2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2012
Secretary of State

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Entity Name: SENIOR PARTNER CARE SERVICES, INC.

Current Principal Place of Business:

8085 SPYGLASS HILL RD
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

8085 SPYGLASS HILL RD
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 59-3675784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRAMER, DON
8085 SPYGLASS HILL RD
MELBOURNE, FL 32940 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: PRES
Name: KRAMER, DON
Address: 11020 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP
Name: KRAMER, BETH
Address: 11020 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TREA
Name: KRAMER, KELSEY
Address: 11020 S TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: SEC
Name: KRAMER, MARIS
Address: 11020 S TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DONNA CLEM MGMR 04/23/2012

Electronic Signature of Signing Officer or Director Date