

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600266

FILED
Apr 09, 2014
Secretary of State
CC0629646133

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: Yes

Name and Address of Current Registered Agent:

TOLEDO, ANTHONY S
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: ANTHONY S. TOLEDO

04/09/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title OFFICER
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 DONOHUE, MICHAEL T
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 SECRETARY
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

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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

PRES / MD

04/09/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title OFFICER
Name RUSSELL, JAMES M
Address 1 SHIRCLIFF WAY
DEPARTMENT OF RADIOLOGY
City-State-Zip: JACKSONVILLE FL 32204