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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 3:54

DOCUMENT # 839014 (8)

1. Corporation Name
LIFE CARE RETIREMENT COMMUNITIES, INC.

Principal Place of Business	Mailing Address
200 E GRAND AVE S300 DES MOINES IA 50309 US	1600 HUB TOWER 699 WALNUT DES MOINES IA 50309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1977
3a. Date of Last Report: 02/23/1994
4. FEI Number: 42-1068850 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business: 21 200 E. Grand Avenue	2a. Mailing Address: 26
Suite, Apt. #, etc.: 22 Suite 390	Suite, Apt. #, etc.: 27
City & State: 23 Des Moines, IA	City & State: 28
Zip: 24 50309-1800 Country: 25	Zip: 29 Country: 30 US

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	1.1 TITLE		☐ Change ☐ Addition
NAME	DICKINSON, L CALL, JR	1.2 NAME		
STREET ADDRESS	1600 HUB TOWER	1.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA	1.4 CITY-ST-ZIP		
TITLE	COBD	2.1 TITLE	D	☒ Change ☐ Addition
NAME	CARVER, GARLAND K	2.2 NAME		
STREET ADDRESS	7634 HICKMAN RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA	2.4 CITY-ST-ZIP		
TITLE	PDT	3.1 TITLE		☐ Change ☐ Addition
NAME	KADUCE, JOHN J.	3.2 NAME		
STREET ADDRESS	200 E GRAND AVE, S390	3.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	ZEFRON, MIANNE	4.2 NAME		
STREET ADDRESS	4621 BOULEVARD PL	4.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	HAEUSSLER, THOMAS A.	5.2 NAME		
STREET ADDRESS	2502 SHERWIN R.D	5.3 STREET ADDRESS		
CITY-ST-ZIP	UPPER ARLINGTON OH	5.4 CITY-ST-ZIP		
TITLE	DV	6.1 TITLE	COBD	☒ Change ☐ Addition
NAME	STAUFFER, WILLIAM A.	6.2 NAME		
STREET ADDRESS	4916 HARWOOD DR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: L. Call Dickinson, Jr. Secretary 1/17/95 (515) 244-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074481

Ernest C. Pierson
5100 Gamble Drive, Suite 398
Minneapolis, MN 55416
(612) 545-6326

Title: D

Merlin J. Foreman
6019 Weybridge
Johnston, IA 50131
(515) 278-1404

Title: VD

Change

Donald W. Bourne
Disney Development Company
6649 Westwood Boulevard, Suite 300
Orlando, FL 32821
(407) 827-7976

Title: D

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