

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000009740**

1. Entity Name  
**R.T.S.W.-OPH, INC.**



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**



03042005 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 ☐ **\$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**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

000000300699  
04/12/05-80026-018 150.00

**DO NOT WRITE  
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)(f), 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

**3/8/05 (954) 797 4924**

Date

Daytime Phone #