

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000026666

**Entity Name:** RSW HEALTH MANAGEMENT, INC.

**Current Principal Place of Business:**

4343 SOUTH STATE ROAD 7 SUITE 108  
DAVIE, FL 33314

**Current Mailing Address:**

4343 SOUTH STATE ROAD 7 SUITE 108  
DAVIE, FL 33314

**FEI Number:** 65-1085910

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WASSERMANN, JONAH A  
4343 SOUTH STATE ROAD 7 SUITE 108  
DAVIE, FL 33314 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

**Officer/Director Detail :**

Title P  
Name WASSERMANN, JONAH A  
Address 4343 SOUTH STATE ROAD 7 SUITE  
108  
City-State-Zip: DAVIE FL 33314

*I hereby 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 all other like empowered.*

**SIGNATURE:** JONAH A. WASSERMANN

P

01/20/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date