

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90020 024 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 602997

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



Principal Place of Business
 9 49 EVANS AVE. SUITE 106
 FT MYERS FL 33901

Mailing Address
 39 49 EVANS AVE. SUITE 106
 FT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
9 49 EVANS AVE. SUITE 106 FT MYERS FL 33901		39 49 EVANS AVE. SUITE 106 FT MYERS FL 33901		07/30/1971	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
26		27		59-1355205	
City & State		City & State		Applied For	
28		29		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
25		30		<input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution	
SIMS, C NORTON 3949 EVANS AVE. FT MYERS FL 33901		81 Name		<input type="checkbox"/> \$5.00 May Be Added to Fees	
		82 Street Address (P.O. Box Number is Not Acceptable)		8. This corporation owes the current year Intangible Personal Property.	
		83		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		84 City		FL	
		85 Zip Code			

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: *No Changes* (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating.) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	DELETE	1.1 TITLE	Change Addition
ADDRESS		1.2 NAME	
ST-ZIP		1.3 STREET ADDRESS	
NAME	DELETE	1.4 CITY-ST-ZIP	Change Addition
ADDRESS		2.1 TITLE	
ST-ZIP		2.2 NAME	
NAME	DELETE	2.3 STREET ADDRESS	
ADDRESS		2.4 CITY-ST-ZIP	Change Addition
ST-ZIP		3.1 TITLE	
NAME	DELETE	3.2 NAME	
ADDRESS		3.3 STREET ADDRESS	
ST-ZIP		3.4 CITY-ST-ZIP	Change Addition
NAME	DELETE	4.1 TITLE	
ADDRESS		4.2 NAME	
ST-ZIP		4.3 STREET ADDRESS	
NAME	DELETE	4.4 CITY-ST-ZIP	Change Addition
ADDRESS		5.1 TITLE	
ST-ZIP		5.2 NAME	
NAME	DELETE	5.3 STREET ADDRESS	
ADDRESS		5.4 CITY-ST-ZIP	Change Addition
ST-ZIP		6.1 TITLE	
NAME	DELETE	6.2 NAME	
ADDRESS		6.3 STREET ADDRESS	
ST-ZIP		6.4 CITY-ST-ZIP	Change Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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: *Katherine Harris* (Signature, typed or printed name of signing officer or director) DATE: 6/30/99

CR2E034 (5/99)