


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90077 001 *1,800.00

DOCUMENT # P93000009740 1. Entity Name R.T.S.W.-OPH, INC.	
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Principal Place of Business 500 E BROWARD BLVD SUITE 1950 FT LAUDERDALE, FL 33394	Mailing Address 500 E BROWARD BLVD SUITE 1950 FT LAUDERDALE, FL 33394
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01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0407391	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

HAMAWAY, MICHAEL P
C/O MOMBACH, BOYLE AND HARDIN PA
500 E BROWARD BLVD SUTIE 1950
FT LAUDERDALE, FL 33394

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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

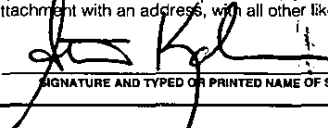
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAMELHAIR, STEVEN R 7260 SWW 7 ST PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEMEROFSKY, STEPHEN L 6121 BANYON TERR PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROLNICK, AUDIE M 3497 DERBY LN WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Steven R. Kamelhair**
President
1/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #