

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 16, 2000 8:00 am**  
**Secretary of State**

06-16-2000 90293 008 \*\*\*\*61.25

**DOCUMENT # N31746**

1. Entity Name

**HIPPOCRATES HEALTH INSTITUTE OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

1443 PALMDALE CT  
 WEST PALM BEACH FL 33411  
 US

1443 PALMDALE CT  
 WEST PALM BEACH FL 33411-3319  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0125982**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLEMENT, BRIAN**  
**126 BEVERLY ROAD**  
**WEST PALM BEACH FL 33405**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**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          | PSD                  | <input type="checkbox"/> Delete            |
| NAME           | CLEMENT, BRIAN       |  |
| STREET ADDRESS | 126 BEVERLY RD.      |  |
| CITY-ST-ZIP    | W. PALM BEACH FL     |  |
| TITLE          | VD                   | <input type="checkbox"/> Delete            |
| NAME           | GAHNS, ANNA MARIA    |  |
| STREET ADDRESS | 126 BEVERLY RD       |  |
| CITY-ST-ZIP    | WEST PALM BEACH FL   |  |
| TITLE          | D                    | <input checked="" type="checkbox"/> Delete |
| NAME           | LLEWELLYN, VALDA     |  |
| STREET ADDRESS | 160 LEOPOLD ST.      |  |
| CITY-ST-ZIP    | NEDLANDS.W. AUSTRAL. |  |
| TITLE          | D                    | <input type="checkbox"/> Delete            |
| NAME           | CLEMENT, ROBERT J.   |  |
| STREET ADDRESS | 183 AINTREE ROAD     |  |
| CITY-ST-ZIP    | TAMPA FL             |  |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| 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: BRIAN CLEMENT**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-9-00 SH 4718876  
 Date Daytime Phone #

CR2E037 (9/99)