2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2019
Secretary of State
5993457168CC

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: Yes

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	30 DUKE DRIVE
City-State-Zip:	LAKE WORTH FL 33460

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

Title	D
Name	CLEMENT, ROBERT
Address	18024 PINNACLE COURT
City-State-Zip:	TAMPA FL 33647

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

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

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 02/14/2019

Electronic Signature of Signing Officer/Director Detail — Date