

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>% BERNARD C. O'NEILL, JR.</b> <b>200 E. ROBINSON, STE 865</b> <b>ORLANDO FL 32801</b>	Mailing Address <b>% BERNARD C. O'NEILL, JR.</b> <b>200 E. ROBINSON, STE 865</b> <b>ORLANDO FL 32801</b>
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3. Date Incorporated or Qualified <b>12/16/1982</b>	Applied For <input type="checkbox"/>
4. FEI Number <b>59-2253980</b>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>28</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SWEENEY, HOWARD J</b>	1.2 NAME	
STREET ADDRESS	<b>2500 RIDGE AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EVANSTON IL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCLAUGHLIN, ROBERT G</b>	2.2 NAME	
STREET ADDRESS	<b>% UNIV. OF VIRGINIA, 1726 OLD FORGE RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHARLOTTESVILLE VA 22901</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'NEILL, JR., BERNARD C</b>	3.2 NAME	
STREET ADDRESS	<b>200 E ROBINSON ST., SUITE 865</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	3.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAROLAN, PATRICK J</b>	4.2 NAME	
STREET ADDRESS	<b>3909 MAIN ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRIDGEPORT CT</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLYNN, JOSEPH C</b>	5.2 NAME	
STREET ADDRESS	<b>100 W. GORE ST. #403</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.** **2/27/98** **407-425-3751**

CR2E037 (10/97)