

P98000034256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

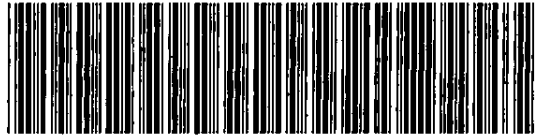
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Aguirre Orthodontics PA  
(Name of Corporation)

**DOCUMENT NUMBER:** P98000034256

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deborah B. Sappinton DDS MSD

(Name of Person)

Aguirre Orthodontics PA

(Name of Firm/Company)

4031 NW 43rd ST

(Address)

Gainesville, FL 32606-4598

(City/State and Zip Code)

For further information concerning this matter, please call:

Deborah B. Sappington DDS MSD at ( 352 ) 376-7846  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

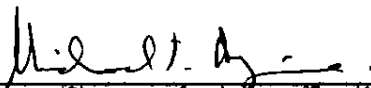
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Michael J. Aguirre, DDS, hereby resign as President  
(Title)

of Aguirre Orthodontics PA  
(Name of Corporation)

P98000034256, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314