FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 600266 (1)

1. Corporation Name
DOCTORS MCCLOW, CLARK & BERK, P.A.

Principal Place of Business	Mailing Address
DEPT.OF RADIOLOGY ST. VINCENT'S HOSPITAL BOX 10128 JACKSONVILLE FL 32247	DEPT.OF RADIOLOGY ST. VINCENT'S HOSPITAL BOX 10128 JACKSONVILLE FL 32247

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/21/1967
3a. Date of Last Report: 03/04/1994
4. FEI Number: 59-1162456 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25):
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30):

9. Name and Address of Current Registered Agent

EISEN, SAUL
DEPT. OF RADIOLOGY
ST. VINCENT'S HOSPITAL
JACKSONVILLE FL 32203

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1800 Barrs Street
83: Dept. of Radiology, St Vincents' Hospital
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	AT	1.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	DONOHUE, MICHAEL T	1.2 NAME		
STREET ADDRESS	ST. VINCENTS HOSPITAL	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP		
TITLE	AS	2.1 TITLE	ASSISTANT TREASURER	☒ Change ☐ Addition
NAME	LUIS-JORGE, JUAN C	2.2 NAME		
STREET ADDRESS	ST VINCENTS HOSPITAL	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	EISEN, SAUL	3.2 NAME		
STREET ADDRESS	ST VINCENTS HOSPITAL	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	3.4 CITY-ST-ZIP		
TITLE	P	4.1 TITLE		☒ Change ☐ Addition
NAME	BERK, MARVIN S	4.2 NAME		
STREET ADDRESS	ST VINCENTS HOSPITAL	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	4.4 CITY-ST-ZIP		
TITLE	VP	5.1 TITLE		☐ Change ☐ Addition
NAME	BREAM, PETER	5.2 NAME		
STREET ADDRESS	ST. VINCENTS HOSPITAL	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP		
TITLE	S	6.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	GIFFORD, ROGER D.	6.2 NAME		
STREET ADDRESS	ST. VINCENTS HOSPITAL	6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Roger D. Gifford 4/25/95 904-388-1562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

040712 FP