2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2008 08:00 AM Secretary of State

	AITHOAL	REFORT	,	•	- (Secretary of S	244
DOCUMENT # F9800005817 1. Entity Name BALL HEALTHCARE SERVICES, INC.					ĸ.	secretary of s)la
Principal Place 950 DAUPHIN MOBILE, AL 3	STREET	Mailing Address 950 DAUPHIN STREET MOBILE, AL 36604			BIDI IDIN TANK EDIK DUK	- 1000 F100 1000 1007 1100 1100 100 100 100	1
	O MOT MOITE	<u></u>	04072008	No Chg-P	CR2E034 (11/05)	İ	
ָט וע	O NOT WRITE	IN THIS SPA	CE	4. FEI Number 63-0979 5. Certificate of		Applied For Not Applied \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					NOT W HIS SP		
signatures	named entity submits this statement for the stat	d title if applicable (NOTE Register 9. Election Campaign Fine	red Agent signature require		, in the state of Fig	DATE	
NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D PD BALL, CLARENCE M JR 950 DAUPHIN STREET MOBILE, AL 36604 V SCHUTT, JOHN D	IRECTORS		•	05/27/08	0937839 -80066-013 158.75	· · ·
	950 DAUPHIN STREET MOBILE, AL 36604		-	DO	NOT 14		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-51-ZIP							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER SPORRECTOR

4/25/08

957-433-984

Daytime Phone #