


FILE NOW: FILING FEE IS \$61.25

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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 200 E. GRAND AVENUE 390 DES MOINES IA 50309-1800 US	Mailing Address 1600 HUB TOWER 699 WALNUT DES MOINES IA 50309-3929
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3. Date Incorporated or Qualified 08/25/1977	3a. Date of Last Report 02/27/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 42-1068850	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 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

TITLE	S <input type="checkbox"/> DELETE
NAME	DICKINSON, L CALL, JR
STREET ADDRESS	1600 HUB TOWER
CITY-ST-ZIP	DES MOINES IA
TITLE	D <input type="checkbox"/> DELETE
NAME	CARVER, GARLAND K
STREET ADDRESS	7634 HICKMAN RD
CITY-ST-ZIP	DES MOINES IA
TITLE	PDT <input type="checkbox"/> DELETE
NAME	KADUCE, JOHN J.
STREET ADDRESS	200 E GRAND AVE, S390
CITY-ST-ZIP	DES MOINES IA
TITLE	D <input type="checkbox"/> DELETE
NAME	ZEFRON, MIANNE
STREET ADDRESS	4621 BOULEVARD PL
CITY-ST-ZIP	DES MOINES IA
TITLE	TD <input type="checkbox"/> DELETE
NAME	HAEUSSLER, THOMAS A.
STREET ADDRESS	2502 SHERWIN R.D
CITY-ST-ZIP	UPPER ARLINGTON OH
TITLE	COBD <input type="checkbox"/> DELETE
NAME	STAUFFER, WILLIAM A.
STREET ADDRESS	4916 HARWOOD DR.
CITY-ST-ZIP	DES MOINES IA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DICKINSON, L. CALL, JR.
1.3 STREET ADDRESS	3737 Southam Hills Drive
1.4 CITY-ST-ZIP	Des Moines IA
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KADUCE, JOHN J
3.3 STREET ADDRESS	200 E GRAND AVE, S390
3.4 CITY-ST-ZIP	DES MOINES IA
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HAEUSSLER, THOMAS A
5.3 STREET ADDRESS	2502 SHERWIN ROAD
5.4 CITY-ST-ZIP	UPPER ARLINGTON OH
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	STAUFFER, WILLIAM A
6.3 STREET ADDRESS	4916 HARWOOD DR
6.4 CITY-ST-ZIP	DES MOINES IA

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: John Kaduce **REQUIRED** Jan 17, 1997 515-288-5805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0076263

CR2E037 (9/96)

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

Title: VD

Addition

Merlin J. Foreman
6019 Weybridge
Johnston, IA 50131

Title: TD

Change in office

Donald W. Bourne
5142 Pine Top Place
Orlando, FL 32819

Title: D