


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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 1600 HUB TOWER 699 WALNUT DES MOINES IA 50309-3929 |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 08/25/1977 | 3a. Date of Last Report 02/27/1996 |
|--|--|

| | |
|--|--|
| 21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
|--|--|

| | |
|--|---|
| 4. FEI Number 42-1068850 | Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | DICKINSON, L CALL, JR | |
| STREET ADDRESS | 1600 HUB TOWER | |
| CITY-ST-ZIP | DES MOINES IA | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CARVER, GARLAND K | |
| STREET ADDRESS | 7634 HICKMAN RD | |
| CITY-ST-ZIP | DES MOINES IA | |
| TITLE | PDT | <input type="checkbox"/> DELETE |
| NAME | KADUCE, JOHN J. | |
| STREET ADDRESS | 200 E GRAND AVE, S390 | |
| CITY-ST-ZIP | DES MOINES IA | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ZEFRON, MIANNE | |
| STREET ADDRESS | 4621 BOULEVARD PL | |
| CITY-ST-ZIP | DES MOINES IA | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | HAEUSSLER, THOMAS A. | |
| STREET ADDRESS | 2502 SHERWIN R.D | |
| CITY-ST-ZIP | UPPER ARLINGTON OH | |
| TITLE | COBD | <input type="checkbox"/> DELETE |
| 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 | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | DICKINSON, L. CALL, JR. | |
| 1.3 STREET ADDRESS | 3737 Southam Hills Drive | |
| 1.4 CITY-ST-ZIP | Des Moines IA | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | KADUCE, JOHN J | |
| 3.3 STREET ADDRESS | 200 E GRAND AVE, S390 | |
| 3.4 CITY-ST-ZIP | DES MOINES IA | |
| 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 | CD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | HAEUSSLER, THOMAS A | |
| 5.3 STREET ADDRESS | 2502 SHERWIN ROAD | |
| 5.4 CITY-ST-ZIP | UPPER ARLINGTON OH | |
| 6.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | STAUFFER, WILLIAM A | |
| 6.3 STREET ADDRESS | 4916 HARWOOD DR | |
| 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 J 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