

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000034256

1. Entity Name
AGUIRRE ORTHODONTICS, P.A.



Principal Place of Business

4031 NW 43 ST
GAINESVILLE, FL 32606

Mailing Address

4031 NW 43 ST
GAINESVILLE, FL 32606-4598



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3504573

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AGUIRRE, MICHAEL J D.D.S.
4031 NW 43RD STREET
GAINESVILLE, FL 32606-4598

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution, ☐ \$5.00 May Be
Added to Fees

03/11/08-80019-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AGUIRRE, MICHAEL J D.D.S.
STREET ADDRESS	4031 NW 43RD STREET
CITY - ST - ZIP	GAINESVILLE, FL 326064598
TITLE	ST
NAME	SAPPINGTON, DEBORAH B DDS MSD
STREET ADDRESS	4031 NW 43RDST
CITY - ST - ZIP	GAINESVILLE, FL 32606
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Deborah B. Sappington *Deborah B. Sappington* 2/2/08 352-376-7846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #