

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90043 044 ***150.00

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1. Entity Name
HUMMER WHOLE HEALTH MANAGEMENT, INC.



Principal Place of Business
**20600 CHAGRIN BLVD., SUITE 1000
BEACHWOOD, OH 44122**

Mailing Address
**20600 CHAGRIN BLVD., SUITE 1000
BEACHWOOD, OH 44122**

20000957



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

34-1604800

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME HUMMER, JAMES J
STREET ADDRESS 20600 CHAGRIN BLVD., SUITE 1000
CITY-ST-ZIP BEACHWOOD, OH 44122

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME PATTON, PATRICK
STREET ADDRESS 20600 CHAGRIN BLVD., SUITE 1000
CITY-ST-ZIP BEACHWOOD, OH 44122

TITLE ☒ Change ☐ Addition
NAME **RANDALL L. TWYMAN**
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME MORGENSTERN, MARC H
STREET ADDRESS 1301 EAST 9TH STREET, SUITE 2600
CITY-ST-ZIP CLEVELAND, OH 44114

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME O'DONNELL, KEVIN
STREET ADDRESS 20600 CHAGRIN BLVD., SUITE 1000
CITY-ST-ZIP BEACHWOOD, OH 44122

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SALATA, ROBERT A M.D.
STREET ADDRESS 20600 CHAGRIN BLVD., SUITE 1000
CITY-ST-ZIP BEACHWOOD, OH 44122

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GORMAN, JOSEPH T
STREET ADDRESS 20600 CHAGRIN BV STE 1000
CITY-ST-ZIP CLEVELAND, OH 44122

TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James J. Hummer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-05

Date

Daytime Phone #