

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90371 044 ****61.25

2/21/2001

DOCUMENT # 766176

1. Entity Name

IRISH AMERICAN ORTHOPAEDIC SOCIETY, INC.

Principal Place of Business

Mailing Address

~~% BERNARD C. O'NEILL, JR.~~
~~200 E. ROBINSON, STE 865~~
~~ORLANDO FL 32801~~

% BERNARD C. O'NEILL, JR.
 200 E. ROBINSON, STE 865
 ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

2699 Lee Road
 Suite, Apt. #, etc.
Suite 320

P. O. Box 608557
 Suite, Apt. #, etc.

City & State
~~Winter Park, FL 32789~~

City & State
Orlando, FL

Zip Country
32789 USA

Zip Country
32860-8557 USA

4. FEI Number
59-2253980

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Bernard C. O'Neill
 Street Address (P.O. Box Number is Not Acceptable)
2699 Lee Road
Suite 320
 City
Winter Park FL Zip Code
32789

8. 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 **Bernard C. O'Neill**

Bernard C. O'Neill

3-28-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PP	<input type="checkbox"/> Delete
NAME	QUINN, LEO F	
STREET ADDRESS	903 MEADOWS RD.	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCLAUGHLIN, ROBERT G	
STREET ADDRESS	% UNIV. OF VIRGINIA, 1726 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	P	<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	ST	<input type="checkbox"/> Delete
NAME	KANE, ROBERT J	
STREET ADDRESS	55 CRINE RD.	
CITY-ST-ZIP	COLTS NECK NJ 07722	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert J. Kane MD

ROBERT J. KANE

9 Apr. 2001

732-946-2625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)