

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000005817

**Entity Name:** BALL HEALTHCARE SERVICES, INC.

**Current Principal Place of Business:**

ONE SOUTHERN WAY  
MOBILE, AL 36619

**Current Mailing Address:**

ONE SOUTHERN WAY  
MOBILE, AL 36619 US

**FEI Number:** 63-0979995

**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

**Officer/Director Detail :**

Title PD  
Name BALL, CLARENCE M JR.  
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 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BALL , CLARENCE M , JR.

**PRESIDENT**

**04/09/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date