

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # F01000000761

1. Entity Name
HUMMER WHOLE HEALTH MANAGEMENT, INC.



Principal Place of Business
**1375 EAST NINTH STREET
25TH FLOOR
CLEVELAND, OH 44114**

Mailing Address
**1375 EAST NINTH STREET
25TH FLOOR
CLEVELAND, OH 44114**



01292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1604800

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUMMER, JAMES J
STREET ADDRESS	1375 EAST NINTH STREET
CITY- ST- ZIP	CLEVELAND, OH 44114
TITLE	T
NAME	TWYMAN, RANDALL L
STREET ADDRESS	1375 EAST NINTH STREET
CITY- ST- ZIP	CLEVELAND, OH 44114
TITLE	S
NAME	TAVOLIER, DAVID
STREET ADDRESS	1301 EAST 9TH STREET, SUITE 2600
CITY- ST- ZIP	CLEVELAND, OH 44114
TITLE	D
NAME	BARRETT, STEVE
STREET ADDRESS	35 DAVIS BROOK DR
CITY- ST- ZIP	NATICK, MA 01760
TITLE	D
NAME	AMES, CHARLES
STREET ADDRESS	375 PARK AVE., 18TH FLOOR
CITY- ST- ZIP	NEW YORK, NY 10152
TITLE	D
NAME	RICCI, KENN
STREET ADDRESS	355 RICHOMOND ROAD
CITY- ST- ZIP	RICHMOND HTS, OH 44143

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

2-14-08
Date

Daytime Phone #