

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000064219

**Entity Name:** NURTURING CARE MESSAGE, INC.

**Current Principal Place of Business:**

1601 RICKENBACKER DRIVE  
SUITE #2  
SUN CITY CENTER, FL 33573-5332

**Current Mailing Address:**

1601 RICKENBACKER DRIVE  
SUITE #2  
SUN CITY CENTER, FL 33573-5332 US

**FEI Number:** 59-3405182

**Certificate of Status Desired:** No

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

ZAK, ALLEN T  
1601 RICKENBACKER DRIVE STE 2  
SUN CITY CENTER, FL 33573-5332 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 DR  
Name ZAK, ALLEN T  
Address 1601 RICKENBACKER DRIVE STE 2  
City-State-Zip: SUN CITY CENTER FL 33573-5332

Title MRS  
Name ZAK, KRISTEN AZAK  
Address 1601 RICKENBACKER DRIVE STE 2  
City-State-Zip: SUN CITY CENTER FL 33573

*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:** ALLEN T ZAK

**OWNER**

**04/26/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date