FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Jun 17 1998 8:00am
Secretary of State

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

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **12/10/1988**
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	LEWIS, DON		1.2 NAME	BOATWRIGHT, DOYLE	
STREET ADDRESS	72 CENTER ST.		1.3 STREET ADDRESS	1292 HAMMOND STREET	
CITY-ST-ZIP	BREWER ME 04412		1.4 CITY-ST-ZIP	BANGOR ME 04401	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	ANTON, MICHAEL		2.2 NAME	STANLEY DUDRICK MD	
STREET ADDRESS	HAIGIS HIGHWAY		2.3 STREET ADDRESS	1292 HAMMOND ST	
CITY-ST-ZIP	SCARGOROUGH ME 04074		2.4 CITY-ST-ZIP	BANGOR ME 04401	
TITLE	T	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	WRIGHT, KAREN L and Director		3.2 NAME	DAVID DUMOUCHEL	
STREET ADDRESS	1292 HAMMOND STREET		3.3 STREET ADDRESS	1292 HAMMOND ST	
CITY-ST-ZIP	BANGOR ME 04402		3.4 CITY-ST-ZIP	BANGOR ME 04401	
TITLE	D	☐ DELETE	4.1 TITLE	P	☐ Change ☒ Addition
NAME	CLIFFORD, WILLIAM J		4.2 NAME	SAM NYER	
STREET ADDRESS	1292 HAMMOND STREET		4.3 STREET ADDRESS	1292 HAMMOND ST	
CITY-ST-ZIP	BANGOR ME 04402		4.4 CITY-ST-ZIP	BANGOR ME 04401	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PARKER, HOWARD MD		5.2 NAME		
STREET ADDRESS	358 BROADWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	BANGOR ME 04401		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	NYER, KENNETH MD		6.2 NAME		
STREET ADDRESS	48 OLD ORCHARD ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW ROCHELLE NY 10804		6.4 CITY-ST-ZIP		

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14. I 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.

6-12-98