

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000089627

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**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

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

MGMR

04/23/2012

\_\_\_\_\_ Date