

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31746

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:** No**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	D
Name	CLEMENT, ROBERT
Address	18024 PINNACLE COURT
City-State-Zip:	TAMPA FL 33647

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

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

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

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: CLEMENT BRIAN**DIRECTOR****01/09/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date