

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 600266

**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 SEC  
Name FREEMAN, MARC H  
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 OFFICER  
Name BROWN, ZACHARY E  
Address 1 SHIRCLIFF WAY  
DEPARTMENT OF RADIOLOGY  
City-State-Zip: JACKSONVILLE FL 32204

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

Title OFCR  
Name BREAN, PETER  
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 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