

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000089627

**Entity Name:** SENIOR PARTNER CARE SERVICES, INC.

**Current Principal Place of Business:**

8085 SPYGLASS HILL RD  
MELBOURNE, FL 32940

**Current Mailing Address:**

8085 SPYGLASS HILL RD  
MELBOURNE, FL 32940

**FEI Number:** 59-3675784

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KRAMER, DON  
8085 SPYGLASS HILL RD  
MELBOURNE, FL 32940 US

*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

**Officer/Director Detail :**

Title            PRES  
Name            KRAMER, DON  
Address        11020 S. TROPICAL TRAIL  
City-State-Zip: MERRITT ISLAND FL 32952

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

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

Title            SEC  
Name            KRAMER, MARIS  
Address        11020 S TROPICAL TRAIL  
City-State-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:** DON KRAMER

**CEO**

**01/30/2023**

Electronic Signature of Signing Officer/Director Detail

Date