

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K51661

1. Entity Name

NYER MEDICAL GROUP, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90099 014 ***150.00

Principal Place of Business

Mailing Address

1292 HAMMOND STREET
BANGOR ME 04401
US

1292 HAMMOND STREET
BANGOR ME 04401-5708
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0147945

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
NAME DJM OUCHEL, DAVID
STREET ADDRESS 1292 HAMMOND ST
CITY-ST-ZIP BANGOR ME 04401

TITLE ☐ Delete
NAME D
STREET ADDRESS BOATWRIGHT, DOYLE
CITY-ST-ZIP 1292 HAMMOND ST
BANGOR ME 04401

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS DUDRICK, STANLEY MD
CITY-ST-ZIP 1292 HAMMOND ST
BANGOR, ME 04401

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

TITLE ☐ Change ☒ Addition
NAME P
STREET ADDRESS NYER, SAMUEL
CITY-ST-ZIP 1292 HAMMOND ST
BANGOR, ME 04401

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME D
STREET ADDRESS DUDROCK, STANLEY MD
CITY-ST-ZIP 1292 HAMMOND ST
BANGOR ME 04401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS NYER, KENNETH MD
CITY-ST-ZIP 48 OLD ORCHARD ROAD
NEW ROCHELLE NY 10804

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAREN L. WRIGHT

2-24-00

Date

207 942 5273

Daytime Phone #

CR2E034 (9/99)