

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K51661

FILED  
Mar 29, 2010  
Secretary of State

**Entity Name:** NYER MEDICAL GROUP, INC.

**Current Principal Place of Business:**

13 WATER STREET  
HOLLISTON, MA 01746 US

**New Principal Place of Business:**

**Current Mailing Address:**

13 WATER STREET  
HOLLISTON, MA 01746 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  
Name: DUMOUCHEL, MARK A  
Address: 13 WATER STREET  
City-St-Zip: HOLLISTON, MA 01746

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

Title: D  
Name: DUMOUCHEL, DAVID P  
Address: 13 WATER STREET  
City-St-Zip: HOLLISTON, MA 01746

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** MARK DUMOUCHEL

PRES

03/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date