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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 839014

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/25/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 42-1068850
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New 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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <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	3737 SOUTHERN HILLS DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA 50321	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVER, GARLAND K	2.2 NAME	
STREET ADDRESS	7305 RIDGEMONT	2.3 STREET ADDRESS	
CITY-ST-ZIP	URBANDALE IA 50322	2.4 CITY-ST-ZIP	
TITLE	PD <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	147-34TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA 50312	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAUFFER, WILLIAM A.	5.2 NAME	
STREET ADDRESS	3920 GRAND AVE., SOUTH 301	5.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA 50312	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	TD FOREMAN, MERLIN J.
STREET ADDRESS		6.3 STREET ADDRESS	6019 WEYBRIDGE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	JOHNSTON, IA 50131

14. I 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, with all other like empowered.

SIGNATURE: John J. Kaduce REJOHARD Kaduce Date: June 7, 1999 Daytime Phone #: 515-288-5405

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LIFE CARE RETIREMENT COMMUNITIES, INC.

CORPORATE NUMBER: 839014

1999 ADDITIONAL OFFICER/DIRECTOR LIST

578101-90002-5

Doc # 839014

TITLE:	S	NAME:	CODER, SYDNEY J. 4505 - 73 RD STREET URBANDALE, IA 50322
TITLE:	D	NAME:	BOURNE, DONALD W. 5142 PINE TOP PLACE ORLANDO, FL 32819
TITLE:	VD	NAME:	PIERSON, ERNEST C. 112 HOMEDALE ROAD HOPKINS, MN 55343