

**United States Bankruptcy Court  
Western District of Texas**

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>Mark D. Stoeckel MD PA</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>DBA Town Center Family Medicine</b>	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) <b>47-0931721</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): <b>701 E Whitestone Blvd Bldg 2, Suite 125 Cedar Park, TX</b>	Street Address of Joint Debtor (No. and Street, City, and State):
ZIP Code <b>78613</b>	ZIP Code
County of Residence or of the Principal Place of Business: <b>Williamson</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):
ZIP Code	ZIP Code
Location of Principal Assets of Business Debtor (if different from street address above): <b>701 E Whitestone Blvd Bldg 2, Suite 125 Cedar Park, TX 78613</b>	

<p align="center"><b>Type of Debtor</b> (Form of Organization) (Check one box)</p> <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) <b>PA</b>	<p align="center"><b>Nature of Business</b> (Check one box)</p> <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other <hr/> <p align="center"><b>Tax-Exempt Entity</b> (Check box, if applicable)</p> <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<p align="center"><b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)</p> <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding <hr/> <p align="center"><b>Nature of Debts</b> (Check one box)</p> <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
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<p align="center"><b>Filing Fee</b> (Check one box)</p> <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	<p align="center"><b>Chapter 11 Debtors</b></p> <p>Check one box:</p> <input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. <hr/> Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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**Statistical/Administrative Information**

 Debtor estimates that funds will be available for distribution to unsecured creditors.  
 Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.

**Estimated Number of Creditors**

<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000
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**Estimated Assets**

<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion
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**Estimated Liabilities**

<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion
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THIS SPACE IS FOR COURT USE ONLY

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): <b>Mark D. Stoeckel MD PA</b>
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**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location Where Filed: <b>- None -</b>	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor: <b>- None -</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:

<p style="text-align: center;"><b>Exhibit A</b></p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>	<p style="text-align: center;"><b>Exhibit B</b></p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).</p> <p><b>X</b> _____ Signature of Attorney for Debtor(s) (Date)</p>
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**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

Yes, and Exhibit C is attached and made a part of this petition.

No.

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

**Information Regarding the Debtor - Venue**

(Check any applicable box)

Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes)

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition**  
*(This page must be completed and filed in every case)*

Name of Debtor(s):  
**Mark D. Stoeckel MD PA**

**Signatures**

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.  
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).  
  
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_  
Signature of Debtor

**X** \_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Telephone Number (If not represented by attorney)

\_\_\_\_\_  
Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X** \_\_\_\_\_  
Signature of Foreign Representative

\_\_\_\_\_  
Printed Name of Foreign Representative

\_\_\_\_\_  
Date

**Signature of Attorney\***

**X** /s/ Lee Norton Bain,  
Signature of Attorney for Debtor(s)

Lee Norton Bain, 01548500  
Printed Name of Attorney for Debtor(s)

LEE NORTON BAIN, ATTORNEY AT LAW  
Firm Name

120 WEST 8TH STREET  
GEORGETOWN, TX 78626-5804

\_\_\_\_\_  
Address

**Email: leebain@leebainlaw.com**

(512)-863-2813 Fax: (512)-233-2936  
Telephone Number

May 23, 2008  
Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

\_\_\_\_\_  
Address

**X** \_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.*

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ Mark D. Stoeckel MD  
Signature of Authorized Individual

Mark D. Stoeckel MD  
Printed Name of Authorized Individual

President  
Title of Authorized Individual

May 23, 2008  
Date

**United States Bankruptcy Court**  
**Western District of Texas**

In re **Mark D. Stoeckel MD PA**

Debtor(s)

Case No. \_\_\_\_\_

Chapter **11**

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
<b>Cedar Park Medical Plaza c/o Yancey-Hausman 11921 N Mopac Expressway Suite 130 Austin, TX 78759</b>	<b>Cedar Park Medical Plaza c/o Yancey-Hausman 11921 N Mopac Expressway Austin, TX 78759</b>	<b>office lease shown in Schedule G</b>		<b>12,659.23</b>
<b>Compass Bank P.O. Box 4943 Houston, TX 77210</b>	<b>Compass Bank P.O. Box 4943 Houston, TX 77210</b>	<b>build out and working capital</b>		<b>32,398.28</b> <b>(0.00 secured)</b>
<b>De Lage Landen c/o Advanced Recovery Systems 901 E 8th Avenue Suite 206 King Of Prussia, PA 19406</b>	<b>De Lage Landen c/o Advanced Recovery Systems 901 E 8th Avenue King Of Prussia, PA 19406</b>	<b>medical equipment lease</b>		<b>20,890.00</b> <b>(0.00 secured)</b>
<b>Final Support 235 NE Loop 820 Suite 100 Hurst, TX 76053</b>	<b>Final Support 235 NE Loop 820 Suite 100 Hurst, TX 76053</b>	<b>software support</b>		<b>2,104.54</b>
<b>GE Healthcare Finl Svcs P.O. Box 414418 Boston, MA 02241-4418</b>	<b>GE Healthcare Finl Svcs P.O. Box 414418 Boston, MA 02241-4418</b>	<b>computers, software and working capital</b>		<b>50,531.53</b> <b>(0.00 secured)</b>
<b>Great American Leasing Corp 625 First Street SE Suite 800 Cedar Rapids, IA 52401</b>	<b>Great American Leasing Corp 625 First Street SE Suite 800 Cedar Rapids, IA 52401</b>	<b>furniture lease shown in Schedule G and phones</b>		<b>7,500.00</b>
<b>Henry Schein 135 Duryea Road Melville, NY 11747</b>	<b>Henry Schein 135 Duryea Road Melville, NY 11747</b>	<b>medical supplies</b>		<b>1,339.00</b>
<b>Interim Physicians P.O. Box 933855 Atlanta, GA 31193-3855</b>	<b>Interim Physicians P.O. Box 933855 Atlanta, GA 31193-3855</b>	<b>professional doctor services</b>		<b>8,000.00</b>
<b>Internal Revenue Service P.O. Box 21126 Philadelphia, PA 19114</b>	<b>Internal Revenue Service P.O. Box 21126 Philadelphia, PA 19114</b>	<b>2007 941 taxes</b>		<b>42,130.44</b>
<b>James &amp; Janet Stoeckel 346 Moss Lane Brookeland, TX 75931</b>	<b>James &amp; Janet Stoeckel 346 Moss Lane Brookeland, TX 75931</b>	<b>working capital loans</b>		<b>169,673.00</b>

Debtor(s)

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Jeff B. McDonald, Esq McDonald, Mackay & Weitz, LLP 1411 West Avenue, Suite 200 Austin, TX 78701	Jeff B. McDonald, Esq McDonald, Mackay & Weitz, LLP 1411 West Avenue, Suite 200 Austin, TX 78701	legal services		3,920.00
Leaf Funding, Inc P.O. Box 2597 Columbia, SC 29202	Leaf Funding, Inc P.O. Box 2597 Columbia, SC 29202	working capital loans		30,854.00
Physicians Sales & Service LP c/o Donald T Brennan, Esq Hayden & Cunningham, PLLC 7750 Broadway San Antonio, TX 78209	Physicians Sales & Service LP c/o Donald T Brennan, Esq Hayden & Cunningham, PLLC San Antonio, TX 78209	supplies		7,912.35
Practice Universe, Inc 4388 West Vickery Suite 100 Fort Worth, TX 76107	Practice Universe, Inc 4388 West Vickery Suite 100 Fort Worth, TX 76107	credential and contract management services		2,436.00
Southwestern Bell Yellow Pages c/o Ryan E Stevens, Esq Wells Fargo Tower, Suite 1281 615 N Upper Broadway Corpus Christi, TX 78477	Southwestern Bell Yellow Pages c/o Ryan E Stevens, Esq Wells Fargo Tower, Suite 1281 Corpus Christi, TX 78477	yellow page ads	Disputed	2,352.00
Stericycle, Inc 2333 Waukegan Rd Suite 200 Deerfield, IL 60015	Stericycle, Inc 2333 Waukegan Rd Suite 200 Deerfield, IL 60015	medical waste service	Disputed	2,274.96
Texas Medical Association Physician Services 401 West 15th Street Austin, TX 78701-1680	Texas Medical Association Physician Services 401 West 15th Street Austin, TX 78701-1680	professional consulting		3,000.00
Texas Medical Liability Trust 901 Mopac Expressway South Barton Oaks Plaza V Suite 500 Austin, TX 78746-5942	Texas Medical Liability Trust 901 Mopac Expressway South Barton Oaks Plaza V Austin, TX 78746-5942	malpractice insurance		5,607.32
Wyeth Pharmaceuticals P.O. Box 951169 Dallas, TX 75395-1169	Wyeth Pharmaceuticals P.O. Box 951169 Dallas, TX 75395-1169	supplies		1,500.00
Yellow Book USA Attn: Customer Service P.O. Box 3162 Cedar Rapids, IA 52406-3162	Yellow Book USA Attn: Customer Service P.O. Box 3162 Cedar Rapids, IA 52406-3162	advertising	Disputed	3,079.95

In re **Mark D. Stoeckel MD PA**

Debtor(s)

Case No. \_\_\_\_\_

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**  
(Continuation Sheet)

**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the President of the PA named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date **May 23, 2008**

Signature **/s/ Mark D. Stoeckel MD**

**Mark D. Stoeckel MD**

**President**

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court  
Western District of Texas**

In re Mark D. Stoeckel MD PA

Debtor(s)

Case No.  
Chapter

11

**VERIFICATION OF CREDITOR MATRIX**

I, the President of the PA named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: May 23, 2008

/s/ Mark D. Stoeckel MD

Mark D. Stoeckel MD/President

Signer/Title

AT&T  
P.O. Box 650661  
Dallas, TX 75265-0661

Campbell & Riggs Inc  
1980 Post Oak Blvd  
Suite 2300  
Houston, TX 77056

CCP-LU Peggy L Walker  
9430 Research Blvd  
STOP 5250AUNW  
Austin, TX 78759

Cedar Park Medical Plaza  
c/o Yancey-Hausman  
11921 N Mopac Expressway  
Suite 130  
Austin, TX 78759

Clinical Pathologies Laboratories  
P.O. Box 141669  
Austin, TX 78714-1669

Compass Bank  
P.O. Box 4943  
Houston, TX 77210

De Lage Landen  
c/o Advanced Recovery Systems  
901 E 8th Avenue  
Suite 206  
King Of Prussia, PA 19406

DJ Orthopedics, LLC  
P.O. Box 650777  
Dallas, TX 75265-0777

Esurg Corporation  
419 Occidental Ave, S  
Suite 503  
Seattle, WA 98104



Final Support  
235 NE Loop 820  
Suite 100  
Hurst, TX 76053

GE Healthcare Finl Svcs  
P.O. Box 414418  
Boston, MA 02241-4418

Great American Leasing Corp  
625 First Street SE  
Suite 800  
Cedar Rapids, IA 52401

GreatAmerica Leasing Corp  
8742 Innovation Way  
Chicago, IL 60682-0087

Henry Schein  
135 Duryea Road  
Melville, NY 11747

Hill Country News  
P.O. Box 1777  
Cedar Park, TX 78630-1777

Interim Physicians  
P.O. Box 933855  
Atlanta, GA 31193-3855

Internal Revenue Service  
P.O. Box 21126  
Philadelphia, PA 19114

James & Janet Stoeckel  
346 Moss Lane  
Brookeland, TX 75931

Jeff B. McDonald, Esq  
McDonald, Mackay & Weitz, LLP  
1411 West Avenue, Suite 200  
Austin, TX 78701

Kyle Bennet & Associates, PC  
923 Westbank Drive  
Suite 101  
Austin, TX 78746

Leaf Funding, Inc  
P.O. Box 2597  
Columbia, SC 29202

Merck and Company, Inc  
P.O. Box 5254  
Carol Stream, IL 60197-5254

Ozarka  
#215 6661 Dixie Hwy  
Suite 4  
Louisville, KY 40258

Physicians Sales & Service LP  
c/o Donald T Brennan, Esq  
Hayden & Cunningham, PLLC  
7750 Broadway  
San Antonio, TX 78209

Practice Universe, Inc  
4388 West Vickery  
Suite 100  
Fort Worth, TX 76107

Praxair Distribution Inc  
2801 Montopolis Dr  
Austin, TX 78741

RMS  
P.O. Box 523  
Richfield, OH 44286

Ryan E Stevens, Esq  
Wells Fargo Tower, Suite 1281  
615 N Upper Broadway  
Corpus Christi, TX 78477

sanofi pasteur  
Discovery Drive  
Swiftwater, PA 18370

SmileMakers  
P.O. Box 2543  
Spartanburg, SC 29304-2543

Southwestern Bell Yellow Pages  
c/o Ryan E Stevens, Esq  
Wells Fargo Tower, Suite 1281  
615 N Upper Broadway  
Corpus Christi, TX 78477

Stericycle, Inc  
2333 Waukegan Rd  
Suite 200  
Deerfield, IL 60015

Texas Medical Association  
Physician Services  
401 West 15th Street  
Austin, TX 78701-1680

Texas Medical Liability Trust  
901 Mopac Expressway South  
Barton Oaks Plaza V  
Suite 500  
Austin, TX 78746-5942

Texas Wired Music, Inc  
Muzak of Austin  
P.O. Box 117  
San Antonio, TX 78291

Time Warner Cable  
P.O. Box 85100  
Austin, TX 78708-5100

US Compounding Inc  
2515 College  
Conway, AR 72034

Wyeth Pharmaceuticals  
P.O. Box 951169  
Dallas, TX 75395-1169

Yellow Book USA  
Attn: Customer Service  
P.O. Box 3162  
Cedar Rapids, IA 52406-3162

**United States Bankruptcy Court  
Western District of Texas**

In re Mark D. Stoeckel MD PA

Debtor(s)

Case No. \_\_\_\_\_

Chapter 11

**DESIGNATION OF AGENT**

I hereby designate my attorney, whose signature, name, address, Bar No., telephone and fax numbers are set forth below, as my agent to receive service of process and service of all pleadings in all proceedings, including adversary actions and contested matters, pursuant to Bankruptcy Rule 7004(b)(8), in this Court arising in this case. This designation shall expire the 60th day after the latest of the following dates which may be applicable in this case: entry of Discharge of Debtor, the last date permitted for filing complaints objecting to discharge under 11 U.S.C. § 727 or dischargeability of debts under 11 U.S.C. § 523, or the date an order of confirmation of a Chapter 11 or Chapter 12 plan is entered.

May 23, 2008

Date

/s/ Mark D. Stoeckel MD

Debtor/Title:

**Mark D. Stoeckel MD/President**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Debtor:

/s/ Lee Norton Bain,

Attorney Signature

(Type Attorney Name, Address, Phone and Bar Number Below)

**Lee Norton Bain,**

**LEE NORTON BAIN, ATTORNEY AT LAW**

**120 WEST 8TH STREET**

**GEORGETOWN, TX 78626-5804**

**(512)-863-2813 Fax: (512)-233-2936**

**leebain@leebainlaw.com**

**Bar Number: 01548500**