2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K51661

Entity Name: NYER MEDICAL GROUP, INC

FILED Mar 24, 2006 Secretary of State

Littly Nan	IC. NIER WEDICAL GROOF, INC.	
Current Pr	incipal Place of Business:	New Principal Place of Business:
1292 HAMN BANGOR, I	MOND STREET ME 04401 US	
Current Ma	niling Address:	New Mailing Address:
1292 HAMN BANGOR, I	MOND STREET ME 04401 US	
FEI Number:	FEI Number Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
SUITE 550	ICHAEL D. BEACH LAKES BLVD. M BEACH, FL 33401 US	
The above in the State		e purpose of changing its registered office or registered agent, or both,
SIGNATUR	E:	
	Electronic Signature of Registered	Agent Date
Election Cam	paign Financing Trust Fund Contribution ().	
OFFICERS	AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	D () Delete LEWIS, DON 72 CENTER ST. BREWER, ME 04412	Title: P (X) Change () Addition Name: WRIGHT, KAREN L Address: 1292 HAMMOND STREET City-St-Zip: BANGOR, ME 04401
Title: Name: Address: City-St-Zip:	D () Delete NYER, SAMUEL 1292 HAMMOND STREET BANGOR, ME 04401	Title: D (X) Change () Addition Name: LANDIS, ROBERT Address: 1292 HAMMOND STREET City-St-Zip: BANGOR, ME 04401
Title: Name: Address: City-St-Zip:	T,D () Delete WRIGHT, KAREN L 1292 HAMMOND STREET BANGOR, ME 04402	Title: D (X) Change () Addition Name: LEWIS, DON L Address: 72 CENTER STREET City-St-Zip: BREWER, ME 04412
Title: Name: Address: City-St-Zip:	D () Delete DUMOUCHEL, MARK 1292 HAMMOND STREET BANGOR, ME 04402	Title: D (X) Change () Addition Name: SCHWEIGER, JAMES Address: 1292 HAMMOND STREET City-St-Zip: BANGOR, ME 04402
Title: Name: Address: City-St-Zip:	D () Delete SCHWEIGER, JAMES J 1292 HAMMOND ST BANGOR, ME 04401	Title: D (X) Change () Addition Name: WESTON, GERALD Address: 1292 HAMMOND ST City-St-Zip: BANGOR, ME 04401
Title: Name: Address: City-St-Zip:	D () Delete NYER, KENNETH MD 1610 WILLIAMSBRIDGE ROAD BRONX NY 10461	Title: () Change () Addition Name: Address: City-St-7ip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 P 03/24/2006