

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001053

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Entity Name:** ROBERT A. DOWLING, M.D., P.A.

**Current Principal Place of Business:**

1001 WALDROP DR, STE 708  
ARLINGTON, TX 76012

**New Principal Place of Business:**

925 SANTA FE DRIVE  
SUITE 114  
WEATHERFORD, TX 76086

**Current Mailing Address:**

P.O. BOX 120549  
ARLINGTON, TX 76012

**New Mailing Address:**

**FEI Number:** 75-2619441

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARUNIAK, NICHOLAS A M.D.  
1314 SUMTER STREET, SUITE 5  
LEESBURG, FL 34748 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: PSCD  
Name: DOWLING, ROBERT A M.D.  
Address: 1001 WALDROP DRIVE, SUITE 708  
City-St-Zip: ARLINGTON, TX 76012

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: ROBERT A. DOWLING

PSCD

02/23/2010

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

\_\_\_\_\_ Date