2023 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

Current Mailing Address:

1912 HAMILTON ST SUITE 201 JACKSONVILLE, FL 32210

FEI Number: 59-1162456

Name and Address of Current Registered Agent:

COMBS, JUSTIN T 1912 HAMILTON STREET 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	E: JUSTIN T. COMBS			01/31/2023
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	DIRECTOR, TREASURER	Title	DIRECTOR	
Name	BROWN, ZACHARY E.	Name	EDWARDS, JAMIE R.	
Address	1912 HAMILTON ST SUITE 201	Address	1912 HAMILTON ST SUITE 201	
City-State-Zip:	JACKSONVILLE FL 32210	City-State-Zip:	JACKSONVILLE FL 32210	
Title	DIRECTOR	Title	DIRECTOR AND VP	
Name	JURASIC, MATEO V	Name	REZAEI, ARIO	
Address	1912 HAMILTON ST SUITE 201	Address	1912 HAMILTON ST SUITE 201	
City-State-Zip:	JACKSONVILLE FL 32210	City-State-Zip:	JACKSONVILLE FL 32210	
Title	DIRECTOR	Title	DIRECTOR	
Name	RUSSELL, JAMES M	Name	CARTER , JAMES W.	
Address	1912 HAMILTON ST SUITE 201	Address	1912 HAMILTON ST SUITE 201	
City-State-Zip:	JACKSONVILLE FL 32210	City-State-Zip:	JACKSONVILLE FL 32210	
Title	DIRECTOR	Title	DIRECTOR	
Name	BYRA , PAUL P.	Name	BATHALA, ELIZABETH	
Address	1912 HAMILTON ST SUITE 201	Address	1912 HAMILTON ST SUITE 201	
City-State-Zip:	JACKSONVILLE FL 32210	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	JUSTIN T. COMBS	PRESIDENT	01/31/2023
	Electronic Signature of Signing Officer/Director Detail		Date

FILED Jan 31, 2023 Secretary of State 9260642461CC

Certificate of Status Desired: No

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MAZZELLA, JOHN L.
Address	1912 HAMILTON ST SUITE 201
City-State-Zip:	JACKSONVILLE FL 32210
Title	PRESIDENT, DIRECTOR
Name	COMBS, JUSTIN T.
Address	1912 HAMILTON STREET SUITE 201
City-State-Zip:	JACKSONVILLE FL 32210
Title	DIRECTOR
Name	SHERARD, DOUGLAS
Address	1912 HAMILTON STREET SUITE 201
City-State-Zip:	JACKSONVILLE FL 32210

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