

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000073678

Entity Name: MICHAEL F. DOWDELL, PA

FILED  
Feb 15, 2008  
Secretary of State

**Current Principal Place of Business:**

WILFORD HALL MEDICAL CENTER  
LACKLAND AIR FORCE BASE  
SAN ANTONIO, TX 78227 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 112  
ATHENS, TX 75751 US

**New Mailing Address:**

1739 S.W. LOOP 410  
SUITE 804-165  
SAN ANTONIO, TX 78227 US

FEI Number: 65-0859775

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES, ROBERT E  
4079 E. BENNETT ST  
INVERNESS, FL 34453 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: DOWDELL, MICHAEL F  
Address: 7313 DOGWOOD TRAIL  
City-St-Zip: ATHENS, TX 75751 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: DOWDELL, MICHAEL F  
Address: 8301 LAKE VISTA DR. APT 612  
City-St-Zip: SAN ANTONIO, TX 78227 US

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 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 an address, with all other like empowered.

SIGNATURE: CAROL E. DOWDELL

TRES

02/15/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date