

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602997

**FILED**  
**Jul 21, 2005**  
**Secretary of State**

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

**Current Principal Place of Business:**

39 49 EVANS AVE, SUITE 106  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

39 49 EVANS AVE, SUITE 106  
FORT MYERS, FL 33901

**New Mailing Address:**

FEI Number: 59-1355205

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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

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: C. NORTON SIMS, M.D.

07/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SMIS,C NORTON,  
Address: 3432 W. RIVERSIDE DRIVE  
City-St-Zip: FT MYERS, FL

Title: STD ( ) Delete  
Name: SIMS,JUDITH S,  
Address: 3432 W. RIVERSIDE DRIVE  
City-St-Zip: FT MYERS, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JUDITH S SIMS, PH D

VP

07/21/2005

Electronic Signature of Signing Officer or Director

Date