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FILED
Jan 27, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

01-27-1999 90034 034 *****61.25

DOCUMENT # N31746

1. Corporation Name

HIPPOCRATES HEALTH INSTITUTE OF FLORIDA, INC.

Principal Place of Business

1443 PALMDALE CT
 WEST PALM BEACH FL 33411
 US

Mailing Address

1443 PALMDALE CT
 WEST PALM BEACH FL 33411
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country 29 30

3. Date Incorporated or Qualified

04/17/1989

4. FEI Number

65-0125982

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CLEMENT, BRIAN
126 BEVERLY ROAD
WEST PALM BEACH FL 33405

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 X

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

(NOTE: Registered Agent signature required when reinstating)

DATE

BRIAN CLEMENT 1-12-99
PRESIDENT

12. OFFICERS AND DIRECTORS

TITLE PSD DELETE
 NAME CLEMENT, BRIAN
 STREET ADDRESS 126 BEVERLY RD.
 CITY-ST-ZIP W. PALM BEACH FL

TITLE VD DELETE
 NAME GAHNS, ANNA MARIA
 STREET ADDRESS 126 BEVERLY RD
 CITY-ST-ZIP WEST PALM BEACH FL

TITLE D DELETE
 NAME LLEWELLYN, VALDA
 STREET ADDRESS 160 LEOPOLD ST.
 CITY-ST-ZIP NEDLANDS, W. AUSTRAL.

TITLE D DELETE
 NAME CLEMENT, ROBERT J.
 STREET ADDRESS 183 AINTREE ROAD
 CITY-ST-ZIP TAMPA FL

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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 149.07(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: X

SIGNATURE REQUIRED **BRIAN CLEMENT** 1-12-99

Date

561-471-8876
 Daytime Phone #

CR2E037 (1/98)