

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthorn  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 27 PM 3: 54

DOCUMENT # 839014 (8)

1. Corporation Name  
LIFE CARE RETIREMENT COMMUNITIES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
200 E GRAND AVE 1600 HUB TOWER  
S200 699 WALNUT  
DES MOINES IA 50309 DES MOINES IA 50309  
US

3. Date Incorporated or Qualified 08/25/1977 3a. Date of Last Report 02/23/1994  
4. FEI Number 42-1068850 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 200 E. Grand Avenue 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 Suite 390 27  
City & State City & State  
23 Des Moines, IA 28  
Zip Country Zip Country  
24 50309-1800 25 29 US 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKINSON, L CALL, JR	1.2 NAME	
STREET ADDRESS	1600 HUB TOWER	1.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	1.4 CITY-ST-ZIP	
TITLE	COBD	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVER, GARLAND K	2.2 NAME	
STREET ADDRESS	7634 HICKMAN RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	2.4 CITY-ST-ZIP	
TITLE	PDT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KADUCE, JOHN J.	3.2 NAME	
STREET ADDRESS	200 E GRAND AVE, S390	3.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEFRON, MIANNE	4.2 NAME	
STREET ADDRESS	4621 BOULEVARD PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAEUSSLER, THOMAS A.	5.2 NAME	
STREET ADDRESS	2502 SHERWIN R.D	5.3 STREET ADDRESS	
CITY-ST-ZIP	UPPER ARLINGTON OH	5.4 CITY-ST-ZIP	
TITLE	DV	6.1 TITLE	COBD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAUFFER, WILLIAM A.	6.2 NAME	
STREET ADDRESS	4916 HARWOOD DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: L. Call Dickinson, Jr. 1/17/95 (515) 244-2600  
Signature of Registered Agent or Director Date Filing Office #  
 L. Call Dickinson, Jr. SECRETARY

Ernest C. Pierson  
5100 Gamble Drive, Suite 398  
Minneapolis, MN 55416  
(612) 545-6326

Title: D

Merlin J. Foreman  
6019 Weybridge  
Johnston, IA 50131  
(515) 278-1404

Title: VD

Change

Donald W. Bourne  
Disney Development Company  
6649 Westwood Boulevard, Suite 300  
Orlando, FL 32821  
(407) 827-7976

Title: D