


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91342 018 \*\*\*\*70.00

**DOCUMENT # 839014**

1. Entity Name  
**LIFE CARE RETIREMENT COMMUNITIES, INC.**



Principal Place of Business      Mailing Address

**100 E GRAND AVENUE  
SUITE 330  
DES MOINES IA 50309-1800  
US**

**1600 HUB TOWER  
699 WALNUT  
DES MOINES IA 50309**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **42-1068850**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DICKINSON, L CALL, JR</b>	
STREET ADDRESS	<b>3737 SOUTHERN HILLS DRIVE</b>	
CITY-ST-ZIP	<b>DES MOINES IA 50321</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARVER, GARLAND K</b>	
STREET ADDRESS	<b>7305 RIDGEMONT</b>	
CITY-ST-ZIP	<b>URBANDALE IA 50322</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>KADUCE, JOHN J.</b>	
STREET ADDRESS	<b>100 E GRAND AVENUE STE 330</b>	
CITY-ST-ZIP	<b>DES MOINES IA 50309</b>	
TITLE	<b>VCD</b>	<input type="checkbox"/> Delete
NAME	<b>ENYART, MIANNE</b>	
STREET ADDRESS	<b>147-34TH STREET</b>	
CITY-ST-ZIP	<b>DES MOINES IA 50312</b>	
TITLE	<b>CD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STAUFFER, WILLIAM A.</b>	
STREET ADDRESS	<b>3920 GRAND AVE., SOUTH 301</b>	
CITY-ST-ZIP	<b>DES MOINES IA 50312</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>FOREMAN, MERLIN</b>	
STREET ADDRESS	<b>6019 WEYBRIDGE</b>	
CITY-ST-ZIP	<b>JOHNSTON IA 50131</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>C/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *John J. Kaduce* **RESIGNED** Kaduce President & CEO 4/21/03 515-288-5800

CR2E037 (10/02)

*Attachment*

80094783  
839014

**Florida 2003 Uniform Business Report**

**Life Care Retirement Communities, Inc.**

Corporate Number 839014

**11. Additions/Changes to Officers and Directors in 10**

S

Coder, Sydney J.  
4505 - 73<sup>rd</sup> Street  
Urbandale, IA 50322

100 East Grand Avenue, Suite 330 Change  
Des Moines, IA 50309

D

Bourne, Donald W.  
440 Iron Hill Street  
Pleasant Hill, CA 94523-5602

D

Ernest C. Pierson  
4850 Park Glen Road  
Minneapolis, MN 55416

D

Knapp, William C. II  
5000 Westown Parkway, Suite 100  
West Des Moines, IA 50266-5921

D

Murdoch, David M.  
3001 Iroquois Road  
Wilmette, IL 60091

D

Noland, James E.  
21 Glen Ridge Lane  
Pittsburgh, PA 15243

VP

Harrison, Scott M.  
100 East Grand Avenue, Suite 330  
Des Moines, IA 50309

D

Wagner-Hauser, Ann M.  
5826 Woodland Road  
Des Moines, IA 50312

Addition

Attachment # 80094783  
839614

VP

Smith, Larry M.

100 East Grand Avenue, Suite 330

Des Moines, IA 50309.

Addition

g:flubr03corp