

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


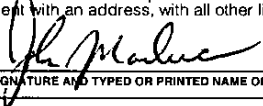
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Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90166 009 ****70.00

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02062005 Chg-NP CR2E037 (10/03)

DOCUMENT # 839014					
1. Entity Name LIFE CARE RETIREMENT COMMUNITIES, INC.					
Principal Place of Business 100 E GRAND AVENUE SUITE 330 DES MOINES, IA 50309-1800 US			Mailing Address 1600 HUB TOWER 699 WALNUT DES MOINES, IA 50309		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 42-1068850				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL	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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KADUCE, JOHN J.		NAME		
STREET ADDRESS	100 E GRAND AVENUE STE 330		STREET ADDRESS		
CITY-ST-ZIP	DES MOINES, IA 50309		CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENYART, MIANNE		NAME		
STREET ADDRESS	147-34TH STREET		STREET ADDRESS		
CITY-ST-ZIP	DES MOINES, IA 50312		CITY-ST-ZIP		
TITLE	VCD	<input type="checkbox"/> Delete	TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOREMAN, MERLIN		NAME		
STREET ADDRESS	6019 WEYBRIDGE		STREET ADDRESS	6005 Stone Pointe Court	
CITY-ST-ZIP	JOHNSTON, IA 50131		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VC/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wagner-Hauser, Ann M.		NAME		
STREET ADDRESS	100 Market Street, Unit 315		STREET ADDRESS	4220 County Road 44	
CITY-ST-ZIP	Des Moines, IA 50309		CITY-ST-ZIP	Minnetrissa, MN 55364	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Larry M.		NAME		
STREET ADDRESS	100 East Grand Avenue, Suite 330		STREET ADDRESS		
CITY-ST-ZIP	Des Moines, IA 50309		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Coder, Sydney J.		NAME		
STREET ADDRESS	100 East Grand Avenue, Suite 330		STREET ADDRESS		
CITY-ST-ZIP	Des Moines, IA 50309		CITY-ST-ZIP		
12. 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 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.					
SIGNATURE: 		John J. Kaduce		04/22/05 515-288-5805	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

ATTACHMENT
1400 3392

Florida 2005 Uniform Business Report

Life Care Retirement Communities, Inc.

Corporate Number 839014

11. Additions/Changes to Officers and Directors in 10

D

Bourne, Donald W.

440 Iron Hill Street

Pleasant Hill, CA 94523-5602

400 Beale Street #1601

San Francisco, CA 94105

Change

D

Cook, William R.

1133 - 7th Street

West Des Moines, IA 50265

Addition

D

Knapp, William C. II

5000 Westown Parkway, Suite 100

West Des Moines, IA 50266-5921

4949 Westown Pkwy, Ste 100 Change

West Des Moines, IA 50266-6704

D

Murdoch, David M.

3001 Iroquois Road

Wilmette, IL 60091

D

Noland, James E.

21 Glen Ridge Lane

Pittsburgh, PA 15243

D

Ernest C. Pierson

4850 Park Glen Road

Minneapolis, MN 55416

VP

Harrison, Scott M.

100 East Grand Avenue, Suite 330

Des Moines, IA 50309