

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602997

FILED
Jan 29, 2009
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. N PRES.
3949 EVANS AVE.
SUITE 106
FT MYERS, FL 33901 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

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 33901

Title: STD () Delete
Name: SIMS,JUDITH S,
Address: 3432 W. RIVERSIDE DRIVE
City-St-Zip: FT MYERS, FL 33901

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 exemption stated in Chapter 119, 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

STD

01/29/2009

Electronic Signature of Signing Officer or Director

_____ Date