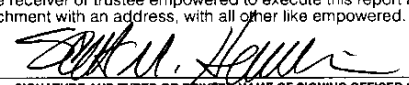


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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 ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kaduce, John J. 100 E. Grand Ave., Suite 200 Des Moines, IA 50309 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD WAGNER-HAUSER, ANN M 4220 COUNTRY RD. 44 MINNETRISTA, MN 55364 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FOREMAN, MERLIN 6005 STONE POINTE COURT JOHNSTON, IA 50131 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SMITH, LARRY M 100 EAST GRAND AVE, SUITE 330 DES MOINES, IA 50309 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Smith, Larry M. 100 E. Grand Ave., Suite 200 Des Moines, IA 50309 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CODER, SYDNEY J 100 EAST GRAND AVE, SUITE 330 DES MOINES, IA 50309 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Coder, Sydney J. 100 E. Grand Ave., Suite 200 Des Moines, IA 50309 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Scott M. Harrison 100 E. Grand Ave., Suite 200 Des Moines, IA 50309 ☐ Change ☒ 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	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	