

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009538

FILED
Apr 21, 2009
Secretary of State

Entity Name: BEACHBALL, LLC

Current Principal Place of Business:

3802 HWY 90
PACE, FL 32571

New Principal Place of Business:

Current Mailing Address:

3802 HWY 90
PACE, FL 32571

New Mailing Address:

FEI Number: 03-0515033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EPPS, LORNETTA MD
3802 HWY 90
PACE, FL 32571 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EPPS, LORNETTA MD
Address: 3802 HWY 90
City-St-Zip: PACE, FL 32571

Title: MGRM () Delete
Name: KINCAID, ROBERT MD
Address: 3802 HWY 90
City-St-Zip: PACE, FL 32571

Title: MGRM () Delete
Name: ANDREWS, ROBERT MD
Address: 3802 HWY 90
City-St-Zip: PACE, FL 32571

Title: MGRM () Delete
Name: LAROSE, PAUL MD
Address: 3802 HWY 90
City-St-Zip: PACE, FL 32571

Title: MGRM () Delete
Name: STACHLER, RICHARD MD
Address: 3802 HWY 90
City-St-Zip: PACE, FL 32571

Title: MGRM () Delete
Name: STOCK, ROBERT MD
Address: 3802 HWY 90
City-St-Zip: PACE, FL 32571

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LORNETTA EPPS, M.D.

MGRM

04/21/2009

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