

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 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**



01272005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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

**U00000361591
05/05/05-80084-005 70.00**

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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)(l), 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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN CLEMENT

Date

4/29/05 561-471-8876

Daytime Phone #