

PROJECT: 04-00

Property Control No. 00-42-43-27-05-003-0210

BENEFICIAL INTEREST AND DISCLOSURE AFFIDAVIT

STATE OF FLORIDA
COUNTY OF PALM BEACH

for Hippocrates Health Institute
Brian Clement

Before me, the undersigned authority, personally appeared, Brian Clement ("Affiant")
this 17 day of MARCH, 2006, who, first being duly sworn, as required by law, subject to the
penalties prescribed for perjury, deposes and says:

1) Affiant has read the contents of this Affidavit, has actual knowledge of the facts contained herein,
and states that the facts contained herein are true, correct, and complete.

2) That HIPPOCRATES HEALTH INSTITUTE, whose address is 1443 PALMDALE CT, WPB 33411, is
the record owner of the real property more particularly described in Exhibit "A" attached hereto and made a part
hereof (hereinafter called the "Premises"). As required by Section 286.23, Florida Statutes, the following is a list of
every "person" (as defined in Section 1.01 (3), Florida Statutes) holding 5% or more of the beneficial interest in the
disclosing entity: (If more space is needed, attach separate sheet)

Name	Address	Interest
None		

This affidavit is given in compliance with the provisions of Sections 286.23, Florida Statutes.

FURTHER AFFIANT SAYETH NOT.


AFFIANT

By: BRIAN CLEMENT

SWORN TO and subscribed before me this 17 day of MARCH, 2006, by BRIAN CLEMENT. Such person(s). (Notary Public must check applicable box):
for Hippocampus Health Institute.

- is/are personally known to me.
- produced a current driver license(s).
- produced _____ as identification.

(NOTARY PUBLIC SEAL)

NOTARY PUBLIC-STATE OF FLORIDA
 J. Michele Villareale
 Commission # DD412034
 Expires: MAR. 27, 2009
 Bonded Thru Atlantic Bonding Co., Inc.

J. Michele Villareale.
Notary Public

J. Michele Villareale.
(Print, Type or Stamp Name of Notary Public)