2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State
02-13-2002 90138 002 ****61.25

DOCUMENT # N31746

1. Entity Name

HIPPOCRATES HEALTH INSTITUTE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1443 PALMDALE CT WEST PALM BEACH FL 33411 US	1443 PALMDALE CT WEST PALM BEACH FL 33411 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0125982 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CLEMENT, BRIAN
~~120 SOMEWHERE~~ 30 DUKE DRIVE
WEST PALM BEACH FL ~~33407~~ 33460

7. Name and Address of New Registered Agent

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 _____ 1-28-02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD CLEMENT, BRIAN ~~30 DUNE DRIVE~~ 30 DUKE DRIVE LAKE WORTH FL 33460	☐ Delete	PSD CLEMENT, BRIAN 30 DUKE DRIVE LAKE WORTH, FL 33460	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GAHNS, ANNA MARIA ~~30 DUNE DRIVE~~ 30 DUKE DRIVE LAKE WORTH FL 33460	☐ Delete	VD GAHNS, ANNA MARIA 30 DUKE DRIVE LAKE WORTH, FL 33460	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLEMENT, ROBERT J. 183 AINTREE ROAD TAMPA FL	☐ Delete	D	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E037 (9/01)

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-14-02