

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

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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.

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

DO NOT WRITE IN THIS SPACE

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

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

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

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	OV	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 119.07(3)(b), 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 AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
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