2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# 600266

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

Current Principal Place of Business:

DEPT.OF RADIOLOGY
ST. VINCENT'S HOSPITAL BOX 10128
JACKSONVILLE, FL 32247

New Principal Place of Business:

1800 SHIRCLIFF WAY
DEPARTMENT OF RADIOLOGY
JACKSONVILLE, FL 32204

Current Mailing Address:

DEPT.OF RADIOLOGY
ST. VINCENT'S HOSPITAL BOX 10128
JACKSONVILLE, FL 32247

New Mailing Address:

PO BOX 7426
JACKSONVILLE, FL 32238

FEI Number: 59-1162456 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GIFFORD, ROGER D
1800 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: _____ 04/25/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DONOHUE, MICHAEL T
Address: ST. VINCENTS HOSPITAL
City-St-Zip: JACKSONVILLE, FL 32204

Title: D3 ( ) Delete
Name: DUNN, JOSEPH L
Address: ST VINCENTS HOSPITAL
City-St-Zip: JACKSONVILLE, FL 32204

Title: S ( ) Delete
Name: FREEMAN, MARC H
Address: ST VINCENT'S HOSP
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete
Name: BREAM, PETER,
Address: ST. VINCENTS HOSPITAL
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete
Name: GIFFORD, ROGER D.,
Address: ST. VINCENTS HOSPITAL
City-St-Zip: JACKSONVILLE, FL 32204

Title: T ( ) Delete
Name: BANCROFT, JOSIAH W III
Address: ST VINCENTS HOSPITAL
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DONOHUE, MICHAEL T
Address: 1800 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

Title: D (X) Change ( ) Addition
Name: DUNN, JOSEPH L
Address: 1800 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

Title: S (X) Change ( ) Addition
Name: FREEMAN, MARC H
Address: 1800 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

Title: D (X) Change ( ) Addition
Name: BREAM, PETER,
Address: 1800 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

Title: D (X) Change ( ) Addition
Name: GIFFORD, ROGER D.,
Address: 1800 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

Title: T (X) Change ( ) Addition
Name: BANCROFT, JOSIAH W III
Address: 1800 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMIE HAMMONDS ADM 04/25/2008
Electronic Signature of Signing Officer or Director — Date