

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90157 018 ***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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1162456**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02
 Date

904-388-1562
 Daytime Phone #

CR2E034 (9/01)