

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31746

FILED
Mar 13, 2018
Secretary of State
CC4150360576

Entity Name: HIPPOCRATES HEALTH INSTITUTE, INC.

Current Principal Place of Business:

1466 HIPPOCRATES WAY
WEST PALM BEACH, FL 33411

Current Mailing Address:

1466 HIPPOCRATES WAY
WEST PALM BEACH, FL 33411 US

FEI Number: 65-0125982

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CIKLIN, ALAN J
515 NO. FLAGLER DR.,20TH FLOOR
WEST PALM BEACH, FL 33401 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

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

DIRECTOR

03/13/2018

Electronic Signature of Signing Officer/Director Detail

Date