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FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1967

4. FEI Number

59-1162456

Applied For  
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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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 Name Gifford, Roger D.  
82 Street Address (P.O. Box Number is Not Acceptable)  
1800 Barrs Street  
83 Dept. of Radiology, St. Vincent's Hosp  
84 Jacksonville FL 32204

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/98

DATE

12. OFFICERS AND DIRECTORS

TITLE S  
NAME DONOHUE, MICHAEL T  
STREET ADDRESS ST. VINCENTS HOSPITAL  
CITY-ST-ZIP JACKSONVILLE FL

TITLE AT  
NAME LUIS-JORGE, JUAN C  
STREET ADDRESS ST VINCENTS HOSPITAL  
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE V  
NAME EISEN, SAUL  
STREET ADDRESS ST VINCENTS HOSPITAL  
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE D  
NAME BERK, MARVIN S  
STREET ADDRESS ST VINCENTS HOSPITAL  
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE VP  
NAME BREAM, PETER  
STREET ADDRESS ST. VINCENTS HOSPITAL  
CITY-ST-ZIP JACKSONVILLE FL

TITLE P  
NAME GIFFORD, ROGER D.  
STREET ADDRESS ST. VINCENTS HOSPITAL  
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Treasurer  
1.2 NAME Freeman, Marc H.  
1.3 STREET ADDRESS St. Vincent's Hospital  
1.4 CITY-ST-ZIP Jacksonville, Fla. 32204

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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:

4/30/98

CR2E034 (1097)