

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 600266 (1)
 Corporation Name
DOCTORS MCCLOW, CLARK & BERK, P.A.



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

3. Date Incorporated or Qualified **3a. Date of Last Report**
03/21/1987 **05/01/1996**

4. FEI Number **Applied For**
59-1162456 **Not Applicable**

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**

2a. Mailing Address
26

27 Suite, Apt. #, etc.

28 City & State

25 Country **29** Zip **30** Country

9. Name and Address of Current Registered Agent **10. Name and Address of New Registered Agent**

EISEN, SAUL **81 Name**
1800 BARRS STREET **82 Street Address (P.O. Box Number is Not Acceptable)**
DEPT. OF RADIOLOGY, ST. VINCENT'S HOSPITAL **83**
JACKSONVILLE FL 32203 **84 City** **FL** **85 Zip Code**

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE	S DONOHUE, MICHAEL T ST. VINCENTS HOSPITAL JACKSONVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE
<input type="checkbox"/> DELETE	AT LUIS-JORGE, JUAN C ST VINCENTS HOSPITAL JACKSONVILLE, FL 00000	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME
<input type="checkbox"/> DELETE	V EISEN, SAUL ST VINCENTS HOSPITAL JACKSONVILLE, FL 00000	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.3 STREET ADDRESS
<input type="checkbox"/> DELETE	D BERK, MARVIN S ST VINCENTS HOSPITAL JACKSONVILLE, FL 00000	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	VP BREAM, PETER ST. VINCENTS HOSPITAL JACKSONVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE
<input type="checkbox"/> DELETE	P GIFFORD, ROGER D. ST. VINCENTS HOSPITAL JACKSONVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the 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 *[Handwritten Signature]* **DATE** *[Handwritten Date]*

CR2E034 (9/96)