

State of Rhode Island Department of State - Business Services Division

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Annual Report for the year: 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.

2023

1. Entity ID Number	Exact name of the Limited Liability Company Management Health Systems, LLC 4. Brief description of the character of business conducted in Rhode Island Healthcare staffing			
001673752				
3. NAICS Code 561300				
5. State of Formation Delaware				
6. Principal Office Address	,	City	State	Zip
1580 Sawgrass Corporate Parkway		Sunrise	FL	33323
7. Mailing Address of Limited	d Liability Company and Name or Tit	le of Contact Person		
Contact Name Steven Kuzmich		Contact Title Controller		
Street Address 1580 Sawgrass Corporate Parkway		City Sunrise	State FL	^{Zip} 33323
8. The Resident Agent inform	mation currently of record with the RI	Department of State is acc	curate. Changes requir	e filing Form 642.
	y, I declare and affirm that I have e atements contained herein are tru		uding any accompany	ing schedules and
Name of Authorized Person			Date	
Frank Forbes			11/9/2023	
Signature of Authorized Per				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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