FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:27

DOCUMENT # K51661 (2)

1. Corporation Name
NYER MEDICAL GROUP, INC.

Principal Place of Business	Mailing Address
1292 HAMMOND STREET BANGOR ME 04402-1328	1292 HAMMOND STREET BANGOR ME 04402-1328

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/10/1988
3a. Date of Last Report: 06/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip: 24 04401 Country: 25	Zip: 29 04401 Country: 30

4. FEI Number: 65-0147945 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HARRIS, MICHAEL D. 712 U.S. HIGHWAY ONE, 4TH FLOOR NORTH PALM BEACH FL 33408	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☐ Change ☐ Addition
NAME	STRIAR, DANIEL	12 NAME	ANTON, MICHAEL	
STREET ADDRESS	11 LENOX STREET	13 STREET ADDRESS	9 SCOTTOW HILL RD.	
CITY-ST-ZIP	NORWOOD MA 02062	14 CITY-ST-ZIP	SCARBOROUGH, ME 04074	
TITLE	PSD	21 TITLE	D	☐ Change ☐ Addition
NAME	NYER, SAMUEL	22 NAME	MCCABE, MEAD, SR.	
STREET ADDRESS	1292 HAMMOND STREET	23 STREET ADDRESS	12901 SW 63rd COURT	
CITY-ST-ZIP	BANGOR ME 04402	24 CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	T	31 TITLE	D	☐ Change ☐ Addition
NAME	WRIGHT, KAREN L	32 NAME	MCCABE, MEAD, JR.	
STREET ADDRESS	1292 HAMMOND STREET	33 STREET ADDRESS	12901 SW 63rd COURT	
CITY-ST-ZIP	BANGOR ME 04402	34 CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	D	41 TITLE	D	☐ Change ☐ Addition
NAME	CLIFFORD, WILLIAM J	42 NAME	DONALD LEWIS	
STREET ADDRESS	1292 HAMMOND STREET	43 STREET ADDRESS	72 CENTER ST.	
CITY-ST-ZIP	BANGOR ME 04402	44 CITY-ST-ZIP	BREWER, ME 04412	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	PARKER, HOWARD MD	52 NAME		
STREET ADDRESS	358 BROADWAY	53 STREET ADDRESS		
CITY-ST-ZIP	BANGOR ME 04401	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	NYER, KENNETH MD	62 NAME		
STREET ADDRESS	48 OLD ORCHARD ROAD	63 STREET ADDRESS		
CITY-ST-ZIP	NEW ROCHELLE NY 10804	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W.J. Clifford W. J. CLIFFORD, JR 3/21/95 2079425273
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Title — Daytime Phone #

0403024 FN