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FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766176 (2)
1. Corporation Name
IRISH AMERICAN ORTHOPAEDIC SOCIETY, INC.



Principal Place of Business % BERNARD C. O'NEILL, JR. 200 E. ROBINSON, STE 865 ORLANDO FL 32801	Mailing Address % BERNARD C. O'NEILL, JR. 200 E. ROBINSON, STE 865 ORLANDO FL 32801-1985
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3. Date Incorporated or Qualified 12/16/1982	3a. Date of Last Report 12/18/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-2253980	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**O'NEILL, BERNARD C., JR.
200 E ROBINSON ST.
SUITE 865
ORLANDO FL 32801**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	SWEENEY, HOWARD J
STREET ADDRESS	2500 RIDGE AVE.
CITY-ST-ZIP	EVANSTON IL
TITLE	PD <input type="checkbox"/> DELETE
NAME	MCLAUGHLIN, ROBERT G
STREET ADDRESS	% UNIV. OF VIRGINIA, 1728 OLD FORGE RD.
CITY-ST-ZIP	CHARLOTTESVILLE VA 22901
TITLE	D <input type="checkbox"/> DELETE
NAME	O'NEILL, JR., BERNARD C
STREET ADDRESS	200 E ROBINSON ST., SUITE 865
CITY-ST-ZIP	ORLANDO FL 32801
TITLE	ST <input type="checkbox"/> DELETE
NAME	CAROLAN, PATRICK J
STREET ADDRESS	3909 MAIN ST.
CITY-ST-ZIP	BRIDGEPORT CT
TITLE	D <input type="checkbox"/> DELETE
NAME	FLYNN, JOSEPH C
STREET ADDRESS	100 W. GORE ST. #403
CITY-ST-ZIP	ORLANDO FL 32806
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bernard C. O'Neill, Jr.* **Bernard C. O'Neill, Jr.** 425/97
407-425-2751

CR2E037 (9/96)