

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

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
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 03/21/1967	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-1162456	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 City & State	Dept. of Radiology, St. Vincent's Hosp Jacksonville FL
84 Zip Code	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: *Roger D. Gifford* DATE: **4/30/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONOHUE, MICHAEL T	1.2 NAME	Freeman, Marc H.
STREET ADDRESS	ST. VINCENTS HOSPITAL	1.3 STREET ADDRESS	St. Vincent's Hospital
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, Fla. 32204
TITLE	AT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUIS-JORGE, JUAN C	2.2 NAME	
STREET ADDRESS	ST VINCENTS HOSPITAL	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISEN, SAUL	3.2 NAME	
STREET ADDRESS	ST VINCENTS HOSPITAL	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERK, MARVIN S	4.2 NAME	
STREET ADDRESS	ST VINCENTS HOSPITAL	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREAM, PETER	5.2 NAME	
STREET ADDRESS	ST. VINCENTS HOSPITAL	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIFFORD, ROGER D.	6.2 NAME	
STREET ADDRESS	ST. VINCENTS HOSPITAL	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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: *Roger D. Gifford* DATE: **4/30/98**

CR2E034 (10/97)