

2015 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

PRES

01/19/2015

Electronic Signature of Signing Officer/Director Detail

Date