

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31746

1. Entity Name

HIPPOCRATES HEALTH INSTITUTE OF FLORIDA, INC.

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

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

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 ☐ Delete  
NAME CLEMENT, BRIAN  
STREET ADDRESS 126 BEVERLY RD.  
CITY-ST-ZIP W. PALM BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)