

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32389

1. Entity Name
A.M.H.E. SOUTH FLORIDA CHAPTER, INC.

Principal Place of Business
JOEL H. POLIARD, M.D. **YVES JODESTY**
5000 N.E. 2ND AVE.
MIAMI FL 33167

Mailing Address
JOEL H. POLIARD, M.D. **YVES JODESTY**
5000 N.E. 2ND AVE.
MIAMI FL 33137

2. Principal Place of Business
1040 NW 10TH AVE
Suite, Apt. #, etc.

3. Mailing Address
1040 NW 10TH AVE
Suite, Apt. #, etc.

City & State
FORT-LAUDERDALE, FL City & State
FORT-LAUDERDALE, FL

Zip **33311** Country **USA** Zip **33311** Country

4. FEI Number **65-0121462** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

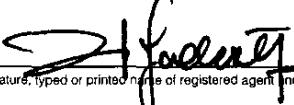
6. Name and Address of Current Registered Agent

POLIARD, JOEL H. M.D. **YVES JODESTY**
5000 N.E. 2ND AVE
MIAMI FL 33167
1040 NW 10TH AVE
FORT-LAUDERDALE
FLORIDA 33311

7. Name and Address of New Registered Agent

Name **YVES JODESTY**
Street Address (P.O. Box Number is Not Acceptable)
1040 N.W. 10TH AVE
City **FORT-LAUDERDALE** FL Zip Code **33311**

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 

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

(NOTE: Registered Agent signature required when reinstating)

DATE **6/6/01**

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 NAME STREET ADDRESS CITY-ST-ZIP	P GASTON, PIERRE A 8051 N.E. 2ND AVENUE MIAMI FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition YVES JODESTY 1040 N.W. 10TH AVE FORT-LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARCELIN, GISELAINE M 5327 N STATE ROAD 7 TAMARAC FL 33349	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JEAN CLAUDE DUBOIS 601 EAST SAMPLE ROAD SUITE 110 POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBIN, ERMANE 320 N.W. 185TH TERR. MIAMI FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition JOSEPH MARC 19100 NW 10TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MICHAEL, JEAN-LUC 13104 S.W. 25TH PLACE DAVIE FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition LUCIEN ARMAND 4100 S. HOSPITAL DRIVE # 108 PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOSEPH, MARC Y 19100 NW 10TH AVE. MIAMI FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition LHERISSON DOMOND 5224 NW 37TH AVE FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POLIARD, JOEL H 5062 NE 2ND AVE MIAMI FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/01 954-728-9200