

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthorn
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 S200 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
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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 re-stating)

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	DICKINSON, L CALL, JR
STREET ADDRESS	1600 HUB TOWER
CITY-ST-ZIP	DES MOINES IA
TITLE	COBD
NAME	CARVER, GARLAND K
STREET ADDRESS	7634 HICKMAN RD
CITY-ST-ZIP	DES MOINES IA
TITLE	PDT
NAME	KADUCE, JOHN J.
STREET ADDRESS	200 E GRAND AVE, S390
CITY-ST-ZIP	DES MOINES IA
TITLE	D
NAME	ZEFRON, MIANNE
STREET ADDRESS	4621 BOULEVARD PL
CITY-ST-ZIP	DES MOINES IA
TITLE	TD
NAME	HAEUSSLER, THOMAS A.
STREET ADDRESS	2502 SHERWIN R.D
CITY-ST-ZIP	UPPER ARLINGTON OH
TITLE	DV
NAME	STAUFFER, WILLIAM A.
STREET ADDRESS	4916 HARWOOD DR.
CITY-ST-ZIP	DES MOINES IA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	COBD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(k), 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.* 1/17/95 (515) 244-2600
DIGITAL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
L. Call Dickinson, Jr. SECRETARY
Date Daytime Phone #

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