

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31746

FILED
Aug 03, 2010
Secretary of State

Entity Name: HIPPOCRATES HEALTH INSTITUTE OF FLORIDA, INC.

Current Principal Place of Business:

1443 PALMDALE CT
WEST PALM BEACH, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

1443 PALMDALE CT
WEST PALM BEACH, FL 33411 US

New Mailing Address:

FEI Number: 65-0125982 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CLEMENT, BRIAN
30 DUKE DRIVE
WEST PALM BEACH, FL 33460 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD
Name: CLEMENT, BRIAN
Address: 30 DUKE DRIVE
City-St-Zip: LAKE WORTH, FL 33460

Title: VD
Name: GAHNS, ANNA MARIA
Address: 30 DUKE DRIVE
City-St-Zip: LAKE WORTH, FL 33460

Title: D
Name: CLEMENT, ROBERT J.
Address: 183 AINTREE ROAD
City-St-Zip: TAMPA, FL

Title: D
Name: ROSE, EVE
Address: 4900 N. 31ST COURT
City-St-Zip: HOLLYWOOD, FL 33021

Title: D
Name: GABBAY, SOL
Address: 12825 VICE NIERA
City-St-Zip: SAN DIEGO, CA 92130

Title: D
Name: LOGGINS, JULIA
Address: 1100 CALLE MALAGA
City-St-Zip: SANTA BARBARA, CA 93109

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN CLEMENT

PSD

08/03/2010

Electronic Signature of Signing Officer or Director

Date