## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000033420

Entity Name: N + Z DENTAL BILLING, CORP.

FILED Mar 10, 2009 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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10921 W OKEECHOBEE RD #201 HIALEAH GARDENS, FL 33018

Current Mailing Address: New Mailing Address:

10921 W OKEECHOBEE RD #201 HIALEAH GARDENS, FL 33018

FEI Number: 45-0592309 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CONTRERAS, NIZER

10921 W OKEECHOBEE RD #201

HIALEAH GARDENS, FL 33018 US

CONTRERAS, NIZER

10921 W OKEECHOBEE RD #201

HIALEAH GARDENS, FL 33018 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: NILZER CONTRERAS 03/10/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 CONTRERAS, NILZER
 Name:

 Address:
 10921 W OKEECHOBEE RD #201
 Address:

 City-St-Zip:
 HIALEAH GARDENS, FL 33018
 City-St-Zip:

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: NILZER CONTRERAS PD 03/10/2009