

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009538

Entity Name: BEACHBALL, LLC

FILED  
Feb 17, 2011  
Secretary of State

**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:**

KINCAID, ROBERT MD  
3802 HIGHWAY 90  
PACE, FL 32571 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: ROBERT KINCAID, M.D.

02/17/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KINCAID, ROBERT MD  
Address: 3802  
City-St-Zip: PACE, FL 32571

Title: MGRM  
Name: MIAN, MUNIRA MD  
Address: 3802 HWY 90  
City-St-Zip: PACE, FL 32571

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

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

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

Title: MGRM  
Name: FREITAS, PAUL MD  
Address: 3802 HWY 90  
City-St-Zip: PACE, FL 32571

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: ROBERT KINCAID, M.D.

MGRM

02/17/2011

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