

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K51661 (2)

1. Corporation Name

NYER MEDICAL GROUP, INC.

Principal Place of Business

Mailing Address

1292 HAMMOND STREET
BANGOR ME 04401
US

1292 HAMMOND STREET
BANGOR ME 04401
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/10/1988

3a. Date of Last Report

03/27/1995

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

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	STRIAR, DANIEL	
STREET ADDRESS	11 LENOX STREET	
CITY-ST-ZIP	NORWOOD MA 02062	
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	NYER, SAMUEL	
STREET ADDRESS	1292 HAMMOND STREET	
CITY-ST-ZIP	BANGOR ME 04402	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WRIGHT, KAREN L	
STREET ADDRESS	1292 HAMMOND STREET	
CITY-ST-ZIP	BANGOR ME 04402	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLIFFORD, WILLIAM J	
STREET ADDRESS	1292 HAMMOND STREET	
CITY-ST-ZIP	BANGOR ME 04402	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARKER, HOWARD MD	
STREET ADDRESS	358 BROADWAY	
CITY-ST-ZIP	BANGOR ME 04401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NYER, KENNETH MD	
STREET ADDRESS	48 OLD ORCHARD ROAD	
CITY-ST-ZIP	NEW ROCHELLE NY 10804	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Don Lewis	
1.3 STREET ADDRESS	72 Center Street	
1.4 CITY-ST-ZIP	Brewer, ME 04412	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael Anton	
2.3 STREET ADDRESS	Haigis Highway	
2.4 CITY-ST-ZIP	Scarborough, ME 04074	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

700001834787
-05/22/96--01055--052
***200.00

5-1-96 OR

SIGNATURE:

Karen L Wright Karen L Wright

4/30/96

207-942-5273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)