

**2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766176

**FILED**  
**Jan 15, 2012**  
**Secretary of State**

**Entity Name:** IRISH AMERICAN ORTHOPAEDIC SOCIETY, INC.

**Current Principal Place of Business:**

5809 YORK ROAD  
RICHMOND, VA 23226

**New Principal Place of Business:**

**Current Mailing Address:**

5809 YORK ROAD  
RICHMOND, VA 23226

**New Mailing Address:**

**FEI Number:** 59-2253980      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GIACHINO, FERNANDO M  
17 MARTIN L. KING JR. BLVD.  
#200  
STUART, FL 34994 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KNIGHT, JOHN M.D.  
Address: 407 TRIOMPHE COURT  
City-St-Zip: DANVILLE, CA 94506

Title: ST  
Name: MCDEVITT, EDWARD R M.D.  
Address: 1300 RITCHIE HWY, SUITE A  
City-St-Zip: ARNOLD, MD 21012

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN M. KNIGHT

P

01/15/2012

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

\_\_\_\_\_  
Date