

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N31746

**Entity Name:** HIPPOCRATES HEALTH INSTITUTE OF FLORIDA, INC.

**Current Principal Place of Business:**

1443 PALMDALE CT  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

1443 PALMDALE CT  
WEST PALM BEACH, FL 33411 US

**FEI Number:** 65-0125982

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PSD  
Name CLEMENT, BRIAN  
Address 30 DUKE DRIVE  
City-State-Zip: LAKE WORTH FL 33460

Title VD  
Name GAHNS CLEMENT, ANNA MARIA  
Address 30 DUKE DRIVE  
City-State-Zip: LAKE WORTH FL 33460

Title D  
Name CLEMENT, ROBERT  
Address 18024 PINNACLE COURT  
City-State-Zip: TAMPA FL 33647

Title D  
Name GABBAY, SOLOMON  
Address 12825 VIA NUEVO  
City-State-Zip: SAN DIEGO CA 92130

Title D  
Name LOGGINS, JULIA  
Address 1100 CALLE MALAGA  
City-State-Zip: SANTA BARBARA CA 93109

Title D  
Name GABAY, SHULA  
Address 12825 VIA NUEVO  
City-State-Zip: SAN DIEGO CA 92130

Title D  
Name RIEL, MICHELE  
Address 1443 PALMDALE COURT  
City-State-Zip: WEST PALM BEACH FL 33411

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRIAN CLEMENT

PSD

02/19/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date