

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000103339

Entity Name: BLUE RIBBON MD, LLC**Current Principal Place of Business:**741 BELAIR CT
NAPLES, FL 34103**Current Mailing Address:**741 BELAIR CT
NAPLES, FL 34103 US**FEI Number:** 45-3201537**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KANG, BYUNG S
741 BELAIR CT
NAPLES, FL 34103 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name KANG, BYUNG S
Address 741 BELAIR CT
City-State-Zip: NAPLES FL 34103

Title MGRM
Name GARFEIN, EVAN
Address 800 WEST END AVE APT 3D
City-State-Zip: NEW YORK NY 10025

Title MGRM
Name CARTY, MARCY
Address 17 LANDGRANE ST
City-State-Zip: QUINCY MA 02171

Title MGRM
Name BROOK, ALLAN
Address 49 WRIGHTS MILL RD
City-State-Zip: ARMONK NY 10504

Title MGRM
Name GELLER, DAVID
Address 595 WEST END AVE APT 7C
City-State-Zip: NEW YORK NY 10024

Title MGRM
Name FERZOCO, STEPHEN
Address 18 BENVENUE ST
City-State-Zip: WELLESLEY MA 02482

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BYUNG S. KANG

MGRM

04/22/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date