DOC ID ----> 200612101524

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/01/2006	200612101524	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	00	00	00	00

Receipt

This is not a bill. Please do not remit payment.

CT CORPORATION SYSTEM
ATTN: JAMES TANKS
17 S. HIGH ST.,SUITE 1100
COLUMBUS, OH 43215

STATE OF OHIO

CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

656881

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

HEALTH CARE REIT, INC.

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
DOMESTIC AGENT SUBSEQUENT APPOINTMENT	**200612101524**

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 28th day of April, A.D. 2006.

J. Kenneth Blackwell

Ohio Secretary of State

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Prescribed by **J. Kenneth Blackwell**
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
O Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of $100 ***
⊗ No	PO Box 788 Columbus, OH 43216

STATUTORY AGENT UPDATE

(For Domestic or Foreign, Profit or Non-Profit)
Filing Fee $25.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

(1) Subsequent Appointment of Agent	(2) Change of Address of an Agent	(3) Resignation of Agent
☒ Corp ☐ LP *(165-ACS)* ☐ LLC *(171-LSA)*	☐ Corp ☐ LP *(145-AGA)* ☐ LLC *(144-LAD)*	☐ Corp ☐ LP *(155-AGR)* ☐ LLC *(153-LAG)*

Complete ALL of the general information in this section for the box checked above.

Name of Entity Health Care REIT, Inc.

Charter or Registration No. 656881

Name of Current Agent Erin C. Ibele

Complete the information in this section if box (1) is checked.

Name and Address of New Agent

C T Corporation System
(Name)
1300 East 9th Street
(Street) *NOTE: P.O. Box Addresses are NOT acceptable.*

Cleveland	Cuyahoga	Ohio	44114
(City)	*(County)*	*(State)*	*(Zip Code)*

ACCEPTANCE OF APPOINTMENT

The Undersigned, **C T Corporation System**, named herein as the Statutory agent for, Health Care REIT, Inc., hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: _____
(Statutory Agent)
Gil S. Apelis, Asst. Secretary

* If the entity listed is a foreign corporation, the agent does not have to sign the Acceptance of Appointment

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Complete the information in this section if box (2) is checked.

Old Address of Agent

(Street) NOTE: P.O. Box Addresses are NOT acceptable.

(City) Ohio (State) (Zip Code)

New Address of Agent

(Street) NOTE: P.O. Box Addresses are NOT acceptable.

(City) Ohio (State) (Zip Code)

Complete the information in this section if box (3) is checked.

Is this agent resigning? ☐ Yes ☐ No

Current or last known address of the entity's principal office where a copy of this Resignation of Agent was sent as of the date of filing or prior to the date filed

(Street) NOTE: P.O. Box Addresses are NOT acceptable.

(City) (State) (Zip Code)

REQUIRED
Must be authenticated (signed) by an authorized representative
(See Instructions)

Erin C. Belle
Authorized Representative
ERIN C. BELLE
SENIOR VICE PRESIDENT –
ADMINISTRATION
AND CORPORATE SECRETARY

4/28/2006
Date