

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 602997**

1. Entity Name  
**ASSOCIATION OF OPHTHALMOLOGY, C. NORTON  
SIMS, M.D., P.A.**



Principal Place of Business  
**39 49 EVANS AVE, SUITE 106  
FORT MYERS, FL 33901**

Mailing Address  
**39 49 EVANS AVE, SUITE 106  
FORT MYERS, FL 33901**



07122004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1355205**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

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

**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 not holding)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

000000169870  
08/12/04-80001-004 550.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
SIMS, C NORTON  
3432 W. RIVERSIDE DRIVE  
FT MYERS, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**STD  
SIMS, JUDITH S  
3432 W. RIVERSIDE DRIVE  
FT MYERS, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 exemption stated in Section 19.07(3)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/15/04 (239) 938-1345**  
Date Daytime Phone #