

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 A
Secretary of State

DOCUMENT # P01000026666

1. Entity Name
RSW HEALTH MANAGEMENT, INC.



Principal Place of Business
4343 SOUTH STATE ROAD 7 SUITE 108
DAVIE, FL 33314

Mailing Address
4343 SOUTH STATE ROAD 7 SUITE 108
DAVIE, FL 33314



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1085910	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

11000000409456
02/08/06-80100-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WASSERMANN, JONAH A
STREET ADDRESS	4343 SOUTH STATE ROAD 7 SUITE 108
CITY - ST - ZIP	DAVIE, FL 33314

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
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NAME	
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CITY - ST - ZIP	

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/06

954 581 3958