

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 600266

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

**Current Principal Place of Business:**

1912 HAMILTON STREET  
SUITE 201  
JACKSONVILLE, FL 32210

**FILED**  
**Apr 25, 2018**  
**Secretary of State**  
**CC2082227762**

**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:**

TOLEDO, ANTHONY S  
1912 HAMILTON ST  
SUITE 201  
JACKSONVILLE, FL 32210 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: ANTHONY S. TOLEDO**

**04/25/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR AND PRESIDENT  
Name TOLEDO, ANTHONY S  
Address 1912 HAMILTON ST  
SUITE 201  
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR AND TREASURER  
Name DUNN, JOSEPH L  
Address 1912 HAMILTON ST  
SUITE 201  
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR  
Name DONOHUE, MICHAEL T  
Address 1912 HAMILTON ST  
SUITE 201  
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR  
Name ROMAN, CHRISTOPHER D  
Address 1912 HAMILTON ST  
SUITE 201  
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR AND SECRETARY  
Name BROWN, ZACHARY E  
Address 1912 HAMILTON ST  
SUITE 201  
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR  
Name JURASIC, MATEO V  
Address 1912 HAMILTON ST  
SUITE 201  
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR AND VP  
Name REZAEI, ARIO  
Address 1912 HAMILTON ST  
SUITE 201  
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR  
Name RUSSELL, JAMES M  
Address 1912 HAMILTON ST  
SUITE 201  
City-State-Zip: JACKSONVILLE FL 32210

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*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: ANTHONY S. TOLEDO**

**PRESIDENT**

**04/25/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name CARTER , JAMES W.  
Address 1912 HAMILTON ST  
SUITE 201  
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR  
Name BATHALA, ELIZABETH  
Address 1912 HAMILTON ST  
SUITE 201  
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR  
Name DIAZ, KARDELINA  
Address 1912 HAMILTON ST  
SUITE 201  
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR  
Name BYRA , PAUL P.  
Address 1912 HAMILTON ST  
SUITE 201  
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR  
Name MAZZELLA, JOHN L.  
Address 1912 HAMILTON ST  
SUITE 201  
City-State-Zip: JACKSONVILLE FL 32210