


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90054 012 ****70.00

DOCUMENT # 839014					
1. Entity Name LIFE CARE RETIREMENT COMMUNITIES, INC.					
Principal Place of Business 100 E GRAND AVENUE SUITE 200 DES MOINES, IA 50309-1800 US			Mailing Address 100 E GRAND AVENUE SUITE 200 DES MOINES, IA 50309-1800 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 42-1068850	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KADUCE, JOHN J		NAME	Kaduce, John J.	
STREET ADDRESS	100 E. GRAND AVE., SUITE 200		STREET ADDRESS	9014 SE Hawks Nest Court	
CITY-ST-ZIP	DES MOINES, IA 50309		CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE	VCD	<input type="checkbox"/> Delete	TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER-HAUSER, ANN M		NAME	Wagner-Hauser, Ann M.	
STREET ADDRESS	4220 COUNTRY RD. 44		STREET ADDRESS	4220 Country Rd. 44	
CITY-ST-ZIP	MINNETRISTA, MN 55364		CITY-ST-ZIP	Minnetrista, MN 55364	
TITLE	CD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOREMAN, MERLIN		NAME	Foreman, Merlin J.	
STREET ADDRESS	6005 STONE POINTE COURT		STREET ADDRESS	6005 Stone Pointe Court	
CITY-ST-ZIP	JOHNSTON, IA 50131		CITY-ST-ZIP	Johnston, IA 50131	
TITLE	VT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LARRY M		NAME		
STREET ADDRESS	100 E. GRAND AVE., SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	DES MOINES, IA 50309		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CODER, SYDNEY J		NAME		
STREET ADDRESS	100 E. GRAND AVE, SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	DES MOINES, IA 50309		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, SCOTT M		NAME		
STREET ADDRESS	100 E. GRAND AVE., SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	DES MOINES, IA 50309		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Scott M. Harrison</u>			Date: <u>1/17/08</u>		Daytime Phone #: <u>575 288 5303</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

ATTACHMENT

40006865

LIFE CARE RETIREMENT COMMUNITIES, INC. # 839014

100 East Grand Avenue, Suite 200

Des Moines, IA 50309

2007-2008 OFFICER/DIRECTOR LIST

President/CEO/Director	Harrison, Scott M. 100 East Grand Avenue, Suite 200, Des Moines, IA 50309 515-288-5805 Phone 515-288-5911 Fax
Vice President/CFO/Treasurer	Smith, Larry M. 100 East Grand Avenue, Suite 200, Des Moines, IA 50309 515-288-5805 Phone 515-288-5911 Fax
Vice President/COO	Cochrane, John H. III 100 East Grand Avenue, Suite 200, Des Moines, IA 50309 515-288-5805 Phone 515-288-5911 Fax
Chairman/Director	Wagner-Hauser, Ann M. 4220 County Road 44, Minnetrista, MN 55364 952-470-4213 Phone/Fax
Vice Chairman/Director	Cook, William R. 1133 – 7 th Street, West Des Moines, IA 5265 515-224-1520 Phone 515-288-7801 Fax
Secretary	Coder, Sydney J. 100 East Grand Avenue, Suite 200, Des Moines, IA 50309 515-288-5805 Phone 515-288-5911 Fax
Asst. Treasurer/Director	Foreman, Merlin J. 6005 Stone Pointe Court, Johnston, IA 50131 515-278-1404 Phone/Fax

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2007-2008 Officer/Director List
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Director

Kaduce, John J.
9014 SE Hawks Nest Court, Hobe Sound, FL 33455
515-707-5806 Phone

Director

Bourne, Donald W.
400 Beale Street #2401, San Francisco, CA 94105
415-979-9913 Phone
415-984-1378 Fax

Director**

Dragonette, Rita M.
680 North Lake Shore Drive #422, Chicago, IL 60611
312-654-9822 Phone
312-654-8221 Fax

Director

Knapp II, William C.
4949 Westown Pkwy, Ste. 200, W. Des Moines, IA 50266
515-223-4000 Phone
515-222-5220 Fax

Director

Murdoch, David M.
3001 Iroquois Road, Wilmette, IL 60091
847-256-5390 Phone
847-256-2927 Fax

Director

Noland, James E.
21 Glen Ridge Lane, Pittsburgh, PA 15243
412-344-5023 Phone
412-279-8199 Fax

Director

Shives, Paula J.
Darden Restaurants, Inc., 5900 Lake Ellenor Drive,
Orlando, FL 32809
407-245-6566 Phone (work)
407-245-5052 Fax (work)

**Ms. Dragonette was elected to the Board effective October 1, 2007.