

# A1100000000151

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA/FOREIGN LP/LLLP

Ralph Ryback M.D. LP

Certificate of Status	1
Certified Copy	0
Page Count	3
Estimated Charge	\$1,008.75

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TALLAHASSEE, FLORIDA

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11 FEB 18 AM 9:48

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Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

FEB 21 2011

EXAMINER

**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. Ralph Ryback M.D. LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.  
or L.L.P.

2. 2614 Tamiami Trail North, Suite 330

(Street address of initial designated office)

Naples, FL, 34103

3. Corporate Creations Network Inc.

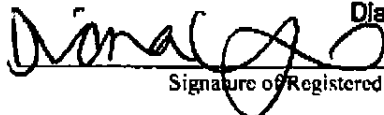
(Name of Registered Agent for Service of Process)

4. 11380 Prosperity Farms Road #221E

(Florida street address for Registered Agent)

Palm Beach Gardens, FL, 33410

5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
Signature of Registered Agent

**Diana Urrego, Special Secretary**

6. 2614 Tamiami Trail North, Suite 330

(Mailing address of initial designated office)

Naples, FL, 34103

7. If limited partnership elects to be a limited liability limited partnership, check box

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Yazzman Corp.

2614 Tamiami Trail North, Suite 330

Naples, FL, 34103

P11000017147

SECRET  
OFFICE OF THE  
ATTORNEY GENERAL  
TALLAHASSEE, FLORIDA

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9. Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)*

Signed this 18th day of February, 2011

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Yazzman Corp.



Diana Urrego, Atty-In-Fact

**Filing Fees:**

**Certified Copy (optional):**

**Certificate of Status (optional):**

**\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)

**\$52.50**

**\$8.75**