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(((H240004214913)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.

Account Number : 075410002172 Phone : (239)344-1100 : (239)344-1148 Fax Number

DISSOLUTION OR WITHDRAWAL ASSOCIATION OF OPHTHALMOLOGY, C. NORTON SIMS, M.D., INC.

Certificate of Status	0
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Estimated Charge	\$43.75

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ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST;	The name of the corporation as currently filed with the Florida Department of State: ASSOCIATION OF OPHTHALMOLOGY, C. NORTON SIMS, M.D., INC.		
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized:DECEMBER 20, 2024		
	Effective date of dissolution if applicable:		
	(no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.		
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.		
S	(By a director, president or other other - if directors or other shave not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that (iduciary)		
	JUDITH S. SIMS		
	(Typed or printed name of person signing)		
	PRESIDENT		
•	(Title of person signing)		

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607,1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: ASSOCIATION OF OPHTHALMO	OLOGY, C. NORTON SIMS, M.D., INC.
The above named corporation is the subject of dissolution DECEMBER 31, 2024	on and the effective date of a dissolution is:
(date filed with the Dept. if	date specified in the Articles of Dissolution)
Description of information that must be included in a cl	aim:
• The subject matter of the claun.	
* The date that the claim came into existence.	
* The names of the people that are involved with the claim.	
*Any other material information that pertains to the claim.	
Mailing address where written claims can be sent: (Clai	ms cannot be sent to the Division of Corporations)
Wiltshire, Whitley, Richardson & English, P.A.	
5249 Summerlin Common Blvd, Suite 100	
Fort Myers, Florida 33907	
Attention: Robert G. Richardson, CPA	
A claim against the above named corporation will be ba within 4 years after the filing of this notice. JUDITH S. SIMS, PRESIDENT	rred unless a proceeding to enforce the claim is commenced
Punted Name of the Person Filing	Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00