

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2001 8:00 am**  
**Secretary of State**

05-31-2001 90002 031 \*\*\*\*61.75

**DOCUMENT # N31746**

1. Entity Name

**HIPPOCRATES HEALTH INSTITUTE OF FLORIDA, INC.**

Principal Place of Business

**1443 PALMDALE CT  
 WEST PALM BEACH FL 33411  
 US**

Mailing Address

**1443 PALMDALE CT  
 WEST PALM BEACH FL 33411  
 US**

**772069**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0125982**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLEMENT, BRIAN  
 126 BEVERLY ROAD  
 WEST PALM BEACH FL 33405**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE) Registered Agent signature required when reinstating

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PSD** ☒ Delete  
 NAME **CLEMENT, BRIAN**  
 STREET ADDRESS **126 BEVERLY RD.**  
 CITY-ST-ZIP **W. PALM BEACH FL**

TITLE **PSD** ☒ Change ☐ Addition  
 NAME **BRIAN CLEMENT**  
 STREET ADDRESS **30 DUKE DRIVE**  
 CITY-ST-ZIP **LAKE WORTH, FL 33460**

TITLE **VD** ☒ Delete  
 NAME **GAHNS, ANNA MARIA**  
 STREET ADDRESS **126 BEVERLY RD**  
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **VD** ☒ Change ☐ Addition  
 NAME **ANNA MARIA GAHNS**  
 STREET ADDRESS **30 DUKE DRIVE**  
 CITY-ST-ZIP **LAKE WORTH, FL 33460**

TITLE **D** ☐ Delete  
 NAME **CLEMENT, ROBERT J.**  
 STREET ADDRESS **183 AINTREE ROAD**  
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

**SIGNATURE REQUIRED**

**Jan 8 00 5614718876**

CR2E037 (10/00)