




State of Rhode Island  
Department of State - Business Services Division

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SECRETARY  
USE ONLY

Annual Report for the year: 2024  
Limited Liability Company

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>001673752</b>		2. Exact name of the Limited Liability Company <b>Management Health Systems, LLC</b>	
3. NAICS Code <b>561300</b>		4. Brief description of the character of business conducted in Rhode Island <b>Healthcare staffing</b>	
5. State of Formation <b>Delaware</b>			
6. Principal Office Address <b>1580 Sawgrass Corporate Parkway</b>		City <b>Sunrise</b>	State <b>FL</b>
Zip <b>33323</b>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Steven Kuzmich</b>		Contact Title <b>Controller</b>	
Street Address <b>1580 Sawgrass Corporate Parkway</b>		City <b>Sunrise</b>	State <b>FL</b>
Zip <b>33323</b>			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. <i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i>			
Name of Authorized Person <b>Frank Forbes</b>		Date <b>11/9/2023</b>	
Signature of Authorized Person 			

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BY SX 4XH



MAIL TO:

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