

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90073 027 ***150.00

DOCUMENT # 600266

1. Entity 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		3. Mailing Address		4. FEI Number 59-1162456		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
GIFFORD, ROGER D 1800 BARRS ST DEPT OF RADIOLOGY, ST VINCENT'S HOSP JACKSONVILLE FL 32204				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL		Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DONOHUE, MICHAEL T ST. VINCENTS HOSPITAL JACKSONVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd VP Carter, Mark M. St. Vincents Hospital Jacksonville, Fla.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LUIS-JORGE, JUAN C ST VINCENTS HOSPITAL JACKSONVILLE, FL 00000	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Toledo, Anthony S. St. Vincents Hospital Jacksonville, Fla.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FREEMAN, MARC H ST VINCENT'S HOSP JACKSONVILLE FL 32204	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BREAM, PETER ST. VINCENTS HOSPITAL JACKSONVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIFFORD, ROGER D. ST. VINCENTS HOSPITAL JACKSONVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANCROFT, JOSIAH W III ST VINCENTS HOSPITAL JACKSONVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marc H Freeman M.D.* **Marc H Freeman M.D.** *Treasurer* **Treasurer**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/4/01 Daytime Phone # 9043881562

CR2E034 (10/00)