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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006550

1. Corporation Name

SALVADORAN AMERICAN MEDICAL SOCIETY, INC.

Principal Place of Business

9509 S DIXIE HWY #218
MIAMI FL 33156

Mailing Address

9509 S DIXIE HWY #218
MIAMI FL 33156



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/16/1996 4. FEI Number 95-4419511 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

ALVAREZ, CARLOS E MD
3661 S MIAMI AVE #1006
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVILES, ARTURO E MD	1.2 NAME	RICARDO AGUIRRE
STREET ADDRESS	221 W COLORADO AVE	1.3 STREET ADDRESS	5565 W. LAS POSITAS BLVD. Ste 230
CITY-ST-ZIP	DALLAS TX 75208	1.4 CITY-ST-ZIP	PLEASANTON, CA 94588
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUIDO, ERNESTO M	2.2 NAME	DENNIS K. ALFARO
STREET ADDRESS	3006 S ALAMEDA	2.3 STREET ADDRESS	244 VIEWPOINT DR.
CITY-ST-ZIP	CORPUS CHRISTI TX 78404	2.4 CITY-ST-ZIP	DANVILLE, CA 94506
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, CARLOS E DR	3.2 NAME	
STREET ADDRESS	3661 S MIAMI AVE #1006	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONTRERAS, FRANCISCO M	4.2 NAME	
STREET ADDRESS	16420 SW 74TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUIRRE, RICARDO M	5.2 NAME	ANTONIO MANCIA
STREET ADDRESS	5565 W LAS POSITAS BLVD, #230	5.3 STREET ADDRESS	21135 Nashville St.
CITY-ST-ZIP	PLEASANTON CA 94588	5.4 CITY-ST-ZIP	CHATSWORTH, CA 91311
TITLE		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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CEA W... 305-854-2432

0032555

CR2E037 (11/98)