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**Jun 21, 1999 8:00 am**  
**Secretary of State**

06-21-1999 90002 005 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 839014**

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 1600 HUB TOWER 699 WALNUT DES MOINES IA 50309
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/25/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 42-1068850
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
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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 NAME STREET ADDRESS CITY-ST-ZIP	CD DICKINSON, L CALL, JR 3737 SOUTHERN HILLS DRIVE DES MOINES IA 50321 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARVER, GARLAND K 7305 RIDGEMONT URBANDALE IA 50322 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KADUCE, JOHN J. 200 E GRAND AVE, S390 DES MOINES IA <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEFRON, MIANNE 147-34TH STREET DES MOINES IA 50312 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAUFFER, WILLIAM A. 3920 GRAND AVE., SOUTH 301 DES MOINES IA 50312 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		TD FOREMAN, MERLIN J. 6019 WEYBRIDGE JOHNSTON, IA 50131	

14. I 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, with all other like empowered.

SIGNATURE: John J. Kaduce REJOHARD Kaduce Date: June 7, 1999 Daytime Phone #: 515-288-5405

CR2E037 (1/1/98)

**LIFE CARE RETIREMENT COMMUNITIES, INC.**

**CORPORATE NUMBER: 839014**

**1999 ADDITIONAL OFFICER/DIRECTOR LIST**

578101-90002-5

Doc # 839014

TITLE:	S	NAME:	CODER, SYDNEY J. 4505 - 73 <sup>RD</sup> STREET URBANDALE, IA 50322
TITLE:	D	NAME:	BOURNE, DONALD W. 5142 PINE TOP PLACE ORLANDO, FL 32819
TITLE:	VD	NAME:	PIERSON, ERNEST C. 112 HOMEDALE ROAD HOPKINS, MN 55343