

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **600266** (1)

1. Corporation Name
DOCTORS MCCLOW, CLARK & BERK, P.A.



Principal Place of Business: **DEPT. OF RADIOLOGY ST. VINCENT'S HOSPITAL BOX 10128 JACKSONVILLE FL 32247**
Mailing Address: **DEPT. OF RADIOLOGY ST. VINCENT'S HOSPITAL BOX 10128 JACKSONVILLE FL 32247**

3. Date Incorporated or Qualified: **03/21/1967**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1162456**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent: **EISEN, SAUL 1800 BARRS STREET DEPT. OF RADIOLOGY, ST. VINCENT'S HOSPITAL JACKSONVILLE FL 32203**
10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: AT	DONOHUE, MICHAEL T	1.1 TITLE: SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: ST. VINCENTS HOSPITAL	JACKSONVILLE FL	1.2 NAME: DONOHUE, MICHAEL T.	
CITY-ST- ZIP: JACKSONVILLE FL		1.3 STREET ADDRESS: ST. VINCENT'S HOSPITAL	
CITY-ST- ZIP: JACKSONVILLE FL		1.4 CITY-ST- ZIP: JACKSONVILLE FL	
TITLE: AT	LUIS-JORGE, JUAN C	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: ST VINCENTS HOSPITAL	JACKSONVILLE, FL 00000	2.2 NAME:	
CITY-ST- ZIP: JACKSONVILLE, FL 00000		2.3 STREET ADDRESS:	
CITY-ST- ZIP: JACKSONVILLE, FL 00000		2.4 CITY-ST- ZIP:	
TITLE: S	EISEN, SAUL	3.1 TITLE: VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: ST VINCENTS HOSPITAL	JACKSONVILLE, FL 00000	3.2 NAME: EISEN, SAUL	
CITY-ST- ZIP: JACKSONVILLE, FL 00000		3.3 STREET ADDRESS: ST. VINCENT'S HOSPITAL	
CITY-ST- ZIP: JACKSONVILLE, FL 00000		3.4 CITY-ST- ZIP: JACKSONVILLE, FL 00000	
TITLE: P	BERK, MARVIN S	4.1 TITLE: DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: ST VINCENTS HOSPITAL	JACKSONVILLE, FL 00000	4.2 NAME: BERK, MARVIN S.	
CITY-ST- ZIP: JACKSONVILLE, FL 00000		4.3 STREET ADDRESS: ST. VINCENT'S MEDICAL CENTER	
CITY-ST- ZIP: JACKSONVILLE, FL 00000		4.4 CITY-ST- ZIP: JACKSONVILLE, FL 00000	
TITLE: VP	BREAM, PETER	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: ST. VINCENTS HOSPITAL	JACKSONVILLE FL	5.2 NAME:	
CITY-ST- ZIP: JACKSONVILLE FL		5.3 STREET ADDRESS:	
CITY-ST- ZIP: JACKSONVILLE FL		5.4 CITY-ST- ZIP:	
TITLE: P	GIFFORD, ROGER D.	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: ST. VINCENTS HOSPITAL	JACKSONVILLE FL	6.2 NAME:	
CITY-ST- ZIP: JACKSONVILLE FL		6.3 STREET ADDRESS:	
CITY-ST- ZIP: JACKSONVILLE FL		6.4 CITY-ST- ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Roger D. Gifford** (Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ROGER D. GIFFORD, M.D.**
Date: **4/29/96**
Date of Filing: **904-388-1562**
SG 5-1-96

CR2E034 (12/95)