

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 839014

FILED
Feb 04, 2009
Secretary of State

Entity Name: LIFE CARE RETIREMENT COMMUNITIES, INC.

Current Principal Place of Business:

100 E GRAND AVENUE
SUITE 200
DES MOINES, IA 503091800 US

New Principal Place of Business:

100 E GRAND AVENUE
SUITE 200
DES MOINES, IA 503091835 US

Current Mailing Address:

100 E GRAND AVENUE
SUITE 200
DES MOINES, IA 503091800 US

New Mailing Address:

100 E GRAND AVENUE
SUITE 200
DES MOINES, IA 503091835 US

FEI Number: 42-1068850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KADUCE, JOHN J
Address: 9014 SE HAWKS NEST COURT
City-St-Zip: HOBE SOUND, FL 33455

Title: CD () Delete
Name: WAGNER-HAUSER, ANN M
Address: 4220 COUNTRY RD. 44
City-St-Zip: MOUND, MN 55364

Title: D () Delete
Name: FOREMAN, MERLIN
Address: 6005 STONE POINTE COURT
City-St-Zip: JOHNSTON, IA 50131

Title: VT () Delete
Name: SMITH, LARRY M
Address: 100 E. GRAND AVE., SUITE 200
City-St-Zip: DES MOINES, IA 50309

Title: S () Delete
Name: CODER, SYDNEY J
Address: 100 E. GRAND AVE, SUITE 200
City-St-Zip: DES MOINES, IA 50309

Title: PD () Delete
Name: HARRISON, SCOTT M
Address: 100 E. GRAND AVE., SUITE 200
City-St-Zip: DES MOINES, IA 50309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT M. HARRISON

PRES

02/04/2009

Electronic Signature of Signing Officer or Director

Date