

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90042 043 ****61.25

0016342

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766176

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/16/1982

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2253980

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'NEILL, BERNARD C., JR.
200 E ROBINSON ST.
SUITE 865
ORLANDO FL 32801

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 D DELETE
NAME SWEENEY, HOWARD J
STREET ADDRESS 2500 RIDGE AVE.
CITY-ST-ZIP EVANSTON IL

1.1 TITLE Change Addition
1.2 NAME Pres.
1.3 STREET ADDRESS Leo F. Quinn
1.4 CITY-ST-ZIP 903 Meadows Road
Boca Raton, FL 33486

TITLE ~~D~~ DELETE
NAME MCLAUGHLIN, ROBERT G
STREET ADDRESS % UNIV. OF VIRGINIA, 1726 OLD FORGE RD.
CITY-ST-ZIP CHARLOTTESVILLE VA 22901

2.1 TITLE Change Addition
2.2 NAME S/T
2.3 STREET ADDRESS Robert J. Kane
2.4 CITY-ST-ZIP 55 Crine Rd.
Colts Neck, NJ 07722

TITLE D DELETE
NAME O'NEILL, JR., BERNARD C
STREET ADDRESS 200 E ROBINSON ST., SUITE 865
CITY-ST-ZIP ORLANDO FL 32801

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ST DELETE
NAME CAROLAN, PATRICK J
STREET ADDRESS 3909 MAIN ST.
CITY-ST-ZIP BRIDGEPORT CT

4.1 TITLE VP Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME FLYNN, JOSEPH C
STREET ADDRESS 100 W. GORE ST. #403
CITY-ST-ZIP ORLANDO FL 32806

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

B. SWEENEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99

(407) 425-2751

Date

Daytime Phone #

CR2E037 (1/98)