

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 602997 (9)

1. Corporation Name

ASSOCIATION OF OPHTHALMOLOGY, C. NORTON SIMS, M.  
D., P.A.



Principal Place of Business

39 49 EVANS AVE. SUITE 106  
FT MYERS FL 33901

Mailing Address

39 49 EVANS AVE. SUITE 106  
FT MYERS FL 33901

3. Date Incorporated or Qualified  
07/30/1971

3a. Date of Last Report  
02/01/1995

2. Principal Place of Business

21 State, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address

26 State, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

4. FEI Number  
59-1355205

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SIMS, C NORTON  
3949 EVANS AVE.  
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Corporation (to be printed) Signature of Registered Agent (to be printed) DATE

12. OFFICERS AND DIRECTORS

| 12. OFFICERS AND DIRECTORS                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                               |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| 1. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-STATE-ZIP |
| 2. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-STATE-ZIP |
| 3. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-STATE-ZIP |
| 4. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-STATE-ZIP |
| 5. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-STATE-ZIP |
| 6. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-STATE-ZIP |

14. I do hereby certify that the information supplied w. to this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *C. Norton Sims, M.D.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96

Date of Filing

CR2E034 (12/95)