

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jul 27, 2009  
Secretary of State**

DOCUMENT# P00000089627

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            ( ) Delete  
Name:            KRAMER, DON  
Address:        349 BERKELEY STREET  
City-St-Zip:    SATELLITE BEACH, FL 32937

Title:            VP              ( ) Delete  
Name:            KRAMER, BETH  
Address:        349 BERKELEY STREET  
City-St-Zip:    SATELLITE BEACH, FL 32937

Title:                            ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:                            ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title:            TREA            ( ) Change (X) Addition  
Name:            KRAMER, KELSEY  
Address:        349 BERKELEY STREET  
City-St-Zip:    SATELLITE BEACH, FL 32937

Title:            SEC              ( ) Change (X) Addition  
Name:            KRAMER, MARIS  
Address:        349 BERKELEY STREET  
City-St-Zip:    SATELLITE BEACH, FL 32937

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

SIGNATURE: PRES/DON KRAMER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MR.

07/27/2009

\_\_\_\_\_  
Date