

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602997

**FILED**  
**Apr 18, 2012**  
**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:**

3949 EVANS AVE  
SUITE 106  
FORT MYERS, FL 33901

**Current Mailing Address:**

39 49 EVANS AVE  
SUITE 106  
FORT MYERS, FL 33901

**New Mailing Address:**

3949 EVANS AVE  
SUITE 106  
FORT MYERS, FL 33901

**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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SMIS,C NORTON  
Address: 3432 W. RIVERSIDE DRIVE  
City-St-Zip: FT MYERS, FL 33901

I hereby 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 all other like empowered.

SIGNATURE: C.NORTON SIMS, M.D.

P

04/18/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date