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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 # N32389

1. Corporation Name

A.M.H.E. SOUTH FLORIDA CHAPTER, INC.

Principal Place of Business

%JOEL H. POLIARD, M.D.
5062 N.E. 2ND AVE.
MIAMI FL 33137

Mailing Address

%JOEL H. POLIARD, M.D.
5062 N.E. 2ND AVE.
MIAMI FL 33137



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 05/18/1989 4. FEI Number 65-0121462 5. Certificate of Status Desired <input checked="" 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

POLIARD, JOEL H M.D.
5062 N.E. 2ND AVENUE
MIAMI FL 33137

10. Name and Address of New Registered Agent

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	GA GASTON, PIERRE A 8051 N.E. 2ND AVENUE MIAMI FL	1.1 TITLE	PRESIDENT (P)
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	P CADET, PIERRE P 702 W ATLANTIC AVE. DELRAY BEACH FL	2.1 TITLE	GISLAINE M. MARCELIN
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	5327 N. STATE ROAD 7
CITY-ST-ZIP		2.4 CITY-ST-ZIP	TAMARAC, FL 33319
TITLE	VD ROBIN, ERMANE 320 N.W. 185TH TERR. MIAMI FL	3.1 TITLE	OK
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD MICHAEL, JEAN LUC 13104 S.W. 25TH PLACE DAVIE FL	4.1 TITLE	OK
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD JOSEPH, MARC Y 19100 NW 10TH AVE. MIAMI FL	5.1 TITLE	VICE-DEPUTY (V)
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	TD POLIARD, JOEL H 5062 NE 2ND AVE MIAMI FL	6.1 TITLE	
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 2 or Block 13 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 305-71-1105
Date Daytime Phone #

CR2E037 (11/98)