

N31746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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WEST PALM BEACH, FLORIDA 33401-4343
TELEPHONE: (561) 832-5900
FACSIMILE: (561) 833-4209

April 10, 2014

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Hippocrates Health Institute, Inc. / Document No.: N31746
Statement of Change of Registered Office or Registered Agent or Both for Corporations

To Whom it May Concern:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations, along with our firms check in the amount of \$35.00, which represents payment for filing the Statement.

Should you have any questions or need any further information, please do not hesitate to contact me at your convenience.

Sincerely,



Linda McGowen, secretary to
Jeffrey M. Garber

/lm
Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hippocrates Health Institute, Inc.
Name of Corporation

DOCUMENT NUMBER: N31746

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alan J. Ciklin, Esq.

Name of Contact Person

Ciklin Lubitz Martens & O'Connell

Firm/Company

515 North Flagler Drive, 20th Floor

Address

West Palm Beach, Florida 33401

City/State and Zip Code

ACiklin@ciklinlubitz.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan J. Ciklin

at (561) 832-5900

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Hippocrates Health Institute, Inc.
2. The principal office address: 1466 Hippocrates Way, West Palm Beach, Florida 33411
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/17/1989 Document number: N31746

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Brian Clement

30 Duke Drive

West Palm Beach, Florida 33460

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Alan J. Ciklin, Esq.

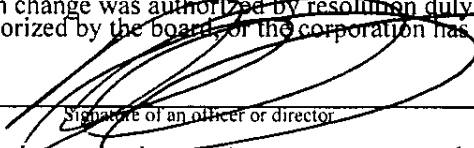
Ciklin Lubitz Martens & O'Connell

P.O. Box NOT acceptable

515 No. Flagler Dr., 20th Floor, West Palm Beach, Florida 33401

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board of the corporation has been notified in writing of the change.

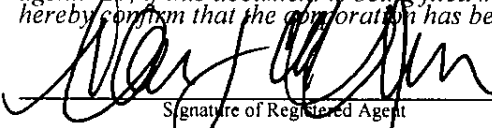


Signature of an officer or director

Brian Clement CEO

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

Date

If signing on behalf of an entity:

Alan J. Ciklin

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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