FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -2 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N31746 (3)

1. Corporation Name
HIPPOCRATES HEALTH INSTITUTE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
C/O BRIAN CLEMENT 126 BEVERLY ROAD WEST PALM BEACH FL 33405	C/O BRIAN CLEMENT 126 BEVERLY ROAD WEST PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/17/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0125982 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1443 PALMDALE CT	26 1443 PALMDALE CT.
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —
City & State 23 WEST PALM BEACH FL	City & State 28 WEST PALM BEACH FL
Zip 24 33411 Country 25	Zip 29 33411 Country 30

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CLEMENT, BRIAN 126 BEVERLY ROAD WEST PALM BEACH FL 33405	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	1.1 TITLE	P/S/D	☒ Change ☐ Addition
NAME	CLEMENT, BRIAN	1.2 NAME	CLEMENT, BRIAN	
STREET ADDRESS	126 BEVERLY RD.	1.3 STREET ADDRESS	126 BEVERLY RD	
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	V	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	JAHNS, ANNA MARIA	2.2 NAME	GAHNS, ANNA MARIA	
STREET ADDRESS	27 CLINTON COURT	2.3 STREET ADDRESS	126 BEVERLY RD.	
CITY-ST-ZIP	ROYAL PALM BEACH FL	2.4 CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	TD	3.1 TITLE		☒ Change ☐ Addition
NAME	PAYNE, HELEN	3.2 NAME	NO ONE	
STREET ADDRESS	169 LAKE FRANCES AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	LLEWELLYN, VALDA	4.2 NAME		
STREET ADDRESS	160 LEOPOLD ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	NEDLANDS,W. AUSTRAL.	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	CLEMENT, ROBERT J.	5.2 NAME		
STREET ADDRESS	183 AINTREE ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☒ Change ☐ Addition
NAME	GRAHAM, DAVID	6.2 NAME	NONE	
STREET ADDRESS	400 ROYAL PALM WAY	6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, added or deleted.

SIGNATURE: X _____ 1/24/95
SIGNATURE AND TITLE OF PRINCIPAL OFFICER OR DIRECTOR — Date

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