

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

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



DO NOT WRITE IN THIS SPACE

01052004 No Chg-NP CR2E037 (10/03)

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
30 DUKE DRIVE
WEST PALM BEACH, FL 33460

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000153149
05/04/04-80116-011 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
CLEMENT, BRIAN
30 DUKE DRIVE
LAKE WORTH, FL 33460

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN CLEMENT

4/26/04

561-471-8876