

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 600266

**FILED**  
**Jan 16, 2013**  
**Secretary of State**  
**CC9106098335**

**Entity Name:** DOCTORS MCCLOW, CLARK & BERK, P.A.

**Current Principal Place of Business:**

1 SHIRCLIFF WAY  
DEPARTMENT OF RADIOLOGY  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

1912 HAMILTON ST  
SUITE 201  
JACKSONVILLE, FL 32210

**FEI Number:** 59-1162456

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DONOHUE, MICHAEL T  
1 SHIRCLIFF WAY  
DEPT OF RADIOLOGY, ST VINCENT'S HOSP  
JACKSONVILLE, FL 32204 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PRES  
Name           DONOHUE, MICHAEL T  
Address        1 SHIRCLIFF WAY  
City-State-Zip: JACKSONVILLE FL 32204

Title           OFCR  
Name           DUNN, JOSEPH L  
Address        1 SHIRCLIFF WAY  
City-State-Zip: JACKSONVILLE FL 32204

Title           SEC  
Name           FREEMAN, MARC H  
Address        1 SHIRCLIFF WAY  
City-State-Zip: JACKSONVILLE FL 32204

Title           OFCR  
Name           BREAM, PETER  
Address        1 SHIRCLIFF WAY  
City-State-Zip: JACKSONVILLE FL 32204

Title           OFCR  
Name           TOLEDO, ANTHONY  
Address        1 SHIRCLIFF WAY  
City-State-Zip: JACKSONVILLE FL 32204

Title           OFCR  
Name           ROMAN, CHRISTOPHER D  
Address        1 SHIRCLIFF WAY  
City-State-Zip: JACKSONVILLE FL 32204

Title           OFFICER  
Name           BROWN, ZACHARY E  
Address        1 SHIRCLIFF WAY  
                  DEPARTMENT OF RADIOLOGY  
City-State-Zip: JACKSONVILLE FL 32204

Title           OFFICER  
Name           JURASIC, MATEO V  
Address        1 SHIRCLIFF WAY  
                  DEPARTMENT OF RADIOLOGY  
City-State-Zip: JACKSONVILLE FL 32204

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL T DONOHUE, M.D.

**PRESIDENT**

**01/16/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            OFFICER  
Name            REZAEI, ARIO  
Address        1 SHIRCLIFF WAY  
                  DEPARTMENT OF RADIOLOGY  
City-State-Zip: JACKSONVILLE FL 32204