2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000761

Entity Name: HUMMER WHOLE HEALTH MANAGEMENT, INC.

FILED Mar 22, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
20600 CHAGRIN BLVD., SUITE 1000 BEACHWOOD, OH 44122				1375 EAST NINTH STREET 25TH FLOOR CLEVELAND, OH 44114		
Current Mailing Address:				New Mailing Address:		
20600 CHAGRIN BLVD., SUITE 1000 BEACHWOOD, OH 44122				1375 EAST NINTH STREET 25TH FLOOR CLEVELAND, OH 44114		
FEI Number: 34-1604800 FEI Number Applied For () FEI N		FEI Num	mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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						Date
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	HUMMER, JAMES	BLVD., SUITE 1000		Title: Name: Address: City-St-Zip:	PD (X) Ch HUMMER, JAMES 1375 EAST NINTH CLEVELAND, OH	STREET
Title: Name: Address: City-St-Zip:	TWYMAN, RANDA	BLVD., SUITE 1000		Title: Name: Address: City-St-Zip:	T (X) Ch TWYMAN, RANDAL 1375 EAST NINTH CLEVELAND, OH	STREET
Title: Name: Address: City-St-Zip:	MORGENSTERN	STREET, SUITE 2600		Title: Name: Address: City-St-Zip:	TAVOLIER, DAVID	ange ()Addition REET, SUITE 2600 44114
Title: Name: Address: City-St-Zip:	D () E BARRETT, STEVI 35 DAVIS BROOK NATICK, MA 017	K DR		Title: Name: Address: City-St-Zip:	() Ch	ange()Addition
Title: Name: Address: City-St-Zip:	D ()ETHOMAS, ROULS 1200 EAST STRE	EET		Title: Name: Address: City-St-Zip:	D (X) Ch AMES, CHARLES 375 PARK AVE., 18 NEW YORK, NY 19	
Title: Name: Address: City-St-Zip:	D () E GORMAN, JOSEI 20600 CHAGRIN CLEVELAND, OH	BV STE 1000		Title: Name: Address: City-St-Zip:	D (X) Ch RICCI, KENN 355 RICHOMOND I RICHMOND HTS, C	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES J. HUMMER PD 03/22/2007