

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002532

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

Current Principal Place of Business:

ONE SOUTHERN WAY
MOBILE, AL 36619

Current Mailing Address:

ONE SOUTHERN WAY
MOBILE, AL 36619 US

FEI Number: 63-1213385

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MGR
Name BALL, JR., CLARENCE M
Address ONE SOUTHERN WAY
City-State-Zip: MOBILE AL 36619

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CLARENCE M. BALL, JR.

MANAGER

04/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date