

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P35878

**Entity Name:** NATIONAL HEALTH INVESTORS, INC.**Current Principal Place of Business:**222 ROBERT ROSE DRIVE  
MURFREESBORO, TN 37129**Current Mailing Address:**222 ROBERT ROSE DRIVE  
MURFREESBORO, TN 37129 US**FEI Number:** 62-1470956**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 P  
Name MENDELSON, D. ERIC  
Address 222 ROBERT ROSE DRIVE  
City-State-Zip: MURFREESBORO TN 37129

Title DIRECTOR  
Name MCCABE, JR., ROBERT A  
Address 222 ROBERT ROSE DRIVE  
City-State-Zip: MURFREESBORO TN 37129

Title DIRECTOR  
Name JOBE, JAMES R.  
Address 222 ROBERT ROSE DRIVE  
City-State-Zip: MURFREESBORO TN 37129

Title SVP, CHIEF TRANSACTION OFFICER  
Name GAINES, KRISTIN S  
Address 222 ROBERT ROSE DRIVE  
City-State-Zip: MURFREESBORO TN 37129

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

Title DIRECTOR  
Name WEBB, ROBERT T  
Address 222 ROBERT ROSE DRIVE  
City-State-Zip: MURFREESBORO TN 37129

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

Title DIRECTOR  
Name SWAFFORD, CHARLOTTE A  
Address 222 ROBERT ROSE DRIVE  
City-State-Zip: MURFREESBORO TN 37129

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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:** KRISTIN S. GAINESSVP, CHIEF  
TRANSACTION OFFICER

04/21/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 ADAMS, ROBERT G  
Address             222 ROBERT ROSE DRIVE  
City-State-Zip:   MURFREESBORO TN 37129

Title                   DIRECTOR  
Name                 COLDEN, TRACY M.J.  
Address             222 ROBERT ROSE DRIVE  
City-State-Zip:   MURFREESBORO TN 37129