


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2008 8:00 am**  
**Secretary of State**

02-05-2008 90009 011 \*\*\*\*61.25

<b>DOCUMENT # N31746</b>	
1. Entity Name <b>HIPPOCRATES HEALTH INSTITUTE OF FLORIDA, INC.</b>	

Principal Place of Business <b>1443 PALMDALE CT WEST PALM BEACH, FL 33411 US</b>	Mailing Address <b>1443 PALMDALE CT WEST PALM BEACH, FL 33411 US</b>
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0125982</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

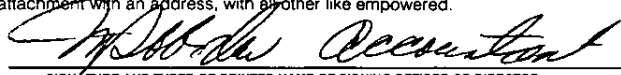
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

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	Director Eve Rose 4900 N. 31st. Court Hollywood, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Sol Gabbay 12825 Via Niere SAN DIEGO, CA. 92130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **1/28/08** **5614718876**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **X129**