


**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 839014 (8)**  
 1. Corporation Name  
**LIFE CARE RETIREMENT COMMUNITIES, INC.**



Principal Place of Business <b>200 E. GRAND AVENUE                  390                  DES MOINES IA 50309-1800                  US</b>	Mailing Address <b>1600 HUB TOWER                  699 WALNUT                  DES MOINES IA 50309</b>
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3. Date Incorporated or Qualified <b>08/25/1977</b>	3a. Date of Last Report <b>01/27/1995</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number <b>42-1068850</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	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	<del>COBB</del> <input type="checkbox"/> DELETE	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	POT <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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	<del>BY</del> <input type="checkbox"/> DELETE	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)(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: *[Signature]* Secretary 2/22/96 (515) 244-2600

CR2E037 (12/95)

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: DV

Donald W. Bourne  
5142 Pine Top Place  
Orlando, FL 32819  
(407) 876-1466

Title: D

(address change)