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	Mailing Address
100 E GRAND AVENUE SUITE 330 DES MOINES, IA 50309-1800 US	100 E. FRAND AVE. SUITE 330 DES MOINES, IA 50309-1835

01092007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
100 E. Grand Ave.	100 E. Grand Ave.
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: Des Moines, IA	City & State: Des Moines, IA
Zip: 50309-1835 Country: US	Zip: 50309-1835 Country: US

4. FEI Number 42-1068850 ☐ Applied For ☐ Not Applicable

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 #