2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008 8:00 am
Secretary of State
02-05-2008 90009 011 ****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 US

01142008 No Chg-NP CR2E037 (4/06)

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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

CLEMENT, BRIAN
30 DUKE DRIVE
WEST PALM BEACH, FL 33460

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	CLEMENT, BRIAN
STREET ADDRESS	30 DUKE DRIVE
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	VD
NAME	GAHNS, ANNA MARIA
STREET ADDRESS	30 DUKE DRIVE
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	D
NAME	CLEMENT, ROBERT J.
STREET ADDRESS	183 AINTREE ROAD
CITY-ST-ZIP	TAMPA, FL
TITLE	Director
NAME	Eve Rose
STREET ADDRESS	4900 N. 31 ST. Court
CITY-ST-ZIP	Hollywood, FL 33021
TITLE	Director
NAME	Sol Gabbay
STREET ADDRESS	12825 Via Nieve
CITY-ST-ZIP	SAN DIEGO, CA. 92130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: M Dobbs Accountant 1/28/08 5614718876 X129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #