

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K51661

FILED
Apr 04, 2005
Secretary of State

Entity Name: NYER MEDICAL GROUP, INC.

Current Principal Place of Business:

1292 HAMMOND STREET
BANGOR, ME 04401 US

New Principal Place of Business:

Current Mailing Address:

1292 HAMMOND STREET
BANGOR, ME 04401 US

New Mailing Address:

FEI Number: 65-0147945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, MICHAEL D.
1645 PALM BEACH LAKES BLVD.
SUITE 550
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEWIS, DON
Address: 72 CENTER ST.
City-St-Zip: BREWER, ME 04412

Title: D () Delete
Name: NYER, SAMUEL
Address: 1292 HAMMOND STREET
City-St-Zip: BANGOR, ME 04401

Title: T () Delete
Name: WRIGHT, KAREN L
Address: 1292 HAMMOND STREET
City-St-Zip: BANGOR, ME 04402

Title: D () Delete
Name: DUMOUCHEL, MARK
Address: 1292 HAMMOND STREET
City-St-Zip: BANGOR, ME 04402

Title: D () Delete
Name: PRINCE, RANDY
Address: 1292 HAMMOND ST
City-St-Zip: BANGOR, ME 04401

Title: D () Delete
Name: NYER, KENNETH MD
Address: 48 OLD ORCHARD ROAD
City-St-Zip: NEW ROCHELLE, NY 10804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T,D (X) Change () Addition
Name: WRIGHT, KAREN L
Address: 1292 HAMMOND STREET
City-St-Zip: BANGOR, ME 04402

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SCHWEIGER, JAMES J
Address: 1292 HAMMOND ST
City-St-Zip: BANGOR, ME 04401

Title: D (X) Change () Addition
Name: NYER, KENNETH MD
Address: 1610 WILLIAMSBRIDGE ROAD
City-St-Zip: BRONX, NY 10461

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN L. WRIGHT

T,D

04/04/2005

Electronic Signature of Signing Officer or Director

Date