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FILED  
May 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K51661

(2)

1. Corporation Name

NYER MEDICAL GROUP, INC.



Principal Place of Business

1282 HAMMOND STREET  
BANGOR ME 04401  
US

Mailing Address

1282 HAMMOND STREET  
BANGOR ME 04401-5708  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

12/10/1988

3a. Date of Last Report

05/01/1996

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

HARRIS, MICHAEL D.  
712 U.S. HIGHWAY ONE, 4TH FLOOR  
NORTH PALM BEACH FL 33408

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME LEWIS, DON  
STREET ADDRESS 72 CENTER ST.  
CITY-ST-ZIP BREWER ME 04412

TITLE D  
NAME ANTON, MICHAEL  
STREET ADDRESS HAIGIS HIGHWAY  
CITY-ST-ZIP SCARGOROUGH ME 04074

TITLE T  
NAME WRIGHT, KAREN L  
STREET ADDRESS 1292 HAMMOND STREET  
CITY-ST-ZIP BANGOR ME 04402

TITLE D  
NAME CLIFFORD, WILLIAM J  
STREET ADDRESS 1292 HAMMOND STREET  
CITY-ST-ZIP BANGOR ME 04402

TITLE D  
NAME PARKER, HOWARD MD  
STREET ADDRESS 358 BROADWAY  
CITY-ST-ZIP BANGOR ME 04401

TITLE D  
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  
1.2 NAME DUDRICK, STANLEY J. M.D.  
1.3 STREET ADDRESS 56 FRANKLIN STREET  
1.4 CITY-ST-ZIP WATERBURY, CT 06706

2.1 TITLE D  
2.2 NAME DUMOUCHEL, DAVID  
2.3 STREET ADDRESS 111 CANAL STREET  
2.4 CITY-ST-ZIP SALEM, MA 01970

3.1 TITLE D  
3.2 NAME BOATWRIGHT, DOYLE  
3.3 STREET ADDRESS 6829 NORTH 12TH STREET STE 207  
3.4 CITY-ST-ZIP PHOENIX, AZ 85014

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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

KAREN L. WRIGHT

TREASURER

4-30-97 207-942-5273

CR2E034 (9/96)