

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31746

Entity Name: HIPPOCRATES HEALTH INSTITUTE, INC.**Current Principal Place of Business:**1466 HIPPOCRATES WAY
WEST PALM BEACH, FL 33411**Current Mailing Address:**1466 HIPPOCRATES WAY
WEST PALM BEACH, FL 33411 US**FEI Number:** 65-0125982**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CIKLIN, ALAN J
515 NO. FLAGLER DR.,20TH FLOOR
WEST PALM BEACH, FL 33401 US*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

Officer/Director Detail :

Title	PSD
Name	CLEMENT, BRIAN
Address	1633 FEATHER TRAIL
City-State-Zip:	WEST PALM BEACH FL 33411

Title	D
Name	CLEMENT, BLAKE
Address	1633 FEATHER TRAIL
City-State-Zip:	WEST PALM BEACH FL 33411

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

Title	VD
Name	GAHNS CLEMENT, ANNA MARIA
Address	1633 FEATHER TRAIL
City-State-Zip:	WEST PALM BEACH FL 33411

Title	D
Name	GABBAY, SOLOMON
Address	12825 VIA NUEVO
City-State-Zip:	SAN DIEGO CA 92130

Title	D
Name	GABAY, SHULA
Address	12825 VIA NUEVO
City-State-Zip:	SAN DIEGO CA 92130

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**EXECUTIVE DIRECTOR****02/05/2024**

Electronic Signature of Signing Officer/Director Detail

Date