

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K51661

FILED  
Mar 07, 2008  
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:

SCHWEIGER, JAMES J  
1843 MORNING SKY DRIVE  
WINTER GARDEN, FL 34787 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: PTD ( ) Delete  
Name: WRIGHT, KAREN L  
Address: 1292 HAMMOND STREET  
City-St-Zip: BANGOR, ME 04401

Title: D ( ) Delete  
Name: LANDIS, ROBERT J  
Address: 1292 HAMMOND STREET  
City-St-Zip: BANGOR, ME 04401

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

Title: D ( ) Delete  
Name: SCHWEIGER, JAMES J  
Address: 1843 MORNING SKY DRIVE  
City-St-Zip: WINTER GARDEN, FL 34787

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

PTD

03/07/2008

Electronic Signature of Signing Officer or Director

Date