2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90331 027 ***150.00

DOCUMENT # 600266

1. Entity 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

MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1162456 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GIFFORD, ROGER D
1800 BARRS ST
DEPT OF RADIOLOGY, ST VINCENT'S HOSP
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DONOHUE, MICHAEL T ST. VINCENTS HOSPITAL JACKSONVILLE FL	☐ Delete	Director Toledo, Anthony S. St. Vincents Hospital Jacksonville, Fla. 32204	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT LUIS-JORGE, JUAN C ST VINCENTS HOSPITAL JACKSONVILLE, FL 00000	☐ Delete	Director Shill, Ronald S. St. Vincents Hospital Jacksonville, Fla. 32204	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FREEMAN, MARC H ST VINCENT'S HOSP JACKSONVILLE FL 32204	☐ Delete	Director Dunn, Joseph L. St. Vincents Hospital Jacksonville, Fla. 32204	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BREAM, PETER ST. VINCENTS HOSPITAL JACKSONVILLE FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GIFFORD, ROGER D. ST. VINCENTS HOSPITAL JACKSONVILLE FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BANCROFT, JOSIAH W III ST VINCENTS HOSPITAL JACKSONVILLE FL	☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR