2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L98000002532

1. Entity Name
BALL HEALTHCARE-BAY, L.L.C.

Principal Place of Business	Mailing Address
950 DAUPHIN STREET MOBILE, AL 36604	950 DAUPHIN STREET MOBILE, AL 36604

DO NOT WRITE IN THIS SPACE

04072008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number		Applied For
63-1213385		Not Applicable
5. Certificate of Status Desired	☒	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BALL, CLARENCE M JR.
STREET ADDRESS	950 DAUPHIN STREET
CITY-ST-ZIP	MOBILE, AL 36604

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05/27/08-80066-009 143.75

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11. 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 is true and accurate and that my 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: _____Clarence Ball_____   4/25/08   251-433-9801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #