

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000034256

FILED  
Jan 17, 2012  
Secretary of State

**Entity Name:** AGUIRRE ORTHODONTICS, P.A.

**Current Principal Place of Business:**

4031 NW 43 ST  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

4031 NW 43 ST  
GAINESVILLE, FL 326064598

**New Mailing Address:**

4031 NW 43 ST  
GAINESVILLE, FL 32606

**FEI Number:** 59-3504573

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAPPINGTON, DEBORAH B DDS MSD  
4031 NW 43RD STREET  
GAINESVILLE, FL 326064598 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: SAPPINGTON, DEBORAH B DDS MSD  
Address: 4031 NW 43RDST  
City-St-Zip: GAINESVILLE, FL 32606

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: DEBORAH B. SAPPINGTON

DR

01/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date