

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000010386

**Entity Name:** RALPH S. RYBACK, M.D., LLC

**FILED**  
**Jan 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9148 THE LANE  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

9148 THE LANE  
NAPLES, FL 34109

**New Mailing Address:**

**FEI Number:** 27-1783978

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

RYBACK, RALPH S  
9148 THE LANE  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

RYBACK, RALPH S M.D.  
9148 THE LANE  
NAPLES, FL 34109 US

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.

SIGNATURE: RALPH S. RYBACK M.D.

01/09/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RYBACK, RALPH S M.D.  
Address: 9148 THE LANE  
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RALPH S. RYBACK

MGRM

01/09/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date