


FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90025 008 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <i>FO1000000761</i>			
1. Entity Name <i>NUMMER WHOLE HEALTH MANAGEMENT, INC.</i>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 20600 Chagrin Blvd.		3. Mailing Address 20600 Chagrin Blvd.	
Suite, Apt. #, etc. Suite 1000		Suite, Apt. #, etc. Suite 1000	
City & State Cleveland, Ohio		City & State Cleveland, Ohio	
Zip 44122	Country USA	Zip 44122	Country USA
4. FEI Number 34-1604800		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name CT Corporation			
Street Address (P.O. Box Number is Not Acceptable)			
City FL Zip Code			
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 <i>James J. Hummer</i> Pres. (NOTE: Registered Agent signature required when reinstating) DATE			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	James J. Hummer 20600 Chagrin Blvd. Cleveland, Ohio 44122 President	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Patrick Patton 20600 Chagrin Blvd. Cleveland, Ohio 44122 Treasurer	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marc H. Morgenstern 1301 East Ninth Street Cleveland, OH 44114 Secretary	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kevin O'Donnell 20600 Chagrin Blvd. Cleveland, Ohio 44122 Director	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Salata, MD 20600 Chagrin Blvd. Cleveland, Ohio 44122 Director	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph T. Gorman 20600 Chagrin Blvd. Cleveland, Ohio 44122 Director	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034B (12/02)