

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90054 012 \*\*\*\*70.00

<b>DOCUMENT # 839014</b> 1. Entity Name <b>LIFE CARE RETIREMENT COMMUNITIES, INC.</b>					
Principal Place of Business <b>100 E GRAND AVENUE SUITE 200 DES MOINES, IA 50309-1800 US</b>			Mailing Address <b>100 E GRAND AVENUE SUITE 200 DES MOINES, IA 50309-1800 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number <b>42-1068850</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KADUCE, JOHN J 100 E. GRAND AVE., SUITE 200 DES MOINES, IA 50309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kaduce, John J. 9014 SE Hawks Nest Court Hobe Sound, FL 33455	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD WAGNER-HAUSER, ANN M 4220 COUNTRY RD. 44 MINNETRISTA, MN 55364	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Wagner-Hauser, Ann M. 4220 Country Rd. 44 Minnetrista, MN 55364	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FOREMAN, MERLIN 6005 STONE POINTE COURT JOHNSTON, IA 50131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Foreman, Merlin J. 6005 Stone Pointe Court Johnston, IA 50131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SMITH, LARRY M 100 E. GRAND AVE., SUITE 200 DES MOINES, IA 50309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CODER, SYDNEY J 100 E. GRAND AVE, SUITE 200 DES MOINES, IA 50309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRISON, SCOTT M 100 E. GRAND AVE., SUITE 200 DES MOINES, IA 50309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Scott M. Harrison</u> <i>1/17/08</i> <span style="float: right;"><u>575 288 5815</u></span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

# ATTACHMENT

40006865

**LIFE CARE RETIREMENT COMMUNITIES, INC. # 839014**

**100 East Grand Avenue, Suite 200**

**Des Moines, IA 50309**

## **2007-2008 OFFICER/DIRECTOR LIST**

President/CEO/Director	Harrison, Scott M. 100 East Grand Avenue, Suite 200, Des Moines, IA 50309 515-288-5805 Phone 515-288-5911 Fax
Vice President/CFO/Treasurer	Smith, Larry M. 100 East Grand Avenue, Suite 200, Des Moines, IA 50309 515-288-5805 Phone 515-288-5911 Fax
Vice President/COO	Cochrane, John H. III 100 East Grand Avenue, Suite 200, Des Moines, IA 50309 515-288-5805 Phone 515-288-5911 Fax
Chairman/Director	Wagner-Hauser, Ann M. 4220 County Road 44, Minnetrista, MN 55364 952-470-4213 Phone/Fax
Vice Chairman/Director	Cook, William R. 1133 – 7 <sup>th</sup> Street, West Des Moines, IA 5265 515-224-1520 Phone 515-288-7801 Fax
Secretary	Coder, Sydney J. 100 East Grand Avenue, Suite 200, Des Moines, IA 50309 515-288-5805 Phone 515-288-5911 Fax
Asst. Treasurer/Director	Foreman, Merlin J. 6005 Stone Pointe Court, Johnston, IA 50131 515-278-1404 Phone/Fax

## ATTACHMENT

✓ 2007-2008 Officer/Director List  
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Director

Kaduce, John J.  
9014 SE Hawks Nest Court, Hobe Sound, FL 33455  
515-707-5806 Phone

Director

Bourne, Donald W.  
400 Beale Street #2401, San Francisco, CA 94105  
415-979-9913 Phone  
415-984-1378 Fax

Director\*\*

Dragonette, Rita M.  
680 North Lake Shore Drive #422, Chicago, IL 60611  
312-654-9822 Phone  
312-654-8221 Fax

Director

Knapp II, William C.  
4949 Westown Pkwy, Ste. 200, W. Des Moines, IA 50266  
515-223-4000 Phone  
515-222-5220 Fax

Director

Murdoch, David M.  
3001 Iroquois Road, Wilmette, IL 60091  
847-256-5390 Phone  
847-256-2927 Fax

Director

Noland, James E.  
21 Glen Ridge Lane, Pittsburgh, PA 15243  
412-344-5023 Phone  
412-279-8199 Fax

Director

Shives, Paula J.  
Darden Restaurants, Inc., 5900 Lake Ellenor Drive,  
Orlando, FL 32809  
407-245-6566 Phone (work)  
407-245-5052 Fax (work)

\*\*Ms. Dragonette was elected to the Board effective October 1, 2007.