

F99000002255

Document Number Only

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

904-222-1092

CORPORATION(S) NAME

700002858617--3

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*****70.00 *****70.00

Hummer Whale Health Management, Inc

FILED

4/30

99 APR 30 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☒ Profit

☐ NonProfit

☐ Limited Liability Company

☒ Foreign

☐ Amendment

☐ Dissolution/Withdrawal

☐ Merger

☐ Mark

☐ Limited Partnership

☐ Reinstatement

☐ Certified Copy

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Annual Report

☐ Reservation

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☐ Call if Problem

☐ Will Wait

☐ Other

☐ Change of R.A.

☐ Fictitious Name

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Examiner

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:


1. HUMMER WHOLE HEALTH MANAGEMENT, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Ohio
(State or country under the law of which it is incorporated)
3. 34-1604800
(FEI number, if applicable)
4. December 1, 1988
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. January 1, 1999
(Date first transacted business in Florida. (See sections 607.1501, 607.1502 and 817.155, F.S.))
7. 20600 Chagrin Boulevard, Suite 1000
Beachwood, Ohio 44122-5334
(Current mailing address)
8. Operation of occupational health facilities
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:

Name: C T CORPORATION SYSTEM

Office Address: c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip Code)
10. Registered agent acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T CORPORATION SYSTEM


(Registered agent's signature) (Officer)

Gil S. Apellis, Asst. Secretary

(Type Name and Title of Officer)

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TALLAHASSEE FLORIDA

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: *See Exhibit "A", attached hereto and

Address: incorporated herein by reference.

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

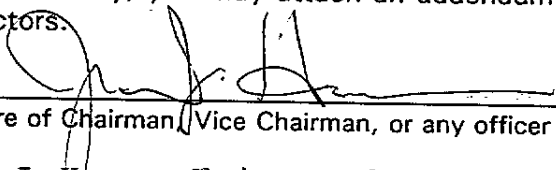
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Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. James J. Hummer, Chairman and Treasurer _____
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

Exhibit "A"
to
Application by Foreign Corporation for Authorization to Transact Business in Florida
of
Hummer Whole Health Management, Inc.

Names and addresses of all officers and directors:

Name and Address

Office

James J. Hummer
20600 Chagrin Boulevard, Suite 625 1000
Beachwood, Ohio 44122-5334

Chairman/Treasurer and Director

Susan M. Hummer
20600 Chagrin Boulevard, Suite 625 1000
Beachwood, Ohio 44122-5334

President and Director

Robert A. Salata, M.D.
20600 Chagrin Boulevard, Suite 625 1000
Beachwood, Ohio 44122-5334

Director

Bridget Marzullo
20600 Chagrin Boulevard, Suite 625 1000
Beachwood, Ohio 44122-5334

Secretary

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TALLAHASSEE FLORIDA

UNITED STATES OF AMERICA
STATE OF OHIO,
OFFICE OF THE SECRETARY OF STATE.

}

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show HUMMER WHOLE HEALTH MANAGEMENT, INC., an Ohio corporation, Charter No. 737461, having its principal location in University Heights, County of Cuyahoga, was incorporated on December 1, 1988 and is currently in GOOD STANDING upon the records of this office.

WITNESS my hand and official

seal at Columbus, Ohio on

April 28, 1999

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

J. Kenneth Blackwell

J. Kenneth Blackwell
Secretary of State

