

F20000002850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

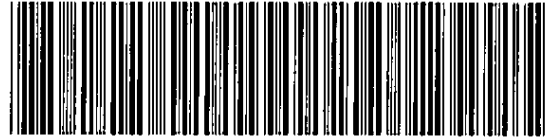
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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M. SOLOMON



COGENCYGLOBAL®

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 06/24/2020

Name: Merritt Walker

Reference #: 1235008

Entity Name: AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS CORPORATION

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$70

Signature: *MW*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Melissa Young

Name of Person

American Academy of Orthopaedic Surgeons

Firm/Company

9400 W. HIGGINS RD.

Address

ROSEMONT, IL 60018

City/State and Zip Code

Young@aaos.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:

1. AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)  
AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS CORPORATION  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. IL 3. 362110592  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/20/1948 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)
6. UPON QUALIFICATION  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 9400 W. HIGGINS RD., ROSEMONT, IL 60018  
(Principal office street address)  
\_\_\_\_\_  
(Current mailing address, if different)
8. MEDICAL ASSOCIATION PROVIDING EDUCATION FOR ORTHOPAEDIC SURGEONS  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)  
Name: COGENCY GLOBAL INC.  
Office Address: 115 North Calhoun Street, Suite 4  
Tallahassee, Florida 32301  
(City) (Zip Code)
10. **Registered agent's acceptance:**  
*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Merritt Walker, Asst. Secretary  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

☐ Chairman Name: Joseph A. Bosco, III, MD  
☐ Vice Chairman Address: 9400 W Higgins Rd.  
☐ Director Rosemont, IL 60018  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Daniel K. Guy, MD  
☐ Vice Chairman Address: 9400 W Higgins Rd.  
☐ Director Rosemont, IL 60018  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other: 1st Vice President ☐ Other: \_\_\_\_\_

☐ Chairman Name: Felix H. Savoie, III, MD  
☐ Vice Chairman Address: 9400 W Higgins Rd.  
☐ Director Rosemont, IL 60018  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other: 2nd Vice President ☐ Other: \_\_\_\_\_

☐ Chairman Name: Alan S. Hilibrand, MD, MBA  
☐ Vice Chairman Address: 9400 W Higgins Rd.  
☐ Director Rosemont, IL 60018  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Thomas E. Arend, Jr., Esq., CAE  
☐ Vice Chairman Address: 9400 W Higgins Rd.  
☐ Director Rosemont, IL 60018  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☒ Other: CEO

☐ Chairman Name: Dino Damalas  
☐ Vice Chairman Address: 9400 W Higgins Rd.  
☐ Director Rosemont, IL 60018  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☒ Other: COO

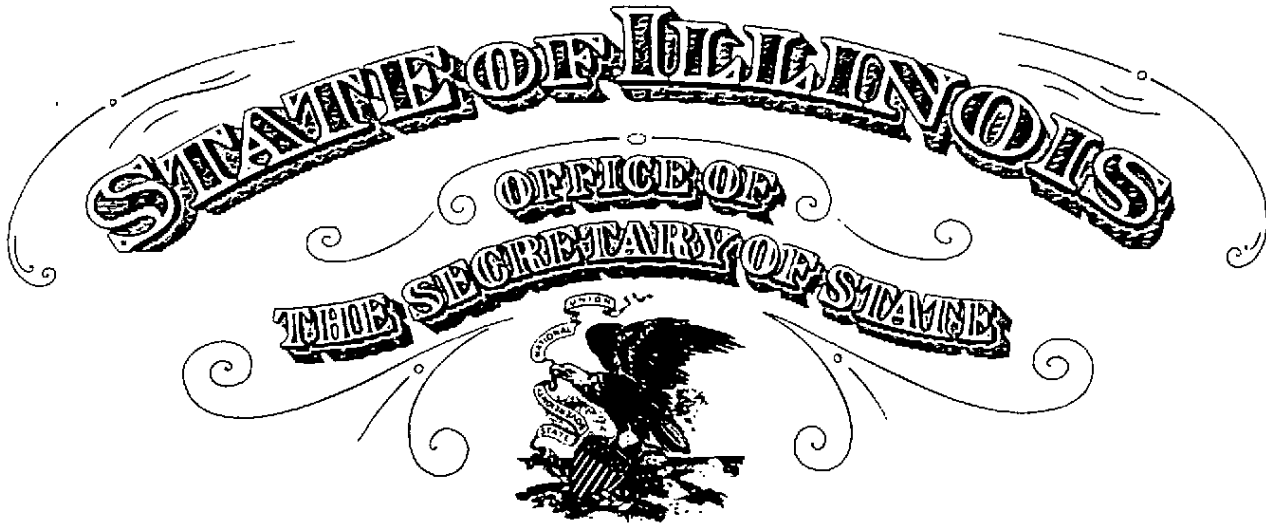
**NOTE: Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. Thomas E. Arend, Jr.  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Thomas E. Arend, Jr., Esq., CAE  
(Typed or printed name and capacity of person signing application)

File Number

3037-075-9



***To all to whom these Presents Shall Come, Greeting:***

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 20, 1948. APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE. IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 24TH  
day of JUNE A.D. 2020 .***

*Jesse White*

SECRETARY OF STATE