLEDO OH 43615