
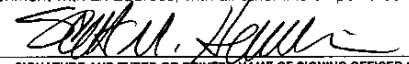


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90103 027 ****70.00

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|--|---|--|--|---|--|
| 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 100 E. FRAND AVE. SUITE 330 DES MOINES, IA 50309-1835 | | |
| 2. Principal Place of Business - No P.O. Box # 100 E. Grand Ave. | | 3. Mailing Address 100 E. Grand Ave. | | | |
| Suite, Apt. #, etc. Suite 200 | | Suite, Apt. #, etc. Suite 200 | | | |
| City & State Des Moines, IA | | City & State Des Moines, IA | | 4. FEI Number 42-1068850 | |
| Zip 50309-1835 | | Country US | | 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 |
| 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> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | D KADUCE, JOHN J 100 E GRAND AVENUE STE 330 DES MOINES, IA 50309 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Kaduce, John J. 100 E. Grand Ave., Suite 200 Des Moines, IA 50309 | <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 | | <input 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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT SMITH, LARRY M 100 EAST GRAND AVE, SUITE 330 DES MOINES, IA 50309 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT Smith, Larry M. 100 E. Grand Ave., Suite 200 Des Moines, IA 50309 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CODER, SYDNEY J 100 EAST GRAND AVE, SUITE 330 DES MOINES, IA 50309 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Coder, Sydney J. 100 E. Grand Ave., Suite 200 Des Moines, IA 50309 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Scott M. Harrison 100 E. Grand Ave., Suite 200 Des Moines, IA 50309 | <input type="checkbox"/> Change <input checked="" 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. | | | | | |
| SIGNATURE:  | | Scott M. Harrison | | 515-288-5805 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | |