


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 AM
Secretary of State

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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01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0407391	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

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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03/26/07-80005-001 150.00

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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: Steven R Kamelhair 1/25/07 954 797 4824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #