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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90192 023 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 600266
 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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	03/21/1967	59-1162456	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24. Zip	29. Zip	8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country	30. Country	9. Name and Address of Current Registered Agent		

9. Name and Address of Current Registered Agent
GIFFORD, ROGER D
1800 BARRS ST
DEPT OF RADIOLOGY, ST VINCENT'S HOSP
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	DIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONOHUE, MICHAEL T	1.2 NAME	Bancroft, Josiah W., III
STREET ADDRESS	ST. VINCENTS HOSPITAL	1.3 STREET ADDRESS	St Vincents Hospital
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL
TITLE	AT <input type="checkbox"/> DELETE	2.1 TITLE	2ND VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUIS-JORGE, JUAN C	2.2 NAME	Carter, Mark M.
STREET ADDRESS	ST. VINCENTS HOSPITAL	2.3 STREET ADDRESS	St Vincents Hospital
CITY-ST-ZIP	JACKSONVILLE, FL 00000	2.4 CITY-ST-ZIP	Jacksonville, FL
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, MARC H	3.2 NAME	
STREET ADDRESS	ST VINCENT'S HOSP	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32204	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREAM, PETER	4.2 NAME	
STREET ADDRESS	ST. VINCENTS HOSPITAL	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIFFORD, ROGER D.	5.2 NAME	
STREET ADDRESS	ST. VINCENTS HOSPITAL	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *ROGER D. GIFFORD* ROGER D. GIFFORD, PRESIDENT 4/28/99 904.388.1562
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)