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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **839014** (8)

1. Corporation Name
LIFE CARE RETIREMENT COMMUNITIES, INC.



Principal Place of Business 200 E. GRAND AVENUE 390 DES MOINES IA 50309-1800 US	Mailing Address 1800 HUB TOWER 699 WALNUT DES MOINES IA 50309-3929
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3. Date Incorporated or Qualified 08/25/1977	3a. Date of Last Report 02/27/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 42-1068850	Applied For <input type="checkbox"/>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name	10. Name and Address of New Registered Agent	
	82 Street Address (P.O. Box Number is Not Acceptable)		
	83		
	84 City	FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKINSON, L CALL, JR	1.2 NAME	DICKINSON, L. CALL, JR.
STREET ADDRESS	1800 HUB TOWER	1.3 STREET ADDRESS	3737 Southam Hills Drive
CITY-ST-ZIP	DES MOINES IA	1.4 CITY-ST-ZIP	Des Moines IA
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KADUCE, JOHN J.	3.2 NAME	KADUCE, JOHN J
STREET ADDRESS	200 E GRAND AVE, S390	3.3 STREET ADDRESS	200 E GRAND AVE, S390
CITY-ST-ZIP	DES MOINES IA	3.4 CITY-ST-ZIP	DES MOINES IA
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEFRON, MIANNE	4.2 NAME	
STREET ADDRESS	4821 BOULEVARD PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAEUSSLER, THOMAS A.	5.2 NAME	HAEUSSLER, THOMAS A
STREET ADDRESS	2502 SHERWIN R.D	5.3 STREET ADDRESS	2502 SHERWIN ROAD
CITY-ST-ZIP	UPPER ARLINGTON OH	5.4 CITY-ST-ZIP	UPPER ARLINGTON OH
TITLE	COBD <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAUFFER, WILLIAM A.	6.2 NAME	STAUFFER, WILLIAM A
STREET ADDRESS	4916 HARWOOD DR.	6.3 STREET ADDRESS	4916 HARWOOD DR
CITY-ST-ZIP	DES MOINES IA	6.4 CITY-ST-ZIP	DES MOINES IA

14. I do hereby certify that the information supplied with this filing 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: John Kaduce **REQUIRED** Jan 17, 1997 515-288-5805
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0076263

CR2E037 (9/96)

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

Title: VD

Addition

Merlin J. Foreman
6019 Weybridge
Johnston, IA 50131

Title: TD

Change in office

Donald W. Bourne
5142 Pine Top Place
Orlando, FL 32819

Title: D