

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90002 007 ***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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1162456	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIFFORD, ROGER D 1800 BARRS ST DEPT OF RADIOLOGY, ST VINCENT'S HOSP JACKSONVILLE, FL 32204				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DONOHUE, MICHAEL T ST. VINCENTS HOSPITAL JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Donohue, Michael T St Vincents Hospital Jacksonville, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LUIS-JORGE, JUAN C ST VINCENTS HOSPITAL JACKSONVILLE, FL 32204	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dunn, Joseph L. St Vincents Hospital Jacksonville, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FREEMAN, MARC H ST VINCENT'S HOSP JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Shill, Ronald St Vincents Hospital Jacksonville, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREAM, PETER ST. VINCENTS HOSPITAL JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Toledo, Anthony S St Vincents Hospital Jacksonville, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIFFORD, ROGER D. ST. VINCENTS HOSPITAL JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BANCROFT, JOSIAH W III ST VINCENTS HOSPITAL JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ 317-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

940

HANNON & ASSOCIATES
2700 UNIVERSITY BLVD W., A-2
JACKSONVILLE, FL 32217

(904) 730-7709

40036044
#600266
February 17, 2006

McClow, Clark & Berk, P.A.
2618 Herschel Street
Jacksonville, FL 32204

Dear Client:

The following tax return is enclosed:

2006 CORPORATION ANNUAL REPORT

This report should be dated, signed, and filed by May 1, 2006. Payment in the amount of \$150.00 made payable to the "Florida Department of State" should accompany the report. File with: Division of Corporations, Post Office Box 1500, Tallahassee, FL 32302-1500.

If you need to change any of the information, please call me.

We have retained a copy of this return in your tax file.

NOTE: FILING AFTER MAY 1, 2006 WILL RESULT IN A FILING FEE OF \$550.00.

Very truly yours,

HANNON & ASSOCIATES

Enclosure(s)
DMC