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Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 839014 (8)

1. Corporation Name

LIFE CARE RETIREMENT COMMUNITIES, INC.



Principal Place of Business

Mailing Address

200 E. GRAND AVENUE
390
DES MOINES IA 50309-1800
US1800 HUB TOWER
699 WALNUT
DES MOINES IA 50309-39293. Date Incorporated or Qualified
08/25/19773a. Date of Last Report
02/27/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S
NAME DICKINSON, L CALL, JR
STREET ADDRESS 1800 HUB TOWER
CITY-ST-ZIP DES MOINES IA☐ DELETE1.1 TITLE SD
1.2 NAME DICKINSON, L. CALL, JR.
1.3 STREET ADDRESS 3737 Southam Hills Drive
1.4 CITY-ST-ZIP Des Moines IA☒ Change ☐ AdditionTITLE D
NAME CARVER, GARLAND K
STREET ADDRESS 7634 HICKMAN RD
CITY-ST-ZIP DES MOINES IA☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE PDT
NAME KADUCE, JOHN J.
STREET ADDRESS 200 E GRAND AVE, S390
CITY-ST-ZIP DES MOINES IA☐ DELETE3.1 TITLE PD
3.2 NAME KADUCE, JOHN J
3.3 STREET ADDRESS 200 E GRAND AVE, S390
3.4 CITY-ST-ZIP DES MOINES IA☒ Change ☐ AdditionTITLE D
NAME ZEFRON, MIANNE
STREET ADDRESS 4621 BOULEVARD PL
CITY-ST-ZIP DES MOINES IA☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE TD
NAME HAEUSSLER, THOMAS A.
STREET ADDRESS 2502 SHERWIN R.D
CITY-ST-ZIP UPPER ARLINGTON OH☐ DELETE5.1 TITLE CD
5.2 NAME HAEUSSLER, THOMAS A
5.3 STREET ADDRESS 2502 SHERWIN ROAD
5.4 CITY-ST-ZIP UPPER ARLINGTON OH☒ Change ☐ AdditionTITLE COBD
NAME STAUFFER, WILLIAM A.
STREET ADDRESS 4916 HARWOOD DR.
CITY-ST-ZIP DES MOINES IA☐ DELETE6.1 TITLE D
6.2 NAME STAUFFER, WILLIAM A
6.3 STREET ADDRESS 4916 HARWOOD DR
6.4 CITY-ST-ZIP DES MOINES IA☒ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 17 1997 515-288-5805
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

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