

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32389

1. Entity Name

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

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90005 035 ****70.00

Principal Place of Business

JOEL H. POLIARD, M.D.
5000 N.E. 2ND AVE.
MIAMI FL 33137

Mailing Address

JOEL H. POLIARD, M.D.
5000 N.E. 2ND AVE.
MIAMI FL 33137

YVES JODESTY

YVES JODESTY

A0074166

2. Principal Place of Business

1040 N.W. 10TH AVE

Suite, Apt. #, etc.

3. Mailing Address

1040 NW 10TH AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

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

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POLIARD, JOEL H.M.D.
5000 N.E. 2ND AVE
MIAMI FL 33137

YVES JODESTY
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]

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GASTON, PIERRE A	
STREET ADDRESS	8051 N.E. 2ND AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MARCELIN, GISLAINE M	
STREET ADDRESS	5327 N STATE ROAD 7	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROBIN, ERMANE	
STREET ADDRESS	320 N.W. 185TH TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MICHAEL, JEAN LUC	
STREET ADDRESS	13104 S.W. 25TH PLACE	
CITY-ST-ZIP	DAVIE FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JOSEPH, MARC Y	
STREET ADDRESS	19100 NW 10TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	POLIARD, JOEL H	
STREET ADDRESS	5062 NE 2ND AVE	
CITY-ST-ZIP	MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YVES JODESTY	
STREET ADDRESS	1040 N.W. 10TH AVE	
CITY-ST-ZIP	FORT-LAUDERDALE, FL 33311	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN CLAUDE DUBOIS	
STREET ADDRESS	601 EAST SAMPLE ROAD SUITE 110	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH MARC	
STREET ADDRESS	19100 NW 10TH AVE	
CITY-ST-ZIP	MIAMI, FL	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCIEN ARMAND	
STREET ADDRESS	4100 S. HOSPITAL DRIVE # 108	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LHERISSON DOMOND	
STREET ADDRESS	5224 NW 37th AVE	
CITY-ST-ZIP	FT LAUDERDALE, FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED

6/6/01

954-728-9200

CR2E037 (10/00)